



# APPLICATION FOR CONTINUUM COVERAGE

**Application:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>Injury or Offense Period:</b></p> <p>Effective Date: _____</p> <p>Effective Date: _____</p> <p>Injury or Offense Period is the period which the the actual injury or offense occurred.</p>	<p><b>Claim Reporting Period:</b></p> <p>Effective Date: _____</p> <p>Expiration Date: _____ (if applicable)</p> <p>Claim Reporting Period is the period during which the first report of the claim has to be made to the insured or insurer.</p>
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**Coverage Requested:**

\_\_\_ General Liability

\_\_\_ Excess Liability

To Include:

\_\_\_ General Liability

\_\_\_ Automobile Liability

\_\_\_ Employers' Liability

\_\_\_ Other \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**Limit Requested:**

\_\_\_\_\_

\_\_\_\_\_

Insured is: Corporation \_\_\_ Joint Venture \_\_\_ Partnership \_\_\_ Individual \_\_\_ Other (Describe): \_\_\_\_\_

Description of Operations During the Injury or Offense Period Including a complete description of All Subsidiaries. (Attach a Separate Listing if Necessary):

1.	
2.	
3.	
4.	
5.	
6.	

Please provide a description of any entities, subsidiaries operations, products or services which have either been sold, divested or discontinued within the last 10 years (or during the injury or offense period) for which coverage is requested. Include the year sold, discontinued or otherwise divested as well as the estimated product life and number of products estimated to still be operation and in use.

- A. If coverage is sought for the conduct of an entity which has been sold, please note if coverage is being sought for the applicant or both the applicant and the sold entity.

B. Please provide details of any products or completed operations associated with the sold entities, and list those liabilities that have been assumed by the applicant.

C. If the liabilities have been assumed by others, please describe by whom and the extent for which they are liable.

**SALES:** *List sales history for each year of the injury or offense period.*

<i>Year</i>	<i>Domestic Sales</i>	<i>Canadian Sales</i>	<i>Foreign Sales</i>	<i>Total Sales</i>
19				
19				
19				
19				
19				
19				
19				
19				
19				

*(Complete this section if requesting coverage for Automobile Liability)*

**AUTOMOBILES:** *List # of units/year for each year of the Injury or Offense Period*

<i>TYPE OF UNIT</i>	<i>19</i>	<i>19</i>	<i>19</i>	<i>19</i>	<i>19</i>	<i>19</i>	<i>19</i>	<i>19</i>	<i>19</i>	<i>19</i>
<i>Private Passenger</i>										
<i>Light Trucks</i>										
<i>Medium Trucks</i>										
<i>Heavy Trucks</i>										
<i>Extra Heavy Trucks/Tractors</i>										
<i>Buses</i>										
<i>Other</i>										
<b>TOTAL</b>										

**AUTO**

A. Explosives, caustics waste, flammables or other hazardous cargo hauled in the past?  
Yes \_\_\_ No \_\_\_ If yes, please explain.

B. Has there ever been an Auto Contractual Exposure? Yes \_\_\_ No \_\_\_

C. Passenger carried for a fee? Yes \_\_\_ No \_\_\_

**CONTRACTORS** - Please explain all "yes" answers.

A. Describe the types of work performed during the injury or offense period. (Attach a job listing including total revenues generated for all prior years)

B. Any work subcontracted in the past? Yes \_\_\_ No \_\_\_ If yes, What type of work and amount?

C. Do all subcontractors carry Limits of Liability at least equal to those purchased by the insured? Yes \_\_\_ No \_\_\_ If no, what limit was required?

D. Are all subcontractors required to provide certificates of insurance? Yes \_\_\_ No \_\_\_ If no, please explain in the remarks section?

