

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

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	_____	_____

4. Check the appropriate purchase arrangement(s) for the building supplies and materials:

Free On Board (FOB) Point of Shipment Free On Board (FOB) Destination

5. Provide information regarding the general contractor and others insured; include name, website address, years in business and largest two previous jobs:

6. Are the projects bonded?: Yes No

If so, provide the name of the Surety Company: _____

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 FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

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

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: 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.

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.

Producer's Signature

Date

Applicant's Signature

Date