

## 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.