

**APPLICATION
COMPREHENSIVE PERSONAL LIABILITY POLICY
ACCEPTANCE CASUALTY INSURANCE COMPANY**

- New Business
 Change

Agent: _____ Agent No: _____

Member Company _____

Named Insured: _____

Address: _____

Policy No. _____ Renews No. _____

Policy Period: From _____ To _____

12:01 a.m. S.T. at the address of the Named Insured

Change Effective _____ 12:01 a.m. S.T.

Zip Code: _____ Telephone No.: _____

The principal residence premises are located at the above address, unless otherwise stated herein.**

** ABSENCE OF ANY ENTRY MEANS "NO EXCEPTION."

Comprehensive Personal Liability Coverages	Limit of Liability	Premium
A. Liability to Public Coverage - Coverage A - Each Occurrence		
B. Medical Payments to Public Coverage - Coverage B - Each Person		
C. Damage to Property of Others - Coverage C - Each Occurrence		

No business pursuits other than incidental pursuits listed below are conducted on the premises.

The premises are not used in whole or in part as a boarding or lodging house.

The premises are occupied by the Named Insured.

No insurer has cancelled similar insurance to the Named Insured in the past three years.

Basic Policy Premium \$ _____

Additional Coverage(s)	Description	Form Number	Premium
Incidental Agricultural Activity	Acres _____ Livestock: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Incidental Business Activity	Gross Receipts: \$ _____		
Rental Premise - Address			

Additional Insured(s)				
Name	Address	Interest of Add'l. Insured	Form Number	Premium

Subject to Forms: _____

Total Annual Premium \$ _____

I. PLEASE ANSWER ALL QUESTIONS IN THIS SECTION.

1. When more than one person is shown as the named insured, indicates their relationship to each other. _____
2. Do all named insureds reside on the premises? Yes No
3. Is there a trampoline on the premises? Yes No If swimming pool, is it fenced? Yes No
4. Number of acres? _____
5. Any horses housed on premises? Yes No # _____ Any horses boarded for others? Yes No
6. Are any farm animals (other than horses) maintained on premises? Yes No Number _____
7. Are any dogs maintained on the premises? Yes No Number _____ Kind _____
Any history of dog bites? Yes No Explain _____
8. Any agricultural activity? Yes No If so, explain on back.
9. Do any of the named insureds or additional named insureds carry any other personal liability insurance policies?
 Yes No If yes, please list _____

SECTION I QUESTIONS (Continued)

10. Are there any other businesses or professions conducted on the insured premises that are not listed on the front or back of this application? Yes No If yes, please explain _____
- 11 Are you presently insured? Yes Company _____
 No Previous Company _____
- Has similiar insurance been cancelled or non-renewed? Yes No Explain _____

II. PLEASE ANSWER THE FOLLOWING QUESTIONS THAT APPLY TO THE ENDORSEMENT REQUESTED.

INCIDENTAL BUSINESS ACTIVITY

1. Describe the business _____
2. Do the living quaters and business quaters have a common entrance from outside? Yes No
3. What are the annual gross receipts or sales? \$ _____

RENTAL PREMISES ENDORSEMENT

1. Address of all rental premises _____

AGRICULTURAL ACTIVITY

1. Describe agricultural activity _____
2. Is the number of acres involved in this activity 10 or less? Yes No
If no, explain _____
3. Is the number of farm animals maintained on the premises 10 or less? Yes No
If no, explain _____

DATED

SIGNATURE OF APPLICANT

SIGNATURE OF AGENT