

# ACCEPTANCE CASUALTY INSURANCE COMPANY

## GENERAL LIABILITY APPLICATION

FOR

**Manufacturers and Contractors**     **Owners, Landlords and Tenants**  
(Check one)

Item 1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip County

Item 2. Policy Period From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M. Standard Time at the address of the Applicant named herein.

Applicant is:  Individual  Co-Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location of applicant's premises (enter "same" if same location as address shown in Item 1 of Application)

Interest of applicant in insured premises (check below)  
 Owner  General Lessee  Tenant  Other \_\_\_\_\_

Part occupied by applicant \_\_\_\_\_

Business of Applicant is \_\_\_\_\_

Item 3. Coverages Applied For:

### COMBINED SINGLE LIMIT OF LIABILITY

Coverages	Limits of Liability	Advance Premiums
Bodily Injury Liability and Property Damage Liability	.000 each occurrence .000 aggregate	\$

Coverage	Limits of Liability		Advance Premiums
Premises Medical payments	dollars	dollars	\$
(a) Premises and operations	each person	each person	

Description of Risk:

Item 4. During the past three years no insurer has cancelled similar insurance, except as therein stated: \_\_\_\_\_

Item 5. The named insured does not use the premises for any undisclosed purposes, and does not conduct any business operations at any undisclosed location, except as herein stated: \_\_\_\_\_

This Application shall not be binding unless and until a policy shall be issued and a down payment made and then only as of the commencement date of said policy and in accordance with all terms thereof, and the said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are thereby made the basis and a condition of the insurance.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

Agent \_\_\_\_\_

Agency Rep. \_\_\_\_\_

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