

## HOME INSPECTOR GENERAL LIABILITY SUPPLEMENTAL APPLICATION

2 Waterside Crossing, Suite 102, Windsor, CT 06095 *phone* 860.903.0000 *fax* 860.903.0001 www.businessriskpartners.com

If you answered "yes" to the above question, please provide a 5 year GL loss run and provide loss details below including name of claimant; allegation made; date claim was made; demand amount; and final disposition including indemnity and expense amounts (attach a separate page if necessary):

It is understood and agreed that this supplemental application shall become a part of the issued policy for General Liability Insurance.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

| Applicant Signature:           | Date (Mo-Day-Yr): |
|--------------------------------|-------------------|
| Name and Title (Please Print): |                   |