

E-Z RATE CONTRACTORS PROGRAM APPLICATION General Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____ Telephone _____
 Street Address _____ City, State, Zip _____
 Email _____ Contractor License No. (if required) _____

Policy Term: _____ Years in business _____ Average number of employees _____
 Business Description: Individual Partnership Corporation Other _____
 Limits Requested: Occurrence \$ _____ General Aggregate \$ _____
 Products/Comp Ops Aggregate \$ _____ Medical Payments \$ _____
 Property Damage Extension (CCC) \$ _____ E&O \$ _____
 Estimated annual payroll \$ _____ Estimated annual receipts \$ _____
 Years experience _____ Percentage use of part-time employees _____ %
 Percentage use of subcontractors _____ % Maximum height of buildings worked on _____
(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)
 Describe applicant's operations (all operations must be eligible in order to qualify for this program) _____

<u>CLASSIFICATION</u>	<u>RATES AT LIMITS</u>			
<u>Definition</u>	<u>Code</u>	<u>Payroll</u>	<u>Premises</u>	<u>Products</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owners & Contractors Protective required? _____
 Describe largest typical job contracted on, including sales _____
 Describe any alarm system monitoring, use of cranes or heavy equipment, fumigating, spraying, pesticide, herbicide, application, etc. _____

 Workers' Compensation insurer and policy number _____

THREE YEAR LOSS EXPERIENCE

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Comments _____

Applicant Signature & Date

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.