

# Benchmark

**MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563

Phone: (630) 778-7000 Fax: (630) 778-7007

## APPLICATION FOR GENERAL LIABILITY INSURANCE

### APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. Please do not complete application earlier than 45 days before proposed effective date of coverage.
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

### 1. APPLICANT INFORMATION

- a. Full name of applicant: \_\_\_\_\_
- b. Principal business premise address: \_\_\_\_\_  
(Street) (County)  
\_\_\_\_\_  
(City) (State) (Zip)
- c.  Individual  Partnership  Joint Venture  Corporation  Other (specify) \_\_\_\_\_
- e. Type of Coverage Desired:  Claims Made  Occurrence

### 2. APPLICANT FACILITIES

- a. Please complete the following for each of your facilities:

	Location Number	Name and Location Address	Description of Type of Facility	Parking Lot or Garage Maintained by Insured?	Adjacent Exposure?	Square Footage
(i)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
(ii)	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

- b. Please complete the following for each location:

(i)	Year built	_____	_____	_____
(ii)	Year Remodeled	_____	_____	_____
(iii)	Number of Stories	_____	_____	_____
(iv)	Construction: Frame, Brick, Concrete	_____	_____	_____
(v)	Percentage of Building Occupied by Insured	_____	_____	_____
(vi)	Other Occupancy	_____	_____	_____
(vii)	Location Number	_____	_____	_____

- c. Is the Building Equipped with:

(i)	Complete Sprinkler System?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii)	At Least Two Clearly Marked Exits at Each Floor?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii)	Self-Closing Fire Doors on Each Floor?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv)	Automatic Fire Alarm System Connected to Local Fire Department?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v)	Smoke Detectors?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vi)	Emergency Electrical System?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vii)	Heat Sensors?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

- (viii) Fire Escape(s)? ..... [ ] Yes [ ] No
- (ix) Posted Emergency Evacuation Procedures? ..... [ ] Yes [ ] No
- (x) Properly Maintained Fire Extinguishers? ..... [ ] Yes [ ] No

**3. BUSINESS INFORMATION**

- a. How many years have you been in business? \_\_\_\_\_
- b. Number of full-time staff: \_\_\_\_\_ Part-Time: \_\_\_\_\_
- c. Nature of your business: \_\_\_\_\_
- d. What is your gross sales estimate? \$ \_\_\_\_\_  
What is your total payroll? \$ \_\_\_\_\_
- e. How many units sold? \_\_\_\_\_  
How many clients? \_\_\_\_\_

**4. APPLICANT OPERATIONS**

- a. Are you a subsidiary of another entity or do you have any subsidiaries? ..... [ ] Yes [ ] No
- b. Is a formal written safety program in place? ..... [ ] Yes [ ] No  
(If Yes, please attach a copy of the safety program.)
- c. Are written procedures in effect for incident reporting? ..... [ ] Yes [ ] No
- d. Any exposure to flammables, explosive, chemicals? ..... [ ] Yes [ ] No
- e. Any catastrophe exposure? ..... [ ] Yes [ ] No
- f. Any medical facilities provided or doctors employed/contracted? ..... [ ] Yes [ ] No
- g. Any exposure to radioactive materials? ..... [ ] Yes [ ] No
- h. Do operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? ..... [ ] Yes [ ] No
- i. Any operations sold, acquired, or discontinued in last five years? ..... [ ] Yes [ ] No
- j. Machinery or equipment loaned or rented to others? ..... [ ] Yes [ ] No
- k. Are there any elevators or escalators owned by you? ..... [ ] Yes [ ] No  
If Yes, please indicate model and if the elevator and/or escalator is serviced by you under a maintenance contract. \_\_\_\_\_
- l. Any watercraft, docks, or floats owned, hired or leased? ..... [ ] Yes [ ] No
- m. Any parking facilities owned/rented? ..... [ ] Yes [ ] No
- n. Recreation facilities provided? ..... [ ] Yes [ ] No
- o. Is there a swimming pool on the premises? ..... [ ] Yes [ ] No
- p. Sporting or social events sponsored? ..... [ ] Yes [ ] No

**5. CONTRACTORS INFORMATION**

- a. Do you draw plans, designs or specifications? ..... [ ] Yes [ ] No
- b. Do any operations include blasting or do you utilize or store explosive material? ..... [ ] Yes [ ] No
- c. Do any operations include excavation, tunneling, underground work or earth moving? ..... [ ] Yes [ ] No
- d. Do subcontractors carry coverages or limits less than yours? ..... [ ] Yes [ ] No
- e. Are certificates of insurance required from subcontractors? ..... [ ] Yes [ ] No
- f. Do you lease equipment to others with or without operators? ..... [ ] Yes [ ] No

**6. APPLICANT HISTORY**

a. Please list prior general liability insurance carried for each of the past three years. If none, state "NONE".

Insurance Carrier	Policy Number	Limits Liability	Deductible (if any)	Premium	Inception (MM/DD/YY)	Expiration (MM/DD/YY)	Was this Claims Made?
_____	_____	_____	_____	_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	_____	_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	_____	_____	_____	[ ] Yes [ ] No

**5 Year Loss History (attach further sheets if needed)  
(10 Years for Claims \$100,000 and Greater)**

b.	Date of Occurrence	Date Claim Made	Description of Loss	Amount of Loss Reserved	Amount of Expenses Paid	Amount of Loss Reserved	Amount of Expenses Reserved	Open (O) or Closed (C)
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

- c. (i) Is any claim above subject to a deductible or self-insured retention? ..... [ ] Yes [ ] No  
(ii) If Yes, are the amounts shown above inclusive or exclusive of the deductible or self-insured retention? \_\_\_\_\_  
(iii) If inclusive, the amount of the deductible or self-insured retention is \$ \_\_\_\_\_
- d. Are you aware of any circumstances which may result in a general liability claim or suit being made or brought against you?..... [ ] Yes [ ] No  
If Yes, please attach an explanation.

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY. If policy is issued on a "CLAIMS MADE" basis, it provides coverage only for THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an occurrence basis, the policy provides coverage only for THOSE OCCURRENCES WHICH TAKE PLACE DURING THE POLICY PERIOD.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Ten Parkway North, Deerfield, Illinois 60015.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

## DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:  
Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

### **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

**PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.**

**Florida, Georgia and Oklahoma Applicants:** Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.