



DIVE STORE GENERAL LIABILITY

DATE

AGENCY		APPLICANT (First Named Insured)		
PHONE (A/C, No, Ext):	FAX (A/C, No):	PHONE (A/C, No, Ext):	FAX (A/C, No):	CELL (A/C, No):
AGENCY E-MAIL ADDRESS:		E-MAIL ADDRESS:		
		WEBSITE ADDRESS:		
ESTIMATED ANNUAL PREMIUM:	CERTIFICATE NO:	COMPANY/PROGRAM:	AGENCY CUSTOMER ID:	
CONTACT NAME:	MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
EFFECTIVE DATE:	EXPIRATION DATE:			

LOCATIONS

#	STREET ADDRESS/ CITY, STATE, ZIP CODE	CONTACT/ EMAIL	PHONE/ FAX	CELL

SUBSIDIARY INFORMATION

LIST ANY SUBSIDIARIES AND ANY "DBA" TO WHICH THIS INSURANCE APPLIES.

LOC#	SUBSIDIARY/DBA NAME

GENERAL LIABILITY

ESTIMATED GROSS RECEIPTS EXCLUDING INSTRUCTION AND TRAVEL (IF YOU HAVE MULTIPLE LOCATIONS, PLEASE INCLUDE TOTAL FOR ALL)	\$	WOULD YOU LIKE TERRORISM COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE CHECK ALL BUSINESS ACTIVITIES THAT WOULD APPLY:		
<input type="checkbox"/> NON-SCUBA RELATED SALES	<input type="checkbox"/> HYDROTESTING	<input type="checkbox"/> RENTAL
<input type="checkbox"/> PRODUCT SALES	<input type="checkbox"/> TANK INSPECTION	<input type="checkbox"/> ON-SITE POOL
<input type="checkbox"/> REPAIR	<input type="checkbox"/> AIRFILLS	<input type="checkbox"/> TRAVEL
<input type="checkbox"/> OFF-SITE TRADE SHOWS		
EXPLAIN NON-SCUBA RELATED SALES:		
DO YOU RENT, REPAIR OR OPERATE ANY NON-DIVING RELATED ACTIVITIES?:	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
DO YOU OPERATE A QUARRY, MINE, PIT, LAKE OR OFF-SITE POOL?:	<input type="checkbox"/> YES <input type="checkbox"/> NO	INCREASE HIRED AND NON-OWNED AUTO LIMIT TO \$500,000?: <input type="checkbox"/> YES <input type="checkbox"/> NO
EXCESS LIABILITY LIMITS:	<input type="checkbox"/> INCREASE \$1 MILLION (\$2 MIL/\$3MIL AGGREGATE)	<input type="checkbox"/> INCREASE \$2 MILLION (\$3 MIL/\$4MIL AGGREGATE)
	<input type="checkbox"/> INCREASE \$3 MILLION (\$4 MIL/\$5 MIL AGGREGATE)	<input type="checkbox"/> INCREASE \$4 MILLION (\$5 MIL/\$6MIL AGGREGATE)

LOSS HISTORY (GENERAL LIABILITY CLAIMS OVER THE PAST 5 YEARS)

TYPE OF LOSS:	DATE OF CLAIM:	AMOUNT OF LOSS:	CLAIM STATUS:
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

ADDITIONAL INTEREST

NAME OF ENTITY:	STREET ADDRESS/ CITY, STATE, ZIP CODE:	RELATIONSHIP:	INTEREST TYPE:

PAYMENT INFORMATION

ONCE APPLICATION IS SUBMITTED, YOU WILL RECEIVE A QUOTE WITHIN 24 HOURS WHICH WILL PROVIDE COVERAGE, RATES, AND PAYMENT OPTIONS.

AGREEMENT STATEMENT

BY SIGNING THIS BOX, I HAVE READ ALL TERMS, EXCLUSIONS AND WARRANTIES OF THE POLICY AND UNDERSTAND THEM FULLY. I ALSO UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED CAN VOID THE POLICY TERMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT THIS APPLICATION DOES NOT BIND COVERAGE AND COVERAGE IS NOT IN EFFECT UNTIL THE APPLICATION AND PAYMENT HAS BEEN RECEIVED AND APPROVED BY WITHERSPOON AND ASSOCIATES.

PRINTED NAME	SIGNATURE	DATE

REMARKS