

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip Code _____

Number of years in business? _____ Payroll _____ Sales _____

Is any work subcontracted? _____ What is the cost? _____

Are certificates of insurance secured from subcontractors? _____

What limits of liability are carried by subcontractors? _____

Prior carrier and three- year loss history

Carrier Year Premium Describe Losses

List and describe the last three jobs performed by the insured including the receipts:

Please provide a description of the typical work performed by the insured including customers served and end use of any products

Does the insured perform work for any of the following industries?

| | | | | | |
|-------|------------------------------------|-------|---------------------|-------|-----------------|
| _____ | Aerospace | _____ | Industrial | _____ | Refineries |
| _____ | Aircraft | _____ | Ladders | _____ | Residential |
| _____ | Automotive | _____ | Medical | _____ | Scaffolding |
| _____ | Bridges | _____ | Marine | _____ | Structural Work |
| _____ | Chemical | _____ | Mining | _____ | Tanks |
| _____ | Commercial | _____ | Oil/Gas | _____ | Townhomes |
| _____ | Condos | _____ | Pipelines | _____ | Tract Homes |
| _____ | Cranes, Conveyors or Hydraulics | _____ | Pressurized Vessels | _____ | Trailer Hitches |

If the answer is yes to any of the above, describe work performed. If there is structural welding, advise the number of stories and type of structural work being performed.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.