



Anderson & Murison, Inc.

Wholesale Insurance Services

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 Voice (323) 255-2333 FAX (323) 255-0957
 www.andersonmurison.com

BIG Commercial Supplemental Application

Commercial Coverage for this program is only available when a personal umbrella policy is purchased.

Name of Applicant: _____
 Do not include individuals unless a sole proprietorship or partnership.

Broker: _____

Address: _____

Mailing Address: _____
 Street

Phone #: _____

 City State Zip Code

The applicant is Individual Partnership Corporation Other How Many Years in Business: _____

SECTION I

A. GENERAL LIABILITY - Questions 1 - 5 **must** be completed before submission.

1. Does the scheduled Primary policy(ies) include Personal injury? Yes No
2. Does the scheduled policy(ies) include Broad Form Property Damage for Distributing, Service, and Contracting risks? Yes No
3. Does the scheduled Primary policy(ies) include Contractual Liability? Yes No
4. Does the scheduled Primary policy(ies) include Products Liability? Yes No
5. Does the scheduled policy(ies) apply on an occurrence basis? Yes No

6.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				\$1,000,000 Each Occurrence
				\$1,000,000 General Aggregate
				\$1,000,000 Products & Completed Operations Aggregate

7. Does the scheduled policy(ies) include Broad Form Property Damage for Distributing, Service, and Contracting risks? Yes No

B. AUTOMOBILE LIABILITY

1. Do scheduled policies provide coverage for all owned and leased vehicles? (If no, coverage will be excluded) Yes No
2. Number of private passenger autos and light trucks (3/4 ton & less). # _____
3. Number of other trucks (i.e., over ¾ ton). # _____
4. Complete the following for each OWNED and / or LEASED business vehicle to be covered by this policy (if available, attach MVR):

	Make / Model	Principal Driver and Use*
1)		
2)		
3)		
4)		
5)		
6)		

* Use indicate if used for sales, delivery or primarily for personal transportation.

5. List additional drivers not included above and indicate the make and model of vehicle driven.

6.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				\$500,000 CSL
				OR
				\$500,000 BI / \$100,000 PD

C. NON-OWNED AND HIRED AUTOMOBILE

1. Is this coverage included in the scheduled underlying General Liability policy (if no, complete questions 2 and 3)? Yes No
2. Is this coverage included in your scheduled Automobile Liability Policy? Yes No
3. If this coverage is provided by a separate policy, please complete:

4.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				\$500,000 CSL
				OR
				\$500,000 BI / \$100,000 PD

D. EMPLOYERS LIABILITY

NONE AT INCEPTION

1.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				\$500,000 each accident
				\$500,000 each employee for disease
				\$500,000 policy limit

SECTION II

TYPE OF BUSINESS

CHECK ONE OR MORE BOXES AND COMPLETE THE REQUESTED INFORMATION.

STORES (provide the following for each location):

Number of Employees: _____

Location of store: _____
Street address and city

Annual gross receipts: _____ Total square feet: _____

Describe operations and what is sold: _____

OFFICE (provide the following for each location):

Number of Employees: _____

Location of office: _____
Street address and city

Annual payroll: _____ Total square feet: _____

Describe operations: _____

VACANT LAND (provide the following for each location):

Location of office: _____
Street address and city

Total acreage: _____ **OR** Total frontage feet: _____

LESSOR'S RISK ONLY (provide the following for each building):
Do not include Apartments or Dwellings that are already listed on the Personal Umbrella Application.

Location of property: _____
Street address and city

Number of stories: _____ Total Square Feet: _____

Construction: _____ Number of elevators: _____

Occupancy: _____ Year built: _____

Public parking area square footage: _____ Number of Units: _____

DISTRIBUTING, SERVICE OR CONTRACTING RISKS STORES

(provide the following for each code):

Number of Employees: _____

Annual M & C payroll: _____ Annual receipts: _____

Describe operations: _____

Cost and type of subcontracted work: _____

SECTION III

PLEASE COMPLETE FOR **EVERY** RISK SUBMITTED

1. Limit desired? Policy is not subject to a self insured retention: \$1M \$2M \$3M \$4M \$5M
We offer up to \$5M.
2. Upon acceptance of coverage by Anderson & Murison, the policy will be effective on the day following receipt of the premium payment by Anderson & Murison, unless a later date is requested. If later date, specify: _____.
3. Expiration date **should** coincide with the underlying comprehensive general liability policy. If multiple policies, use the earliest date. Specify expiration date: _____

EXPLAIN IN REMARKS SECTION IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING:

4. Has any claim of \$10,000 or more (whether covered by insurance or not) been brought against the applicant within the last 5 years? Yes No
5. Do any underlying policies exclude coverage or reduce limits for any specific exposures which normally are fully covered (i.e., named driver exclusion, excluded operations, etc.)? Yes No
6. Is the applicant or any driver currently insured under an automobile assigned risk plan? Yes No

- 7. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries not covered by this application? Yes No
- 8. Has any policy or coverage of the insured been declined, cancelled or non-renewed within the past three years? Yes No
- 9. Does the applicant have any foreign operations or products? Yes No

REMARKS SECTION

SECTION IV

Signature of Insured

Date of Application

Signature of Authorized Broker

Date of Application

Print Name of Authorized Broker

Company Use Only:

Approved by:	Date Approved:
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