



PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN
(GOVERNMENT SERVICE INSURANCE SYSTEM)
Financial Center, Pasay City, Metro Manila 1308

COMPREHENSIVE GENERAL LIABILITY INSURANCE
(PREMISES LIABILITY ONLY)

Application Form

1. Business Name or Style: _____
2. Registered Name: _____
3. Business Address: _____
4. Telephone Number: _____
5. Fax Number: _____
6. Nature of Business: _____
7. Occupied Space: _____
8. Total No. of Employees: _____
9. Annual Sales: _____
10. Limit of Liability: _____
11. Has any Third Party Liability claim has been made against the proposer during the last five (5) years for Bodily Injury or Property Damage?

() YES () NO

If YES, please provide the details of each event, stating dates, description of accident, number of casualties, property damaged, amount of claims, status of the case, (please use back space for details).

I hereby declare that to the best of my knowledge and belief, all answers to the above questions are true and complete.

DATE

Signature over Printed Name



COMPREHENSIVE GENERAL LIABILITY INSURANCE

APPLICATION FORM

I. Name of Applicant _____

II. General Information

a. Location:

b. Detailed Description of Applicant's Operation:

General Liability

c. Limits Required (BI and PD)

d. Description of Hazards

(a) Premises Operations (as described under II-B)

Elevators – Description' if any

(b) Independent Contractors – Type and cost of work let or sublet.
What insurance do you require sub-contractors or independent
contractors to carry?

(c) Products - Lists of Products sold and estimated annual sales. (If
products coverage is required, please complete 5- Products
Supplement)

(d) Completed Operations - Length of time to be covered after completion of construction, installation and/or repair work carried out by the applicant of for which the applicant is liable.

(e) Contractual

(i) Effective date of Agreement(s)

(ii) Names of Parties to the Agreement(s)

(iii) Wording of Assumed Liability of Hold Harmless Agreement
(attach)

1. Premises Operations – Miscellaneous

Does Applicant own, rent, lease, or operate any property such as sales offices, mercantile or office buildings, apartment buildings, theatres, warehouse, stores, residences, or states? Is he concessionaire on anyone else's property?

(a) Own, rent, lease, or occupy and land, farms, camps, docks, or wharves?

(b) Use or advertise through the medium of signs, posters, bulletins, placards, street banners, etc. Which are placed on premises not occupied by the applicant?

(c) Act for any property in the capacity of trustee, executor, administrator, guardian, receiver, or in any other fiduciary capacity or as a managing agent?

(d) Sublet any portion of premises he owns, rents, leases, or occupies?

(e) Does any installation repair or construction work off the premises?

(f) Demonstrate goods or products away from the premises?

(g) Contemplate any new construction structural alterations or demolition?

(h) Rent or lease mechanical equipment to or from others?

(i) Own or operate any railroad, locomotives, freight, cars, individual trucks, etc.

(j) Sell or use explosives?

(k) Own or operate any watercraft or aircraft? If so, are passengers carried for a consideration?

(l) Act as stevedore?

(m) Own or occupy an industrial village? If so, explain full, giving number of residences, churches, theatres, and street mileage.

(n) Have any joint operations with others?

(o) Own or use any dogs away from the insured premises?

(p) Employ any nurses, doctors, or dentists?

(q) Maintain any hospital, infirmary, clinic, and first aid station?

(r) Own or operate any beauty parlor, barbershop, bathhouse, drugstore, swimming pool, sanitarium, health institution, etc.?

(s) Is there any professional or malpractice exposure?

(t) If malpractice or professional exposure is let out on concession, does concessionaire carry professional liability coverage? If so, state policy term and limits carried.

(u) Engage in operations involving quarrying or underground mining?

(4) What is the insured's source of the following?

- (a) Water supply _____
- (b) Milk supply _____
- (c) Food supply _____
- (d) Electrical supply _____

(5) Products Supplement

(a) Describe and list separately, in the manner requested below, all products manufactured handled, distributed or sold by applicant:

(i) Products manufactured or prepared by applicant or which bear applicant's name or label.

(ii) Products handled, distributed, or sold which do not bear applicant's name or label which are manufactured and prepared by others.

(iii) Please attach samples of catalogues or other advertising material with labels and printed wrappers, which describe the above products and their use.

(b) How long has the applicant operated on this business, how many products are added each year and what are the equally controls? (If applicant is a branch operation these questions refer to the branch.)

(c) Have there ever been any products suits or claims against applicant's local office? Give particulars and costs of settlement, if any.

(d) Does applicant's organization, issue any guarantee of products? If so, please give details.

(e) What is Insured's estimate of Annual Payroll P_____

(f) What is Insured's annual sales by country?

- a) to U. S. A P_____
- b) Philippines P_____
- c) Other Countries (*Please specify*)
1. P_____
2. P_____
3. P_____

(g) What measures have been taken in bottling/packaging of consumer products to make them tamper-resistant?

(h) Is there a product liability committee in the organization of the insured?

- YES NO

(i) Has assured developed any product recall procedures?

- YES NO

(j) Are labels and warnings clear and simple?

- YES NO

(k) Is advertising checked to guard against excessive claims (some ads indicate wordings "completely safe" as an example? This presentation could result to injured customer's filling major claim against the insured.)

- YES NO

(l) Were there products discontinued by the Insured? If yes, indicate list of products discontinued, estimate of unit counts or total sales in the market before discontinuance and reasons for discontinuance.

The liability of the company does not commence until this proposal has been accepted, the policy issued and the premium is paid.