



GENERAL LIABILITY INSURANCE APPLICATION

IMPORTANT

Processing of this application will be delayed if it is not completed in its entirety and the requisite attachments are not included.

1999 Marcus Avenue, Suite 200
Lake Success, New York 11042
Telephone: (516) 616-2500 Fax (516) 775-4224

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:

Does Applicant own Pharmacy? 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>
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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>
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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: