

Liability Application



Applicant's Name: _____ Phone: _____

Mailing Address: _____ City _____ State: _____ ZIP: _____

Email: _____ Proposed effective date: From _____ To: _____

Applicant is: _____ Individual _____ Corporation _____ Partnership _____ Other (Specify) _____ FEIN # _____

LIMITS OF LIABILITY REQUESTED: \$ _____ CSL

PREMIUM BASIS: _____ # OF OWNERS _____ # OF ACTIVE OWNERS

_____ # FULL TIME EMPLOYEES (\$16,000+) _____ # PART TIME EMPLOYEES (UP TO \$15,999)

_____ # FULL TIME YARD EMPLOYEES (\$16,000+) _____ # DRIVER ONLY—NOT EQUIPMENT OPERATOR

_____ PARTNER (NO. _____) _____ GROSS PAYROLL \$ _____ (Other than clerical)

Sub's Cost \$ _____ If any, explain _____

Do you broker business: _____ If yes, Broker's Cost (OCP Cost): \$ _____

Total receipts \$ _____ Sub contractor % of total receipts _____ % Brokers only: Attach copy of subcontractor's contract

1. Any underground tank removal? _____ If Yes, explain _____

2. Any contract work (past or present)? _____ If yes, describe _____

3. Do you have a license? _____ If yes, what type? _____ License #: _____

4. Is Dig Alert called prior to digging? _____

5. Type of equipment used? _____

6. Dozer Operators Only: Recon tour hillsides? _____

7. Any new residential work done? _____ If yes, any work for projects that exceed 10 homes and/or units? _____

Years in business: _____ Other business name: _____

Prior Insurance Carriers: _____

Loss History (Prior 4 Years) _____

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

Name and phone number of individual to contact for inspection and/or accounting records:

First and Last Phone (Office and Cell)

Insured's Signature