

PRODUCER: _____ **PHONE:** _____ **FAX:** _____

APPLICANT NAME: _____

CONTACT: _____ **PHONE:** _____ **YEARS IN BUSINESS:** _____

ADDRESS FOR LOC: _____ **SQ FT:** _____

ADDRESS FOR LOC: _____ **SQ FT:** _____

INTEREST OF APPLICANT: BUILDING OWNER OCCUPANT LESSOR TENANT

ENTITY IS: INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER: _____

DESCRIBE APPLICANT'S EXACT OPERATIONS: _____

WHAT PERCENT OF WORK (GROSS RECEIPTS) IS/ARE:

RESIDENTIAL: _____ % **VS.** COMMERCIAL: _____ % SUBCONTRACTED: _____ %

TYPE OF WORK SUBCONTRACTED: _____

NUMBER OF ACTIVE OWNERS: _____ NUMBER OF EMPLOYEES: _____ FULL TIME: _____ PART TIME: _____

ESTIMATED LABOR-EMPLOYEE PAYROLL FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

ESTIMATED RECEIPTS FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

PRIOR CARRIER(S) AND DATE(S): _____

LOSS HISTORY: HAVE THERE BEEN ANY CLAIMS IN PAST 5 YEARS? YES NO

(IF YES PLEASE ATTACH 5 YEARS LOSS HISTORY & DETAIL IN COMMENTS BELOW) CLAIM DATE(S): _____

LIABILITY / COVERAGE LIMITS DESIRED: _____

PROPERTY / OTHER COVERAGE

LOC. #	ITEM	AMOUNT	DEDUCTIBLE	FORM

PREMISES INFORMATION FOR PROPERTY COVERAGE (MUST BE COMPLETED FOR EACH LOCATION)

CONSTRUCTION TYPE: _____ STORIES: _____ BASEMENTS: _____ YEAR BUILT: _____

BUILDING TOTAL AREA: _____ FIRE PROTECTION: _____ SECURITY: _____

OTHER OCCUPANCIES: _____

IS THERE A CENTRAL STATION ALARM IN OPERATION?: YES NO NAME OF COMPANY: _____

BUILDING UPGRADES: WIRE: _____ ROOF: _____ PLUMBING: _____ HEAT: _____ OTHER: _____

ANSWER YES OR NO TO EACH OF THE FOLLOWING (COMMENT ON ALL YES ANSWERS):

- 1. IS THERE A FORMAL SAFETY PROGRAM IN OPERATION?: YES NO
- 2. DOES THE APPLICANT PREPARE PLANS, DESIGNS OR SPECIFICATIONS?: YES NO
- 3. DOES THE APPLICANT EVER LOAN, LEASE OR RENT ANY EQUIPMENT TO OTHERS?: YES NO
- 4. DOES THE APPLICANT EVER BORROW, LEASE OR RENT ANY EQUIPMENT FROM OTHERS?: YES NO

COMMENTS: _____

APPLICANT / PRODUCER SIGNATURE: _____ DATE: _____