



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

11/09/2013

AGENCY DISTRIBUTION PARTNER		CARRIER		NAIC CODE 0987
POLICY NUMBER POL79012	EFFECTIVE DATE 09/19/2012	APPLICANT / FIRST NAMED INSURED Devinder Singh		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ \$879686 LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS +\$67890. PRODUCTS +\$909090. OTHER +\$6768. TOTAL
DEDUCTIBLES <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ <input checked="" type="checkbox"/> BODILY INJURY \$ <input checked="" type="checkbox"/> \$		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \$99999 PERSONAL & ADVERTISING INJURY \$ \$5353 EACH OCCURRENCE \$ \$6464 DAMAGE TO RENTED PREMISES (each occurrence) \$ \$454353 MEDICAL EXPENSE (Any one person) \$ \$4353 EMPLOYEE BENEFITS \$ \$565656 \$	
<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

REMARKS

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
125	127	1010	A1	1	EXPOSURE TO HEA	101	+\$25.	+\$30.	+\$12345.	+\$5678.
126	135	B89430	A2	2	NO EXPOSURE	002	+\$30.	+\$35.	+\$111111.	+\$22222.
127	128	C23523	A3	3	EXPOSURE TO WINI	003	+\$35.	+\$40.	+\$33333.	+\$444444.
128	129	DY6757	A4	4	EXPOSURE TO LIGH	004	+\$40.	+\$45.	+\$555555.	+\$666666.
129	130	E6575	A5	5	EXPOSURE TO RAIN	005	+\$45.	+\$50.	+\$77777.	+\$88888.
130	131	F43654	A6	6	EXPOSURE TO THEF	006	+\$50.	+\$55.	+\$999999.	+\$909090.
131	132	G34564	A7	7	TO NATURAL CALAM	007	+\$55.	+\$60.	+\$121212.	+\$232323.
132	133	H353SF	A8	8	NOOOOOO EXPOSU	008	+\$14.	+\$28.	+\$343434.	+\$54343434

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 15/15/2015	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$ \$65648	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE: 12/29/2025