

		General Agent Name	
	Address:		
Data	Fax:		
Date:			
Insured:	Location:		
APPLICATION INFORMATION			
Owner/Partner (16,000 ea.): \$	Risk is a (% of each):		
Employee Payroll: \$			
Uninsured Subcontractor Payroll: \$Subcontractor Cost: \$	Real Estate Developer Subcontractor	-	%
Subcontractor Cost: \$ Total Payroll: \$	Subcontractor	(Totals 1	⁷ 0
Total Receipts: \$	New Construction	(101815-1	
Number of Employees:	Remodeling/Additions		%
Years in Business:	Roofing Work		
Years of Experience:	Repair/Service Work		
% resid/commercial/industrial	•	(Totals 1	
CONTRACTORS QUESTIONNAIRE		`	,
• Type of work done by you and your employees	s:		
Maximum number of stories:Alarm monitoring? Yes No.	Max. depth below grade:		ft.
Any mobile equipment leased without operator			No
Type of equipment leased?	tion of a commercial action and action in Court	l	
Has the insured been involved in any construct			
or Condo developments in the past ten years?Describe any other operations.			
 What precautions does the Insured take to pro 		na or rema	vina
varnish, lacquers, or glue while refinishing or w			
variion, laoquoto, or glao willo folililorillig or w			
Any Roofing Done?What %?	Any Hot Tar used? Any Heat Appli	cation?	
 List the last 5 jobs including the cost of those j 		_	
Location	Type of Job	Job Rec	eipts
		\$	
		\$	
		\$	
		\$	
Describe any losses:			
COMPLETE FOR SUBCONTRACTED WORK			
 What work are the subcontractors hired to do? 			0/
	%subcontractors starting work?		%
Are certificates of insurance obtained prior to s Minimum Limits Deguired	subcontractors starting work?		NO
Minimum Limits Required \$	a subsentractor's nalicy?	Voo	Na
Are you named as an additional insured on the Department of the second of the se		Yes	
Do subcontractors carry Worker's Compensation in accurate		Yes _	110
I hereby certify that all information is accura	ne to the best of my knowleage.		
Applicant Signature:	Date:		
Producer:	Date:		