



P.O. Box 9109, Charlotte Amalie
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GENERAL LIABILITY APPLICATION

Renewal? ☐ Yes ☐ No

Date _____

Current Policy No. _____

Agency Name & Address _____

Insured _____

Address _____

H. Phone _____ Bus. Phone _____ Cel. Phone _____ Effective Date _____ Expiration Date _____

☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC ☐ Not for Profit Organization

LOCATION OF PREMISES

LOC # _____ BLD # _____ Street, City, State, ZIP _____

1. _____ Interest ☐ Owner ☐ Tenant City Limits ☐ Inside ☐ Outside

Year Built _____ Square Footage _____ Number of Units _____

2. _____ Interest ☐ Owner ☐ Tenant City Limits ☐ Inside ☐ Outside

Year Built _____ Square Footage _____ Number of Units _____

3. _____ Interest ☐ Owner ☐ Tenant City Limits ☐ Inside ☐ Outside

Year Built _____ Square Footage _____ Number of Units _____

Pool ☐ Yes ☐ No Fenced? ☐ Yes ☐ No Animals _____

RISKS

C.G.L. _____ O.L.T. _____ M. & C. _____ Others _____

BUSINESS OPERATIONS

Nature of Business / Description of Operations by Premise(s)

Gross Sales \$ _____ Receipts \$ _____

Payroll \$ _____ Others \$ _____

LIMITS OF LIABILITY

General Aggregate \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury \$ _____

Each Occurrence \$ _____

Fire Damage \$ _____

Medical Expense (Any one person) \$ _____

Premises Operations

Premium Bases

Annual Premium

Total Premiums \$ _____

ADDITIONAL INSURED INTEREST

Name and Address _____

LOSS HISTORY

Description of Loss _____ Date of Occurrence _____

_____ Date of Claim _____

_____ Claim Status ☐ Open ☐ Closed Amount \$ _____

READ BEFORE SIGNING

The information given in this application for insurance is the basis upon which the company will issue the policy, and will be an integral part of the policy as a warranty to the extent that if any of the questions are answered fraudulantly, or in such a way as to conceal or misrepresent any material fact or the subject thereof, the entire policy shall be void in all its parts.

Date _____ Signature of Applicant _____

Date _____ Signature of Producer _____