



COMMERCIAL DIVISION

The Atlas Mission - Customers Come First

Atlas General Insurance
Services combines proven
expertise, superior personal
service and a relationshipbased approach to provide
clients with a trusted insurance
partner committed to
delivering maximum value.

Our SUCCESS depends upon:

- Relationships built on trust
- Products that win
- Responsive employees that strive to make the most out of every opportunity

ADDRESS

6165 Greenwich Drive, STE 200 San Diego, CA 92122

TOLL FREE

(877) 66-ATLAS (28527)

MARKETING HOTLINE

(858) 724-5091

E-MAIL:

marketing@atlas.us.com

WEB

atlas.us.com

This document provides an overview of coverages and services. Coverages may differ in availability by state. All coverages are individually underwritten. For a complete description of all coverages, terms and conditions, refer to the insurance policy. In the event of a conflict, the terms, conditions and exclusions of the policy prevail. All information and representations herein are as of 2022. CA License

ABOUT ATLAS

Atlas General Insurance Services is a full service program administrator that offers a wide range of insurance solutions. Atlas has expertise in developing and underwriting specialty programs with a variety of insurance carrier partners. Our knowledgeable staff is committed to providing exceptional service and unique options for our clients.

Atlas General Insurance Services offers products in the following divisions:

- Workers' Compensation
- General Commercial Lines
- Specialty Property

TARGET RISKS - COMMERCIAL DIVISION

- Apartments
- Convenience Stores
- Garage: Auto Service/Repair
- Grocery Stores
- Hotels/Motels
- Lessors Risk Only (LRO)
- Professional Offices
- Restaurants & Food Service
- Retail Stores
- Vacant Buildings & Land

Coverages Available:

- 300+ General Liability Classes Including:
 - Building
 - Contents
 - Business Income
 - Equipment Breakdown
 - Enhanced Property

Endorsement

- Hired & Non-Owned Auto
- Personal Property of Others
- Spoilage
- Tenants Improvements
- Umbrella & Excess Liability

Be sure to include:

- ACORD 125
- ACORD 126
- ACORD 140
- ▶ Loss Runs

FOR INFO PLEASE CALL OUR MARKETING HOTLINE:

(858) 724-5091



PLEASE SEND SUBMISSIONS TO:

CDsubmissions@atlas.us.com

ACORD® COMMERCIAL GENERAL LIABILITY SECTION									DATE	(MM/DD/YYYY)	
AGEN	ICY				CARRIER				NAIC CODE		
POLICY NUMBER				EFFECTIVE	EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED						
COV	/ERAGE	S		LIMITS							
- (COMMERCI	AL GENERAL LIABILITY		GENERAL AGGR	EGATE			\$		PRE	MIUMS
	CLAIM	S MADE OCCURRE	NCE	LIMIT APPLIES PER: POLICY LOCATION						PREMISES/OPERATIONS	
(DWNER'S 8	CONTRACTOR'S PROTECTIVE				PROJECT	OTHER:				
				PRODUCTS & CO	MPLETE	D OPERATIONS AG		\$		PRODUCTS	
DEDU	CTIBLES			PERSONAL & AD	VERTISI	NG INJURY		\$			
	PROPERTY	DAMAGE \$		EACH OCCURRENCE \$							
	BODILY INJ		PER CLAIM	DAMAGE TO RENTED PREMISES (each occurrence) \$							
		\$	PER OCCURRENCE	MEDICAL EXPEN		TOTAL					
		•		EMPLOYEE BENE		,		\$ \$			
								\$			
OTHE	R COVERA	GES, RESTRICTIONS AND/OR ENDO	DRSEMENTS (For hire	ed/non-owned auto	coverag	es attach the applica	ble state Bu	•	ection, ACORD 137)		
APPL	ICABLE ON	ILY IN WISCONSIN: IF NON-OWNED	ONLY AUTO COVER	RAGE IS TO BE PRO	OVIDED (UNDER THE POLICY:					
1. UN	I / UIM COV	ERAGE IS IS NO	T AVAILABLE.	2. MEDICA	L PAYM	ENTS COVERAGE	IS	IS NO	T AVAILABLE.		
SCH	IEDULE	OF HAZARDS									
LOC	HAZ	CLASSIFICATION	CLASS	PREMIUM		EXPOSURE	TERR	R.A	TE	PREM	IIUM
#	#		CODE	BASIS				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
RATIN	NG AND PR	EMIUM BASIS (F	P) PAYROLL - PER \$1.	000/PAY		(C) TOTAL COST - I	PER \$1 000	/COST	(U) UNIT - PEF	RIINIT	
(S) GF	ROSS SALE		A) AREA - PER 1,000/S			(M) ADMISSIONS -			(T) OTHER		
CLA	IMS MA	DE (Explain all "Yes" resp	onses)								
		ES" RESPONSES									Y/N
		D RETROACTIVE DATE:									
		TE INTO UNINTERRUPTED CL									
3. H.	AS ANY F	RODUCT, WORK, ACCIDENT,	OR LOCATION BI	EEN EXCLUDED), UNIN	SURED OR SELF	-INSUREI	O FROM ANY	PREVIOUS COV	/ERAGE?	
4 10	/A C T A !! :	20\/EDAOE DUBOUA 255 : 1515	DED ANY DDEVIO	LIC DOLLOVO							
4. W	AS TAIL	COVERAGE PURCHASED UNI	DER ANY PREVIO	US POLICY?							
ENAF	N OVEE	DENICITO LIADUITY									
		BENEFITS LIABILITY			2 1	ILIMPED OF EAST	OVEES		/ EMDLOVEE DE	NEELTO DI ANI	<u>e.</u>
ι. υ	EDOCLIR	LE PER CLAIM: \$			_ 3. N	IUMBER OF EMPI	LUYEES (OVEKED BY	EMPLOYEE BE	INEFITS PLAN	ა.

AGENCY CUSTOMER ID:

CONTRACTORS				AGENCI	COSTOMERID	<u> </u>				
EXPLAIN ALL "YES" RESPONSES	(For all past or present operation	tions)						Y/N		
1. DOES APPLICANT DRAW	PLANS, DESIGNS, OR S	PECIFICATIONS FOR	OTHERS?							
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR UT	TILIZE OR STORE EXP	LOSIVE MA	TERIAL?						
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, LINDERGROUND WORK OR EARTH MOVING?										
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?										
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?										
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?										
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	RS WITH OR WITHOUT	OPERATO	RS?						
DESCRIBE THE TYPE OF WORK SUBCONTRACTED \$ PAID TO SUB- SPAID TO SUB- WORK SUBCONTRACTED #PART- # PART-										
DESCRIBE THE TYPE OF WORK S	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBC	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:			
PRODUCTS / COMPLET	ED OPERATIONS		TIME IN	EVECTED						
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	NDED USE	PRINCIPAL COMPONENTS	3		
	ļ									
			+							
EVELAIN ALL HVECH DECRONESS	(For all past or present product	esta au amaretiana). DI FAS	SE ATTACHLI	TERATURE I	DOCUMENTS LARE	L C WARNINGS FTC		Y/N		
1. DOES APPLICANT INSTA				TERATURE, I	SKOCHUKES, LABE	LS, WARNINGS, ETC.		17N		
2. FOREIGN PRODUCTS SC				ttach ACOF	RD 815)					
3. RESEARCH AND DEVELO	JPMENT CONDUCTED C	R NEW PRODUCTS PI	LANNED?							
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?								
5. PRODUCTS RELATED TO) AIRCRAFT/SPACE INDI	IISTRY?						-		
J. TRODUCTORELATED TO	AINCIAI 1701 ACE INDI	3011(1)								
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?								
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICANT	LABEL?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?										
8. PRODUCTS UNDER LAB	EL OF OTHERS?									
9. VENDORS COVERAGE R	EQUIRED?							+		
10. DOES ANY NAMED INSU	RED SELL TO OTHER NA	AMED INSUREDS?						+		
	Julia 10 Official No.									

