

HOME INSPECTOR GENERAL LIABILITY SUPPLEMENTAL APPLICATION

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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):	