

PRIOR CARRIER INFORMATION:

	Year:	Year:	Year:	Year:
Carrier				
Policy Number				
Premium				

Any losses in the last three years? (If so, describe fully) _____

GENERAL INFORMATION (Explain all "yes" responses below)

(click mouse on appropriate box to select answers)

	YES	NO		YES	NO
1. Exposure to Flammables, Explosives, Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	7. Is applicant a subsidiary of another entity or does applicant have subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Exposure to Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	8. Any machinery/equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
3. Exposure to Radioactive Materials?	<input type="checkbox"/>	<input type="checkbox"/>	9. Does Insured subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, waste, fuel tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	10. Any demolition work?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any watercraft, docks, floats owned, hired or leased by the insured?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any structural alterations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any operations sold, acquired or discontinued in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>	12. Any policy or coverage declined, cancelled, or non-renewed during the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
			13. Are certificates of insurance required of all subcontractors	<input type="checkbox"/>	<input type="checkbox"/>

If any "yes" answers, please explain: _____

- In consideration of our agreeing to issue this policy, you agree, covenant and warrant that you require without exception that those who undertake a job for or in your behalf obtain and maintain insurance, during the duration of the job, for legal liability arising out of their operations with coverage and limits of liability equal to or greater than those provided by this policy.
- You further warrant that you obtain a standard ACORD certificate, or equivalent, of such insurance prior to the commencement of any work performed for or in your behalf.
- For any occurrence arising out of your failure to comply with the warranties in paragraph 1. and 2. above, the limits of insurance shown in the Declarations are replaced by the limits in the Schedule below. These limits are inclusive of and are not in addition to the limits being replaced.

SCHEDULE

LIMITS OF INSURANCE

General Aggregate Limit.....\$100,000
 Each Occurrence Limit..... \$ 25,000

Any person who knowingly, and with intent to defraud any insurance company or other 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.**

This application **does not bind YOU nor US** to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract, should a policy be issued.

Applicant's Signature _____ **Date:** _____

Producer's Signature _____ **Date:** _____