AGENCY CUSTOMER ID: ______ ACORD 45 attached for additional names

ΑĽ	ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names									
INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE			INTEREST IN	ITEM NUMBER		
	ADDITIONAL INSURED				_	LOCAT	ION:	BUILDING:		
	EMPLOYEE AS LESSOR					ITEM CLASS	·	ITEM:		
	LIENHOLDER						ESCRIPTION			
	LOSS PAYEE									
\vdash	MORTGAGEE									
		REFERENCE / LOAN #:								
G	NERAL INFORMATION									
		For all past or present operations)							Y/N	
_	`	S PROVIDED OR MEDICAL PROFES	SCIONIAI S EM		ONTDACTED?				.,	
'	ANT WEDICAL FACILITIES	3 FROVIDED ON MEDICAL FROI ES	JOIONALO LIVI	IFLOTED ON C	ONTRACTED:					
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?								
	2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?									
3.	3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR									
		ARDOUS MATERIAL? (e.g. landfills,			-,	, -	-, -			
	ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED II	N I AST FIVE (5) YEARS?						
	ANT OF ENATIONS SOLD	, ACCONCED, ON DISCONTINUED II	VEASITIVE (o) ILANO:						
<u> </u>										
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO OTHERS?					Т			
	EQUIPMENT				TYPE OF E	QUIPMENT	INSTRUCTION (GIVEN (Y/N)		
					SMALL TOOLS	LARGE EQUIPMENT				
					SMALL TOOLS	LARGE EQUIPMENT				
6.	ANY WATERCRAFT, DOC	KS, FLOATS OWNED, HIRED OR LE	EASED?					·		
7.	ANY PARKING FACILITIES	S OWNED/RENTED?								
8.	IS A FEE CHARGED FOR	PARKING?								
-										
	RECREATION FACILITIES	S DROVIDED2								
١ .	REOREATION FAOIETIES	, i ROVIDED!								
<u> </u>										
10.		NG OPERATIONS INCLUDING APAR		"YES", answer	the following):					
	# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING O	PERATIONS							
		Sq. Ft.								
11.	11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)									
	APPROVED FENCE LIMITED ACCESS DIVING BOARD SLIDE ABOVE GROUND IN GROUND LIFE GUARD									
12.	ARE SOCIAL EVENTS SP	ONSORED?								
13.	ARE ATHLETIC TEAMS SF	ONSORED?								
	TYPE OF SPORT	CONTACT AGE GROUP		TYPE OF SI	PORT	CONTACT				
		SPORT (Y/N) AGE GROUP	13 - 18			SPORT (Y/N) AGE GRO		13 - 18		
		12 & UNDER	OVER 18			12 &	UNDER	OVER 18		
L	EXTENT OF SPONSORSHIP: EXTENT OF SPONSORSHIP:									
14.	ANY STRUCTURAL ALTE	RATIONS CONTEMPLATED?						-		
15.	ANY DEMOLITION EXPOS	SURE CONTEMPLATED?								
1										

GENERAL INFORMATION	N (continued)	AGENCY CUSTOME	R ID:					
EXPLAIN ALL "YES" RESPONSES				Y/N				
	ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT \	VENTURES?						
17. DO YOU LEASE EMPLOY	EES TO OR FROM OTHER EMPLOYERS?							
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/I	N) LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)					
18. IS THERE A LABOR INTE	ERCHANGE WITH ANY OTHER BUSINESS OR SU	JBSIDIARIES?						
19. ARE DAY CARE FACILITI	IES OPERATED OR CONTROLLED?							
20. HAVE ANY CRIMES OCC	CURRED OR BEEN ATTEMPTED ON YOUR PREM	IISES WITHIN THE LAST THREE	(3) YEARS?					
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?								
22. DOES THE BUSINESSES	S' PROMOTIONAL LITERATURE MAKE ANY REPR	RESENTATIONS ABOUT THE SAI	FETY OR SECURITY OF THE PREMISES?					
REMARKS (ACORD 101,	Additional Remarks Schedule, may be at	tached if more space is req	uired)					

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.