

E-Z RATE CONTRACTORS PROGRAM APPLICATION General Liability

APPLICANT INFORMATION

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____ Contractor License Number (if required) _____

Policy Term: _____
 Business Description: Individual Partnership Corporation Other _____
 Limits Requested: Occurrence _____ Personal Injury/Advertising _____
 General Aggregate _____ Medical Payments _____
 Products/Comp Ops Aggregate _____ Fire Legal _____
 Estimated annual payroll \$ _____ Estimated annual receipts \$ _____
 Years in business _____ Average number of employees _____
 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) _____

CLASSIFICATION

RATES AT LIMITS

Definition

Code

Payroll

Premises

Products

<u>Definition</u>	<u>Code</u>	<u>Payroll</u>	<u>Premises</u>	<u>Products</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owners & Contractors Protective? _____
 Describe largest typical job contracted on _____
 Describe any use of cranes or heavy equipment _____

 Workers' Compensation insurer and policy number _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

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

Comments _____

 Applicant Signature

 Producer Name & Address