E. Any bridge or tunnel work done in the past? Yes \_\_\_ No \_\_\_

F. Any marine work performed in the past? Yes \_\_\_ No \_\_\_

G. Any jobs involving blasting in the past? Yes \_\_\_ No \_\_\_

H. Any asbestos or hazardous materials handled? Yes \_\_\_ No \_\_\_

I. Employed Architects? Yes \_\_\_ No \_\_\_

J. Employed Professional engineers? Yes \_\_\_ No \_\_\_

**PRODUCTS** - Please explain all "yes" answers fully

Attach copies of product brochures/catalogues for the Injury or Offense Period.

- A. Any products used in aircraft, missiles, nuclear installations or in ocean going vessels?  
Yes \_\_\_ No \_\_\_
- B. Any foreign products distributed in the U.S., or used as components in the insured's products? Yes \_\_\_ No \_\_\_
- C. Have any products manufactured, installed or distributed contained asbestos? Yes \_\_\_ No \_\_\_

**POLLUTION** - Please explain all "yes" answers fully

- A. Has an E.P.A. or other regulatory agency number been assigned to any insured as a generator, transporter, storer, treater or disposer of hazardous waste? Yes \_\_\_ No \_\_\_
- B. Are there any underground storage tanks at any location of the insured? Yes \_\_\_ No \_\_\_  
In the past? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_
- C. Have there ever been any underground storage tanks at any location of the insured?  
Yes \_\_\_ No \_\_\_  
\_\_\_\_\_

**OTHER EXPOSURES:** Please explain any "yes" answers fully

- A. Owned Aircraft Yes \_\_\_ No \_\_\_      Non-Owned Aircraft Chartered with Crew? Yes \_\_\_ No \_\_\_
- B. Owned Watercraft? Yes \_\_\_ No \_\_\_      Non-Owned Watercraft Chartered? Yes \_\_\_ No \_\_\_
- C. Any Medical Professionals Employed? Yes \_\_\_ No \_\_\_
- D. Any Independent Contractors Employed? Yes \_\_\_ No \_\_\_
- E. Any exposure under the U.S. Longshoremen's & Harborworkers' Act? Yes \_\_\_ No \_\_\_
- F. Any employers subject to the Federal Employer's Liability Act (FELA)? Yes \_\_\_ No \_\_\_
- G. Own, Operate or maintain a Railroad? Yes \_\_\_ No \_\_\_
- H. Any Liability(ies) Assumed Under Contract? Yes \_\_\_ No \_\_\_

**LOSS PREVENTION/QUALITY CONTROL**

- A. Does the applicant currently have in place a formal loss prevention program?  
Yes \_\_\_ No \_\_\_ If yes, attach a copy of the program and/or explain on the lines below.

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B. Describe Quality Control Procedures

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C. Does the insured have in place a formal recall plan? Yes \_\_\_ No \_\_\_  
If yes, attach a copy of the program and/or explain on the lines below.

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D. Are warning labels, manuals and advertising materials reviewed by legal counsel?  
Yes \_\_\_ No \_\_\_

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**LOSS EXPERIENCE** - Please explain any "yes" answers fully

Is the applicant aware of any circumstances, injuries or offenses which have yet to result in a claim or suit being filed including losses arising out of discontinued or sold operations or from products no longer manufactured? Yes \_\_\_ No \_\_\_

Has the applicant had any settlements or judgments that are sealed and not disclosed within this application? Yes \_\_\_ No \_\_\_

Is the applicant currently involved in any litigation or investigation by any governmental body? Yes \_\_\_ No \_\_\_

Please provide on separate attachment an individual description of the losses \$10,000 or greater, the date of loss, current disposition (Open or Closed?) and any other pertinent details.

For each line of insurance, give aggregate loss experience for each year of the Injury or Offense Period or the past 10 years, whichever is greater.

