



ALPHA INSURERS

PROTECTING YOUR GOOD THINGS IN LIFE

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GENERAL LIABILITY INSURANCE APPLICATION

Personal Information:

Name of Insured: _____
Address: _____
Telephone Number(s): _____
E-mail Address: _____

Nature of Business:

Company Name: _____
Nature of Operation: _____
Location(s): 1. _____
2. _____
3. _____

No. of Employees: _____ Days/Hours of Operation: _____
Estimated Annual Sales: This Year: \$ _____ Next Year: \$ _____
Work Number(s): _____ Fax Number(s): _____
E-mail Address: _____ Website: _____

Limits of Liability:

A. Bodily Injury & Property Damage: \$ _____ Combined Single Limit
C. Product & Completed Operations Liability: \$ _____ Combined Single Limit
B. Bodily Injury & Property Damage: \$ _____ Aggregate Limit
D. Product & Completed Operations Liability: \$ _____ Aggregate Limit

Effective Date of Policy: From: _____ To: _____

Coverages:

- | | |
|---|---|
| <input type="checkbox"/> 1. Comprehensive General Liability | <input type="checkbox"/> 5. Personal Advertising Injury Liability |
| <input type="checkbox"/> 2. Premises Medical Payments Insurance Liability | <input type="checkbox"/> 6. Contractors Liability |
| <input type="checkbox"/> 3. Fire Legal Liability | <input type="checkbox"/> 7. Contractual Liability |
| <input type="checkbox"/> 4. Product & Completed Operations Liability | <input type="checkbox"/> 8. Elevator and Escalator Liability |

Annual Premium: \$ _____ 2% Gov't Assessment Fee: \$ _____ Total Annual Premium: \$ _____

Signature: _____ Date: _____
Print Name: _____ Agent: _____