



**Rating Information** (Excluding clerical staff):

# of Owner/partner/officer \_\_\_\_\_ Owner/partner/officer payroll \$ \_\_\_\_\_ Gross receipts \$ \_\_\_\_\_  
 # of Full-time employees \_\_\_\_\_ # of Part-time employees \_\_\_\_\_ Employee payroll \$ \_\_\_\_\_  
 Cost of subcontractors \$ \_\_\_\_\_ Describe subcontractors work \_\_\_\_\_

**General Information:**

Length of time in business \_\_\_\_\_ Years experience in field \_\_\_\_\_ Are you licensed?  Yes  No  
 States/areas of operations \_\_\_\_\_  
 List major projects completed in past three years, including all work in progress \_\_\_\_\_

Is any work done involve (indicate yes or no):

Medical &/or Life Support  Yes  No      Cranes  Yes  No      Flammables  Yes  No      Plumbing  Yes  No  
 Alarms  Yes  No      Roofing  Yes  No      Chemicals  Yes  No      Snow/Ice Removal  Yes  No

Any work performed above two (2) stories in height from grade?  Yes  No      Are scaffolds used, owned or erected?  Yes  No  
 Any work performed below grade?  Yes  No      If yes, maximum depth \_\_\_\_\_  
 Do you have a formal safety program in operation?  Yes  No      If yes, describe \_\_\_\_\_

Any mobile equipment rented or leased?  Yes  No      If yes, describe \_\_\_\_\_

Any mobile equipment owned?  Yes  No      If yes, describe or attach a list \_\_\_\_\_

Do you hold other person's property for service, storage or repair?  Yes  No

Do you have Workers Compensation coverage in force?  Yes  No      Carrier/Policy # \_\_\_\_\_

**Description of Owned/Leased Property:**

Select construction type. If more than one applies indicate the percent (%) of each type of construction.

Frame \_\_\_\_\_%      Joisted masonry \_\_\_\_\_%      Non-combustible \_\_\_\_\_%      Masonry non-combustible \_\_\_\_\_%      Fire resistive \_\_\_\_\_%

# of Stories \_\_\_\_\_      Year built \_\_\_\_\_      Other occupants \_\_\_\_\_

Indicate year upgraded: Roof \_\_\_\_\_      Electric \_\_\_\_\_      Plumbing \_\_\_\_\_      Other (specify) \_\_\_\_\_

Area of entire building \_\_\_\_\_      Area occupied (sq ft) \_\_\_\_\_

Distance to nearest fire hydrant \_\_\_\_\_ feet      Distance to fire department \_\_\_\_\_ miles

Is entire building protected by a sprinkler system?  Yes  No      If yes, date of last inspection \_\_\_\_\_

Premises protection (select one):  No alarm       Local alarm       Central station alarm       Watchman/guard

Is your location an office only, with no storage of tools, equipment or stock?  Yes  No

Is your personal property stored in your home?  Yes  No

**Inspection Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Mortgagee:** Name \_\_\_\_\_

Address, City, St, Zip \_\_\_\_\_

**Additional Insured(s):** Name \_\_\_\_\_

Address, City, St, Zip \_\_\_\_\_

Interest \_\_\_\_\_      Job description \_\_\_\_\_

Location \_\_\_\_\_      Payroll \$ \_\_\_\_\_

**Loss Information:** Has your insurance been canceled or non-renewed in past three years?  Yes  No      If yes, explain \_\_\_\_\_

**Provide three year loss history (use separate sheet of paper, if necessary):**

Previous Carrier	Policy Period	Policy No.	Premium	Losses Paid	Losses Open	Loss Description
	to		\$	\$	\$	
	to		\$	\$	\$	
	to		\$	\$	\$	

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 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 AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

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