

**CAROLINA CASUALTY INSURANCE COMPANY**  
**P.O. BOX 2575 JACKSONVILLE, FLORIDA 32203**  
**(904) 363-0900 (800) 874-8053 FAX (904) 363-8093**

**GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

THIS APPLICATION IS NOT COMPLETE WITHOUT GENERAL INFORMATION APPLICATION

1. \_\_\_\_\_ (Enter "Effective Date" if other than shown in General Information Application.)

2. Name \_\_\_\_\_

**3. COVERAGES AND LIMITS**

OCCURRENCE-			
PREMISES/OPERATIONS	General Aggregate	\$	_____
DEDUCTIBLES	Products & Completed Operations Aggregate	\$	_____
PROPERTY DAMAGE	Each Occurrence	\$	_____
\$ _____ <input type="checkbox"/> Per Claim	Personal & Advertising Injury (any one person or organization)	\$	_____
	Damage to Premises Rented to You (any one premises)	\$	_____
\$ _____ <input type="checkbox"/> Per Occurrence	Medical Expense (Any One Person)	\$	_____

**4. SCHEDULE OF HAZARDS**

LOC. No.	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR

5. **LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY INCLD. GARAGE LOCATION. OCCUPANCY**  
 (If other than shown in General Information)

\_\_\_\_\_

6. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Please explain:

\_\_\_\_\_

7. Describe any operations sold, acquired, or discontinued within the last 5 years.

\_\_\_\_\_

8. Describe any other business interest of the insured. \_\_\_\_\_

9. Does applicant loan or lease equipment to others with or without drivers?  Yes  No  
 If yes, explain: \_\_\_\_\_

10. Describe all mobile equipment used on your premises: \_\_\_\_\_

11. Is any mobile equipment you own or rent used away from your premises?  Yes  No  
 If yes, explain: \_\_\_\_\_

12. Does the operation involve logging or lumbering?  Yes  No If yes, explain: \_\_\_\_\_

13. Describe any exposure to flammables, explosives, chemicals, etc. \_\_\_\_\_

14. Explain any exposure to radioactive/nuclear materials. \_\_\_\_\_

15. Describe operations involving storing, treating, discharging, applying, disposing, or transporting hazardous material. (e.g. landfills, wastes, fuel tanks, etc.) \_\_\_\_\_

16. Any work done by contractors or subcontractors?  Yes  No

17. Are certificates of insurance required by subcontractors?  Yes  No

18. Do you require your subcontractors to carry limits equal to yours?  Yes  No If No, explain: \_\_\_\_\_

19. **CONTRACTUAL LIABILITY:** Describe all hold harmless agreements (show date, contracting party, cost) and attach a copy of each agreement. \_\_\_\_\_

**PRODUCTS/COMPLETED OPERATIONS:**

20. Does insured manufacture any products?  Yes  No If Yes, please explain: \_\_\_\_\_

21. Does insured repackage any products under his own label?  Yes  No If Yes, explain: \_\_\_\_\_

22.

PRODUCT	ANNUAL SALES OR RECEIPTS	NO. OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPLE COMPONENTS

23. **ADDITIONAL INTERESTS & CERTIFICATES OF INSURANCE**

NAME AND ADDRESS	INTEREST	CERT.

24. Remarks: \_\_\_\_\_