



General Liability Application Arts Service/ Non-Profit Organizations

This is a supplemental questionnaire to the General Liability application.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND/OR YOUR ATTORNEY.

General Information

First Named Insured:			
Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Contact Person:			
Web Address:			
Email Address:			
Phone:		Fax:	
Years in Business:			
Effective Date:		Federal Tax ID:	
Payroll:		Sales/Receipts:	
Description of Operations:			

Management/Ownership Information

1. Do you own your space?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If you own the building, do you rent/loan it to others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there emergency procedures in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there a written security procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does management require Certificate of Insurance, with GL limits of at least \$1,000,000 from all vendors, suppliers, and contractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does management require that all vendors, suppliers and contractors be named as Additional Insureds?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Complete if you own your space

1. Square footage of space: Your space: _____ Total: _____	
2. Is the space sprinklered?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ %
3. Do you have emergency lighting?	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Are exits lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. How many exits are there?	_____

Umbrella	
1. Limit of Liability:	_____

Contact for questions/completed applications:

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