

1. APPLICANT INFORMATION

Today's Date: _____ Effective Date: _____ Years in Business: _____ Experience: _____

Named Insured: _____ Contact: _____

Mailing Address: _____ Phone #: _____ Fax #: _____

City, State, ZIP: _____ Country: _____ FEIN/SS #: _____

Description of Operations: _____ Email: _____ Website: _____

Corporation Individual Partnership Joint Venture LLC Others:

Annual Sales: _____ % Sub-Contracted: _____ Annual Payroll: _____

Prior Carrier: _____

Has coverage ever been canceled / non-renewed? _____

Claims made in the past 3 years? Yes No Description (use back)

Do you have property in your possession that belongs to others? (Property of Others coverage) _____

Do you have miscellaneous tools (Value under \$1000 you wish to insure? _____

Do you leave uninstalled material on a job site? _____ Value? _____

Do you Rent / Lease equipment (Loss Payee)? _____

Do you have possession of property belonging to others that you are repairing/moving? _____

Would you like a quote for an Umbrella to provide excess coverage over your GL, WC & Auto? _____

What Limit: _____

2. Location INFORMATION

Location Address: _____

Construction: Frame Joisted Masonry Non-Combustible Masonry NC Fire Resistive

Year Built: _____ Updates: Electrical: _____ Plumbing: _____ Roof: _____ Heating: _____

Total Sqft: _____ Occupied Sqft: _____ Other Occupants: _____

Sprinklered: _____ Alarm: Burglar Fire Central Station Other: _____

of Stories: _____ Basement: _____

3. Property

- Building: _____
- BPP: _____
- BPP of Others: _____
- Ordinance or Law Coverage _____
- Cov A Cov B: _____ Cov C: _____
- Property Off Premises: _____
- Spoilage: _____
- Transportation: _____
- Property Extension End: _____
- PD Deductible \$1,000/\$2,000 \$2,000/\$4,000
- Flood: _____

4. General Liability

- Business Liability Limit (in 000's):
- \$500/\$1,000 \$1,000/\$2,000 \$2,000/\$4,000
 - Employee Benefit Liability Limit (in 000's):
 - \$500/\$500 \$1,000/\$1,000 \$2,000/\$2,000
 - Professional - (Type): _____
 - \$500/\$500 \$1,000/\$1,000 \$2,000/\$2,000
- Retroactive Date: _____
- Non-Owned Automobile: # of Employees: _____
 - GL Extension Endorsement
 - Additional Insureds: _____
 - Waiver of Subrogation: _____
 - Contract Requirements – Request Copy.

Workers Compensation

- FEIN/SS#: _____
- Experience MOD Factor: _____ Date: _____
- States Covered: _____
- Employers Liability Limit (in 000's):
- \$100/\$500/\$100 \$500/\$500/\$500 \$1,000,000
- Deductible: \$500 \$1,000
- Waiver of Subrogation: _____
- Contract Requirements – Request Copy.

Payroll Information

Job Description	Pay Roll	# Employees	
		F/T	P/T

Officer Information

Name	Title	P/R	DOB	Incl/Excl

Automobile – Please Provide copy of DL and SS # for Drivers

Liability Limit:

\$300,000 \$500,000 \$1,000,000

Medical Payments

Non \$5,000 \$10,000

Uninsured Motorist

\$75,000 Equal Liab. \$

Comprehensive

None \$250. \$500. \$1,000. \$

Collision

None \$250. \$500. \$1,000. \$

Are all Vehicles titled in business name? Yes No

Vehicle # 1

VIN: _____

Year: _____ Make: _____ Model: _____

Usage: PPT Service Commercial

Radius: _____ GVW: _____ Comp Coll

Vehicle # 2

VIN: _____

Year: _____ Make: _____ Model: _____

Usage: PPT Service Commercial

Radius: _____ GVW: _____ Comp Coll

Vehicle # 3

VIN: _____

Year: _____ Make: _____ Model: _____

Usage: PPT Service Commercial

Radius: _____ GVW: _____ Comp Coll

Vehicle # 4

VIN: _____

Year: _____ Make: _____ Model: _____

Usage: PPT Service Commercial

Radius: _____ GVW: _____ Comp Coll

Driver List: (Exactly as it appears on license)

Driver Name	DOB	State	License #

Attach additional list if needed

7. Umbrella / Excess Liability

Liability Limit:

\$1,000,000 \$2,000,000 \$3,000,000

\$4,000,000 \$5,000,000 \$ _____

Contract Requirements – Request Copy.

8. Miscellaneous / Notes