## GENERAL LIABILITY LOSS HISTORY

(Other than Products/Completed Ops)

YEAR	# OF LOSSES	PAID	RESERVED	TOTAL INCURRED
19__				
19__				
19__				
19__				
19__				
19__				
19__				
19__				
19__				

## PRODUCTS/COMPLETED OPERATIONS LOSS HISTORY

YEAR	# OF LOSSES	PAID	RESERVED	TOTAL INCURRED
19__				
19__				
19__				
19__				
19__				
19__				
19__				
19__				
19__				

## AUTO LIABILITY LOSS HISTORY

YEAR	# OF LOSSES	PAID	RESERVED	TOTAL INCURRED
19__				
19__				

19__					
19__					
19__					
19__					
19__					
19__					
19__					

**OTHER LOSS HISTORY**

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**UNDERLYING INSURANCE:**

If requesting Excess Liability Coverage please complete the chart below for EACH year of the injury or offense period. (Additional copies of the chart are attached to the back of this application under Schedule 1).

**YEAR** \_\_\_\_\_

Type of Insurance	General Liability	Products/Comp Oper	Pers. Inj Adv. Liab.	Auto Liab.	Employer's Liab.	Aircraft Liab.	Other	Other
Carrier								
Policy No.								
Eff. Date								
Policy Type	Occurrence Claims Made	Occurrence Claims Made	Occurrence Claims Made			Occurrence Claims Made	Occurrence Claims Made	Occurrence Claims Made
Retro Date								
Limits of Insurance	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Accident	\$ Occurrence \$ Empl. Disease \$ Pol Disease	\$ Per Seat \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Ann. Prem.								
Deductible	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	N/A N/A	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate

Does CGL include Broad Form Coverage? Yes \_\_\_ No \_\_\_ If no, Why? \_\_\_\_\_

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Financial Information (Annual Reports, 10-K's and other Pertinent Data)

- A. Please attach copies the current Annual Report and 10-K Report as well the previous Annual Reports and 10-K Reports for each year of the injury or offense period (if available).
- B. Describe any operations not otherwise described within the Annual Reports or 10-K's which the applicable is currently involved in or has been involved in the past (e.g. construction work, owned properties, etc.)

**REMARKS**

Please explain any "yes" answers to any previous questions. Use to give any other pertinent information.

**THIS IS NOT A BINDER OF COVERAGE**

**THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## SCHEDULE 1

Underlying Primary Insurance:

Please complete the chart below for EACH year of the injury or offense period

YEAR \_\_\_\_\_

Type of Insurance	General Liability	Products/Comp Oper	Pers. Inj Adv. Liab.	Auto Liab.	Employer's Liab.	Aircraft Liab.	Other	Other
Carrier								
Policy No.								
Eff. Date								
Policy Type	☐ Occurrence ☐ Claims Made	☐ Occurrence ☐ Claims Made	☐ Occurrence ☐ Claims Made			☐ Occurrence ☐ Claims Made	☐ Occurrence ☐ Claims Made	☐ Occurrence ☐ Claims Made
Retro Date								
Limits of Insurance	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Accident	\$ Occurrence \$ Empl. Disease \$ Pol Disease	\$ Per Seat \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Ann.Prem.								
Deductible	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	N/A	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Limit					N/A			

**\* Attach a copy of all Primary Policies, Including Any Continuum Endorsements**

Does CGL include Broad Form CGL Coverage? Yes \_\_\_ No \_\_\_ If no, Why? \_\_\_\_\_

\*\* was deleted from policy 12/21/94

Complete this section if requesting excess liability coverage

**IMPORTANT - Please read carefully.**

### UNINSURED MOTORIST COVERAGE

Uninsured Motorist Coverage Provides for the payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages and pain and suffering, subject to limitations and conditions contained in the policy.

**The applicant hereby acknowledges that coverage afforded under the terms and conditions of our policy Exclude coverage for any liability or obligation imposed on the applicant under any uninsured/underinsured motorist or automobile not fault or first party personal injury law.**

Signed \_\_\_\_\_  
Applicant

Date \_\_\_\_\_

#### Coverage Requested

	Limit
_____ General Liability	_____
_____ Excess Liability	_____

TO include:

- \_\_\_\_\_ General Liability
- \_\_\_\_\_ Automobile Liability
- \_\_\_\_\_ Employers Liability
- \_\_\_\_\_ Other