

GUARDIAN
INSURANCE COMPANY

A MEMBER OF THE LOCKHART GROUP OF COMPANIES



P.O. Box 9109, Charlotte Amalie
St. Thomas, VI 00801
Tel. (340) 776-8050
Fax (340) 774-8830

GENERAL LIABILITY APPLICATION

Renewal? Yes No

Date _____

Current Policy No. _____

Agency Name & Address _____

Insured _____

Address _____

H. Phone _____ Bus. Phone _____ Cel. Phone _____ Effective Date _____ Expiration Date _____

Individual Partnership Corporation Joint Venture LLC Not for Profit Organization

LOCATION OF PREMISES

LOC # _____ BLD # _____ Street, City, State, ZIP _____

1. _____ Interest Owner Tenant City Limits Inside Outside

Year Built _____ Square Footage _____ Number of Units _____

2. _____ Interest Owner Tenant City Limits Inside Outside

Year Built _____ Square Footage _____ Number of Units _____

3. _____ Interest Owner Tenant City Limits Inside Outside

Year Built _____ Square Footage _____ Number of Units _____

Pool Yes No **Fenced?** Yes No **Animals** _____

RISKS

C.G.L. _____ O.L.T. _____ M. & C. _____ Others _____

BUSINESS OPERATIONS

Nature of Business / Description of Operations by Premise(s)

Gross Sales \$ _____ Receipts \$ _____

Payroll \$ _____ Others \$ _____

LIMITS OF LIABILITY

General Aggregate \$ _____
Products & Completed Operations Aggregate \$ _____
Personal & Advertising Injury \$ _____
Each Occurrence \$ _____
Fire Damage \$ _____
Medical Expense (Any one person) \$ _____

Premises Operations

Premium Bases

Annual Premium

Premises Operations	Premium Bases	Annual Premium
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Premiums \$ _____

ADDITIONAL INSURED INTEREST

Name and Address _____

LOSS HISTORY

Description of Loss _____ Date of Occurrence _____
_____ Date of Claim _____
_____ Claim Status Open Closed Amount \$ _____

READ BEFORE SIGNING

The information given in this application for insurance is the basis upon which the company will issue the policy, and will be an integral part of the policy as a warranty to the extent that if any of the questions are answered fraudulantly, or in such a way as to conceal or misrepresent any material fact or the subject thereof, the entire policy shall be void in all its parts.

Date _____ Signature of Applicant _____

Date _____ Signature of Producer _____