

GENERAL LIABILITY INSURANCE APPLICATION

111 East Shore Road
Manhasset, NY 11030
Telephone: (516) 365-6690 Fax (516) 365-7522

PHYSICIANS' RECIPROCAL INSURERS
111 East Shore Road, Manhasset, New York 11030
***General Liability Insurance Application**

Sections

A. Agency Name: _____
Agency Address: _____
Producer: _____

Facility Name/Address: _____

Mailing Address (if different from facility address): _____

Facility Tax I.D. Number: _____

B. Requested Period:

From: _____ To: _____

Requested Limits: _____ / _____

C. General Information: (Applicant must answer all questions)

1. The Applicant is: (check all appropriate spaces)

<input type="checkbox"/> General Hospital	<input type="checkbox"/> Childrens Hospital	<input type="checkbox"/> Psychiatric Hospital
<input type="checkbox"/> Teaching Hospital	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Governmental	<input type="checkbox"/> Charitable
<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Other _____

(specify)

If a Partnership, give full name of each partner:

*** Only Occurrence Coverage is available for General Liability in New York State.**

General Information continued: (Applicant must answer all questions)

2. Does Applicant's pharmacy dispense prescriptions to persons other than patients?
 Yes ____ No ____ If "Yes", give gross receipts for last 12 months _____
 Is Pharmacy _____ owned by Applicant? _____ independent contract?
3. Does Applicant operate a cafeteria? Yes ____ No ____
 Are persons other than Applicant's employees served? Yes ____ No ____
 If "Yes", give gross receipts for last 12 months _____
 If cafeteria is operated by persons other than Applicant, is Applicant named as
 additional insured on operator's policies? Yes ____ No ____
4. List products (orthopedic appliances, etc.) manufactured or sold for use of persons
 other than patients. Gross receipts last 12 months _____
5. Has the Applicant entered into any contract or agreement containing a hold
 harmless clause? Yes ____ No ____ If "Yes", attach a copy of Agreement(s).
6. Please list all properties owned, controlled or occupied by Applicant (including
 leased properties and parking areas).

<u>Location</u>	<u>Use</u>	<u># of Stories</u>	<u>Age</u>	<u>Sprinklers</u>	<u>Area Sq. Ft.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If more than 4 locations, please list Additional locations on separate sheet.

7. Location of buildings having elevators.

8. Does Applicant have regular maintenance contract? Yes ____ No ____
 If "Yes", with whom? _____

9. Please list any construction, alterations or additions which have been proposed,
 are currently being performed or have been newly completed within the last five
 years to Applicant's facilities.
- | <u>Location</u> | <u>Use</u> | <u>Area
Sq. Ft.</u> | <u>Date of Completion</u> |
|-----------------|------------|-------------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If more than 4 locations, please list additional locations on separate sheet.

General Information continued: (Applicant must answer all questions)

10. Current General Liability Coverage

Carrier(s)
Policy Period
Limits
Deductible/Retention? _____
Is present coverage _____ Occurrence?
_____ Claims-made? _____

(Retroactive Date)
Premium _____

D. Additional Information to Accompany Application

1. Please provide currently valued and complete copies of your previous carrier(s) loss runs for the preceding seven (7) years.
2. Please attach a copy of your current General Liability Policy. Be sure to include any and all applicable endorsements.

Any person who knowingly and with intent to defraud any insurance company, or other person files an application for insurance or statement of claim 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The answers to the foregoing questions are complete and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Name (please print): _____

Title: _____