

GLN WORLDWIDE LTD.

Artisan General Liability Application

New York

Producer: _____

Name: First _____	Middle _____	Last _____	Check: Individual _____ Partnership _____ Corporation _____
dba: _____			
Address: _____	Number _____	Street _____	Period for which Insurance desired: From ____/____/____ To ____/____/____
City _____	State _____	Zip _____	Description of Operation: _____ Class Code: _____
Phone Number (____) _____-____			

Number of active owners, co-owners, partners or officers: _____	Number of Employees _____	Annual Payroll _____ of employees (excluding clerical)
Total payroll for active principals (\$27,500 each)		
Current Year Gross Receipts: _____	Prior Year Gross Receipts _____	
Does the applicant subcontract any work? Yes No *If yes _____ % of gross receipts is required. Explain in detail: _____		
Are Certificates of Insurance required for limits equal to or greater than applicants? Yes No		
Number of years in business (If less than 3 years explain prior experience) _____		

Prior Carrier/Loss History:			
Date	Company	Premium	Losses

Any losses paid or reserved over \$1,000 must be submitted to HUDSON for approval. Details required: _____

Check Yes or No to indicate if applicant is or has been active or involved with any of the following operations or hazards:					
	Yes	No		Yes	No
Explain any "Yes" answers:			Building - Multi-family or Tract Housing		
Excavation, Tunneling			Aircraft or Marine		
Blasting, Demolition			Work over 3 stories		
Tree Removal			Sell, Service, Repair -		
Waste Removal			Alarm Systems, Fire Extinguishing		
Roofing			Systems, Elevators, Escalators, Boilers		
Asbestos Abatement			Sell, Service, Repair -		
Rent, Lease, or Repair Equipment			Coal, Wood, Waste Oil,		
Chemical Spraying			Burning Stoves		

Are you now and / or have you ever been a General Contractor: YES NO Explain "YES" Answer: _____

NOTE: If there were any "yes" answers, refer to eligibility requirements or contact Company for further underwriting review.

LIMITS DESIRED:												
\$	Each Occurrence	\$	Deductible per Claim	\$	General Aggregate	\$	Prod/Com.Ops					
Worksheet:												
_____	x	_____	x	_____	x	_____	=	_____	+	_____	=	_____
Base Rate		Deductible %		Rate Modification		Total Payroll		Modified Premium		Add'l Interest		Total Annual Premium

ADDITIONAL INTERESTS:

By signing this application, I am attesting to the accuracy of information provided by the Applicant. If any information provided by the Applicant is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the Applicant, that coverage, if under binder or policy, is subject to immediate cancellation.

Any person who knowingly and with intent to defraud any insurance company or other person files any application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature

Date

Licensed Agent/Producer's Signature _____

Date

License # _____

Revised 02/01 AGL H1