

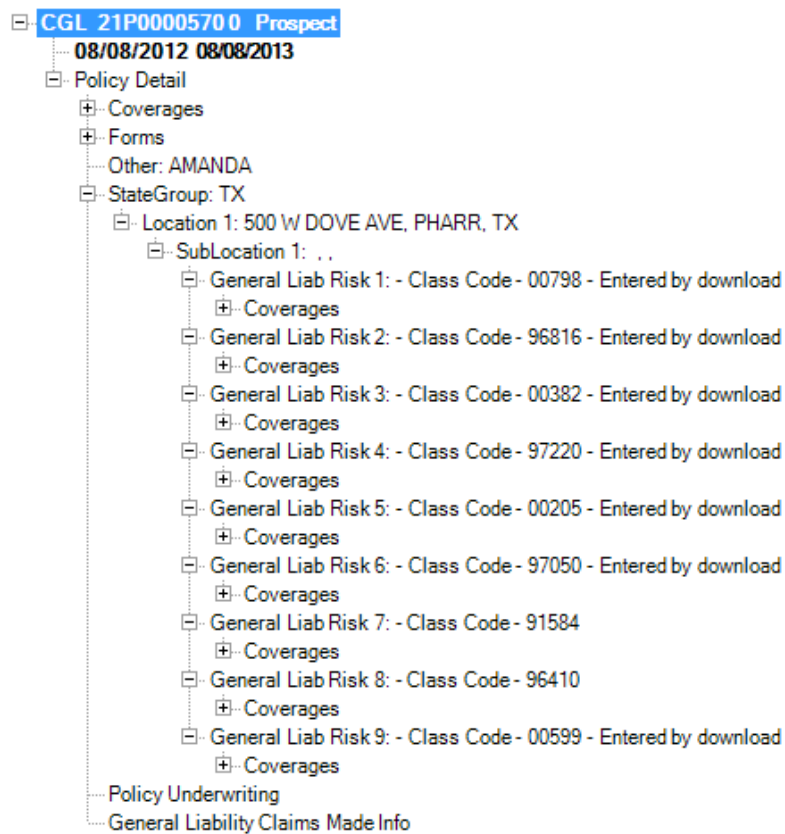
Commercial General Liability Section - ACORD 126 (2011/09)

ACORD 126, Commercial General Liability Section, is a form of insurance designed to protect owners and operators of businesses from a wide variety of liability exposures. These exposures include liability for accidents resulting from the insured's operations or premises, products sold or operations completed by the insured and contractual liability.

ACORD 126 was designed to be used in conjunction with the Commercial Insurance Application - Applicant Information Section (ACORD 125).

To create this form you may begin at the policy or package level. This form is a section and should be attached to the ACORD125 when submitted.

A typical monoline CGL policy might be structured similarly to this:



AGENCY North American Agency		CARRIER AF	NAIC CODE 24198
POLICY NUMBER 5031999	EFFECTIVE DATE 08/01/2007	APPLICANT / FIRST NAMED INSURED NXH AGENCY DOWNLOAD	

Coverage information from the policy level will fill with the following coverages: GENAG, PRDCO, PIADV, EAOCC, FIRDM, FLL, MEDEX, and EBLIA. Other coverages will be added to the Other Coverages memo section if found.

COVERAGES			LIMITS				
<div> <div> <div>COMMERCIAL GENERAL LIABILITY</div> <div> <div>CLAIMS MADE</div> <div>OCURRENCE</div> </div> </div> <div>OWNER'S & CONTRACTOR'S PROTECTIVE</div> </div>			<div> <div>GENERAL AGGREGATE</div> <div>\$</div> <div>1,000,000</div> </div> <div> <div>LIMIT APPLIES PER:</div> <div> <div> <div>X</div> <div>POLICY</div> </div> <div> <div></div> <div>LOCATION</div> </div> <div> <div></div> <div>PROJECT</div> </div> <div> <div></div> <div>OTHER:</div> </div> </div> </div>			<div>PREMIUMS</div> <div>PREMISES/OPERATIONS</div>	
			<div>PRODUCTS & COMPLETED OPERATIONS AGGREGATE</div> <div>\$</div>			<div>PRODUCTS</div>	
<div>DEDUCTIBLES</div> <div> <div>PROPERTY DAMAGE</div> <div>\$</div> <div></div> </div> <div> <div>BODILY INJURY</div> <div>\$</div> <div></div> </div> <div> <div></div> <div>\$</div> <div></div> </div> <div> <div>PER CLAIM</div> <div>PER OCCURRENCE</div> </div>			<div>PERSONAL & ADVERTISING INJURY</div> <div>\$</div>				
			<div>EACH OCCURRENCE</div> <div>\$</div> <div>1,000,000</div>			<div>OTHER</div>	
			<div>DAMAGE TO RENTED PREMISES (each occurrence)</div> <div>\$</div> <div>100,000</div>				
			<div>MEDICAL EXPENSE (Any one person)</div> <div>\$</div> <div>5,000</div>			<div>TOTAL</div>	
			<div>EMPLOYEE BENEFITS</div> <div>\$</div>				
			<div></div> <div>\$</div>				
<div>OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)</div>							
<div>APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:</div> <div> <div>1. UM / UIM COVERAGE</div> <div></div> <div>IS</div> <div></div> <div>IS NOT AVAILABLE.</div> </div> <div> <div>2. MEDICAL PAYMENTS COVERAGE</div> <div></div> <div>IS</div> <div></div> <div>IS NOT AVAILABLE.</div> </div>							

[illegible]

Claims Made Section will be filled in one of two different ways. Underwriting Questions will be filled if they have been downloaded or if the appropriate questions have been selected for this section of the form. The second way is to add **General Liability Claims Made Info** to either the policy or package as appropriate. The added underwriting information will take precedence if both are entered.

CLAIMS MADE (Explain all "Yes" responses)	
EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE: 08/08/2012	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 08/01/2012	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	Y
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	Y

Underwriting Questions will be filled throughout the form if they have been downloaded or if the appropriate questions have been selected for the form. This is done by going to the Underwriting Questions node in the upper left policy info window. Additional comments for the questions will not fill and must be manually entered.

CONTRACTORS	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	N

Contractors section will fill with the appropriate underwriting questions, but the last segment shown below will fill if the *Contractors Underwriting Group* is found to be attached at the policy level. NOTE: This underwriting group is NOT currently available for selection and filling, but will be available in a future release. If the *Contractors Underwriting Group* is downloaded in this location, this information will fill into the form.

DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:
Home Seamstresses	10,000.00	50	25	50

Products/Completed Operations section will fill if **General Liability Products/Completed Operations** underwriting is added at either the Policy or Package Level of the policy. Up to three items fill on the application and multiple items of this type can be entered on the policy.

PRODUCTS / COMPLETED OPERATIONS						
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
Kleenix	10.00	1,200	36	1	Personal Hygiene	Paper
Tater Tots	25.00	2,000	10	1	Fill Bellies	Potatoes

Additional Interest / Certificate Recipient – Additional interests found anywhere on this policy will be filled and if more than one is included, extra ACORD45 forms will be automatically created.

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		<input checked="" type="checkbox"/> ACORD 45 attached for additional names		AGENCY CUSTOMER ID: 102109	
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Other	NAME AND ADDRESS RANK: Alli Bank 345 Stearns St Paynesville MN 56362	EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER LOCATION: 1 BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION 1998 FORD F150 1FTZX18WXXKA41508		
REFERENCE / LOAN #:					

Also, if there are more additional interest's than will fit on the form, an ACORD45 will be automatically created.