



# GENERAL LIABILITY

Attention \_\_\_\_\_

## INSURANCE APPLICATION

Tel (800) 345-7810  
Fax (800) 775-7223

APPLICANT INFORMATION

American Business Ins. Svc Inc., 32107 W. Lindero Cyn #120 Westlake Village, CA 91361

BUSINESS NAME				<input type="checkbox"/> dba	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
OWNERS NAME				<input type="checkbox"/> I OWN THIS BUSINESS NAME	<input type="checkbox"/> I DO NOT OWN THIS NAME.	
Address				City	State	Zip
Work phone	Cell	Fax	Email	Years in Business		# of Vehicles
REQUESTED POLICY EFFECTIVE DATE	_____			_____		_____

### Schedule of Hazards

	Address of Property	Total Square Feet	Description of Use of Property
1			
2			
3			
4			

### CERTIFICATE OF INSURANCE REQUEST

Cancellation Provisions  10 DAYS  30 DAYS  CERTIFICATE OF INSURANCE  ADDITIONAL INSURED  LOSS PAYEE

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

#### Excluded Coverage's:

- |                        |                          |   |                               |
|------------------------|--------------------------|---|-------------------------------|
| 1) Abuse & Molestation | 4) Assault & Battery     | 7) Subsidence                           | 10) Fire Legal                |
| 2) Fungi or Bacteria   | 5) Contractual Liability | 8) Employee Related Practices.          | 11) Medical Payments          |
| 3) War or Terrorism    | 6) Breach of Contract    | 9) Pre-Existing Injury, loss or damage. | 12) Insured includes Drivers. |

Yes <input type="checkbox"/> Do You Repair Vehicles of Others?	Yes <input type="checkbox"/> Do you have any School Contracts?	Yes <input type="checkbox"/> Do you provide Medical transportation, i.e. gurney's, wheelchair transport etc?
<input type="checkbox"/> Do You Lease/Rent any Taxi Stands?		

### COVERAGE'S

Please see the policy for a complete description of coverage's

Limits of Liability		Terrorism Exclusion Attached.
General Aggregate	Property Damage Deductible	
Each Occurrence	<input type="checkbox"/> Included in General Aggregate	
Products/Completed Operations		
Personal & Advertising Injury		

**Company Use Only**

Coverage Bound

Check

-----  
Effective Date  
-----

(Bound When Signed by ABI)

### REQUIRED INFORMATION

### PREMIUM AND LOSS HISTORY AFFIDAVIT

Policy Year	_____	_____	_____
Prior Insurance Company	_____	_____	_____
Policy Number	_____	_____	_____
Annual Premium	_____	_____	_____
Total CLAIMS Amount (\$)	_____	_____	_____

Loss Runs Attached

#### Coverage is Not Bound by signing this application. please see insurance binder.

The undersigned declared that to the best of their knowledge the premiums and loss history above are true. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals for the purpose of misleading information, commits fraudulent act, which is a crime and jeopardizes coverage's for occurrences that may otherwise be covered.

Applicants  
Signature **X** \_\_\_\_\_

Date \_\_\_\_\_