



**Anderson & Murison, Inc.**

**Wholesale Insurance Services**

800 West Colorado Blvd., P.O. Box 41911  
Los Angeles, CA 90041 - Lic. # 0323106  
Voice (323) 255-2333 FAX (323) 255-0957  
www.andersonmurison.com

## BIG Commercial Supplemental Application

Commercial Coverage for this program is only available when a personal umbrella policy is purchased.

Name of Applicant: \_\_\_\_\_  
Do not include individuals unless a sole proprietorship or partnership.

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

Phone #: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

The applicant is  Individual  Partnership  Corporation  Other How Many Years in Business: \_\_\_\_\_

### SECTION I

**A. GENERAL LIABILITY** - Questions 1 - 5 **must** be completed before submission.

- 1. Does the scheduled Primary policy(ies) include Personal injury?  Yes  No
- 2. Does the scheduled policy(ies) include Broad Form Property Damage for Distributing, Service, and Contracting risks?  Yes  No
- 3. Does the scheduled Primary policy(ies) include Contractual Liability?  Yes  No
- 4. Does the scheduled Primary policy(ies) include Products Liability?  Yes  No
- 5. Does the scheduled policy(ies) apply on an occurrence basis?  Yes  No

6.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				\$1,000,000 Each Occurrence
				\$1,000,000 General Aggregate
				\$1,000,000 Products & Completed Operations Aggregate

**B. AUTOMOBILE LIABILITY**

1. Do scheduled policies provide coverage for all owned and leased vehicles? (If no, coverage will be excluded)  Yes  No
2. Number of private passenger autos and light trucks (3/4 ton & less). # \_\_\_\_\_
3. Number of other trucks (i.e., over 3/4 ton). # \_\_\_\_\_
4. Complete the following for each OWNED and / or LEASED business vehicle to be covered by this policy (if available, attach MVR):

	Make / Model	Principal Driver and Use*
1)		
2)		
3)		
4)		
5)		
6)		

\* Use indicate if used for sales, delivery or primarily for personal transportation.

5. List additional drivers not included above and indicate the make and model of vehicle driven.

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6.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				<b>\$500,000 CSL</b>
				<b>OR</b>
				<b>\$500,000 BI / \$100,000 PD</b>

**C. NON-OWNED AND HIRED AUTOMOBILE**

1. Is this coverage included in the scheduled underlying General Liability policy (if no, complete questions 2 and 3)?  Yes  No
2. Is this coverage included in your scheduled Automobile Liability Policy?  Yes  No
3. If this coverage is provided by a separate policy, please complete:

4.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				<b>\$500,000 CSL</b>
				<b>OR</b>
				<b>\$500,000 BI / \$100,000 PD</b>

**D. EMPLOYERS LIABILITY**

NONE AT INCEPTION

1.	Name of Insurance Carrier(s)	Limit of Liability	Premium	Minimum Limit Required
				\$500,000 each accident
				\$500,000 each employee for disease
				\$500,000 policy limit

**SECTION II**

**TYPE OF BUSINESS**

CHECK ONE OR MORE BOXES AND COMPLETE THE REQUESTED INFORMATION.

**STORES** (provide the following for each location):

Number of Employees: \_\_\_\_\_

Location of store: \_\_\_\_\_  
Street address and city

Annual gross receipts: \_\_\_\_\_ Total square feet: \_\_\_\_\_

Describe operations and what is sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE** (provide the following for each location):

Number of Employees: \_\_\_\_\_

Location of office: \_\_\_\_\_  
Street address and city

Annual payroll: \_\_\_\_\_ Total square feet: \_\_\_\_\_

Describe operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VACANT LAND** (provide the following for each location):

Location of office: \_\_\_\_\_  
Street address and city

Total acreage: \_\_\_\_\_ **OR** Total frontage feet: \_\_\_\_\_

**LESSOR'S RISK ONLY** (provide the following for each building):

DO NOT INCLUDE APARTMENTS OR DWELLINGS

Location of property: \_\_\_\_\_  
Street address and city

Number of stories: \_\_\_\_\_ Total square feet: \_\_\_\_\_

Construction: \_\_\_\_\_ Number of elevators: \_\_\_\_\_

Occupancy: \_\_\_\_\_ Year built: \_\_\_\_\_

Public parking area square footage: \_\_\_\_\_

**DISTRIBUTING, SERVICE OR CONTRACTING RISKS STORES**

(provide the following for each code):

Number of Employees: \_\_\_\_\_

Annual M & C payroll: \_\_\_\_\_ Annual receipts: \_\_\_\_\_

Describe operations: \_\_\_\_\_

Cost and type of subcontracted work: \_\_\_\_\_

**SECTION III**

PLEASE COMPLETE FOR **EVERY** RISK SUBMITTED

1. Limit desired? Policy is not subject to a self insured retention: \$1M \$2M \$3M \$4M \$5M  
We offer up to \$5M.
2. Upon acceptance of coverage by Anderson & Murison, the policy will be effective on the day following receipt of the premium payment by Anderson & Murison, unless a later date is requested. If later date, specify: \_\_\_\_\_.
3. Expiration date **should** coincide with the underlying comprehensive general liability policy. If multiple policies, use the earliest date. Specify expiration date: \_\_\_\_\_

**EXPLAIN IN REMARKS SECTION IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING:**

4. Has any claim of \$10,000 or more (whether covered by insurance or not) been brought against the applicant within the last 5 years?  Yes  No
5. Do any underlying policies exclude coverage or reduce limits for any specific exposures which normally are fully covered (i.e., named driver exclusion, excluded operations, etc.)?  Yes  No
6. Is the applicant or any driver currently insured under an automobile assigned risk plan?  Yes  No

7. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries not covered by this application?  Yes  No
8. Has any policy or coverage of the insured been declined, cancelled or non-renewed within the past three years?  Yes  No
9. Does the applicant have any foreign operations or products?  Yes  No

**REMARKS SECTION**

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**SECTION IV**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Authorized Broker

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Print Name of Authorized Broker

Company Use Only:

Approved by:	Date Approved:
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