



(970) 407-9800 • (800) 467-7282 • Fax (970) 472-0904
 P.O. Box 455 Fort Collins, CO 80522

2010-2011 BUSINESS GENERAL LIABILITY INSURANCE APPLICATION

BUSINESS INFORMATION: (Print or Type *List Additional Locations on a Separate Sheet)

Business Name: _____ (DBA): _____
 Owner's Name: _____ Manager's Name: _____
 Mailing Address: _____ Physical Location: _____
 City, State, Zip Code: _____ City, State, Zip Code: _____
 Business Hours: _____ County: _____
 Telephone #: () _____ - _____ Fax #: () _____ - _____
 E-mail: _____
 Applicant is: Corporation Partnership Proprietorship LLC Other: _____
 Association Business member Number: _____ Years in Business: _____
 If in business previously advise name address and dates: _____

BUSINESS ACTIVITIES: (Please check those items which apply)

- REPAIRS RENTALS AIRFILLS
 PRODUCT SALES POOL ON PREMISES HYDROTESTING
 TRAVEL TANK INSPECTION LOCAL TRADE SHOWS #(_____) PER YEAR

OTHER ACTIVITIES:

Are there any other recreational activities or business operations you conduct from the premises? (DESCRIBE BELOW)

Do you sell or rent products "other than scuba" (DESCRIBE BELOW)

GROSS INCOME: (Last Calendar Year)

Gross Income – a) Products, b) Rentals, c) Repairs, d) Air, e) Net Travel, etc. EXCLUDING WATER ACTIVITIES \$ _____
 By Category: a) \$ _____ b) \$ _____ c) \$ _____ d) \$ _____ e) \$ _____ (net) f) other \$ _____

PREVIOUS INSURANCE CARRIER INFORMATION:

Previous Carrier: _____ Previous Agent: _____

1. YES NO Have any claims been made during the past five years against the store?
IF YES, a written statement must accompany application for each claim.

2. YES NO Is there knowledge of a prior occurrence or do you foresee that a claim may be brought against the store?
IF YES, a written statement must accompany application for each claim.

3. YES NO Do you have local policies? Please indicate below
 Auto Contents Building Wind Coverage Other Business Operations

ADDITIONAL INSURED: (Legal Name, i.e., Inc. or LTD, Complete Mailing Address and Relationship REQUIRED)

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 RELATIONSHIP _____

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 RELATIONSHIP _____

