

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____ Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

GENERAL POLICY INFORMATION

Effective Date/Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

Limits Requested: \$_____ Any one installation project \$_____ Catastrophe
 \$_____ Property in Storage \$_____ Property in Transit

Deductible Requested: \$_____

Estimated Annual Gross Installation Receipts: \$_____

Previous Year's Receipts: \$_____

1. Type of work performed (%): Electrical _____% Plumbing _____%

2. Heating/Ventilation/Air Conditioning _____% Machinery/Equipment _____% Other _____%

If Other, provide details: _____

3. Structures where work is performed (%): Residential _____% Commercial _____% Industrial _____%
Public _____% Other _____%

If Other, provide details: _____

4. Geographic territory where work is performed: _____

5. Estimated # of annual jobs: _____

6. Length of time per installation: Average _____ Maximum _____



7. # of installations in progress at any one time: Average _____ Maximum _____
8. Describe any rigging, hoisting, or millwright operations performed: _____
9. Are cranes utilized in performing the work? ☐ Yes ☐ No
If Yes, who operates? _____
Please describe experience: _____
10. Are tandem limits required as part of the work performed? ☐ Yes ☐ No
If Yes, please explain: _____
11. Is testing to be covered? ☐ Yes ☐ No
If Yes, describe testing exposure: _____
12. Method of transportation: ☐ Common Carrier ☐ Owned Vehicle ☐ Contract Carrier
☐ Other: _____
If owned vehicle: # of trucks operated _____ Average/maximum value per vehicle: \$ _____
13. Estimated annual values transported: \$ _____

Operation History:

14. List of current installation projects: _____
(Or attach list with this application)
15. List of installations for the last 12 months: _____
(Or attach list with this application)

PRIOR CARRIER INFORMATION

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 3 years of hard copy loss history

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____