

INSTALLATION APPLICATION

Applicant's Name _____

Agent _____

Applicant Mailing Address _____

Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____

Phone Number for Inspection Contact _____

Email address: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

SECTION I - GENERAL INFORMATION

1. Description of Applicants Interest: (Check all that apply.)

- Developer Owner Other (specify below):
 General Contractor Tenant/Occupant

2. Annual Income

Last Year: \$ _____

Estimated Current Year: \$ _____

3. Applicant's Business

Nature Of Operations: _____

Years In Business: _____

SECTION II - PROJECT INFORMATION

1. If this coverage is for a single project, describe the project property, and include information regarding the location, materials, occupancy and square footage:

2. Provide a complete list of the type of covered property being installed:

SECTION II – PROJECT INFORMATION (Cont'd)

3. Specific Job Information	Average	Maximum
Length of time per job	_____	_____
Number of jobs in progress at any one time	_____	_____
Contract price per job	\$ _____	\$ _____
Estimated number of jobs performed in any one year	_____	_____
<p>4. Check the appropriate purchase arrangement(s) for the building supplies and materials:</p> <p><input type="checkbox"/> Free On Board (FOB) Point of Shipment <input type="checkbox"/> Free On Board (FOB) Destination</p>		
<p>5. Provide information regarding the general contractor and others insured; include name, website address, years in business and largest two previous jobs:</p>		
<p>6. Are the projects bonded?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, provide the name of the Surety Company: _____</p>		

SECTION III – PROTECTION OF PROPERTY

(Provide details for all that apply.)

1. Is a guard service employed at the job or storage sites? Yes No
2. Are all exterior doors on the project equipped with deadbolt-locks? Yes No
3. Is there security lighting at the job and storage sites? Yes No
4. Are the job and storage sites fenced? Yes No
5. Are there any hazardous or flammable materials used in the project..... Yes No or stored on the premises?
6. Are there fire doors and fire stops between the interior project and other portions Yes No of the building?
7. Is the installation site equipped with a central station fire alarm system and..... Yes No recognized approved fire extinguishers?
8. Are all storage trailers sprinklered, and equipped with burglar alarms? Yes No
9. Are licensed riggers used when hoisting or rigging is necessary? Yes No

Complete when coverage is for a single job	Show average rating for an Annual Policy
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10 Job site information:

a. Indicate the Public Protection Class (PPC) rating:	_____	_____
b. Are there any private protection improvements?	_____	_____
c. What is the distance in feet to the nearest fire hydrant?	_____	_____
d. Enter in miles the distance to the nearest responding fire department:	_____	_____

SECTION IV – LIMITS OF INSURANCE AND DEDUCTIBLE FOR BASIC COVERAGE

	Limits Of Insurance
1. While At Any One Job Site	\$ _____
2. While At Any Location Other Than A Job Site	\$ _____
3. Property In Transit	\$ _____
4. All Covered Property In Any One Occurrence	\$ _____
5. Deductible:	\$ _____

SECTION V – OPTIONAL COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLES

	Deductible Applicable To This Coverage	Limits Of Insurance
1. Soft Costs (if selected, provide additional information)	\$ _____	\$ _____
2. Water Damage	\$ _____	\$ _____

SECTION VI – PRIOR CARRIER AND LOSS INFORMATION

Include Prior Carrier History for the past three (3) years:

Prior Carrier	Policy Dates	Limits of Insurance	Premium
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Date, cause and amount of all losses during the last three years whether insured or uninsured:

SECTION VII – ADDITIONAL INFORMATION OR COMMENTS

List of any additional information attached with this application:

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PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

To Insureds in the States of:

Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District Of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York

The following statement is to be attached to and form a part of the policy application:

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 any 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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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 any 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 subjects such person to criminal and civil penalties.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Producer's Signature	Date	Applicant's Signature	Date
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