

ELEVATOR CONTRACTORS SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address Street City County State ZIP Code

BUSINESS INFORMATION

- 1. Number of years' experience:
- 2. Is business licensed? Yes No
- 3.

Work Performed	%	N/A
Commercial		<input type="checkbox"/>
Residential (Apartments, Condos, etc.)		<input type="checkbox"/>
Private Dwelling		<input type="checkbox"/>
Escalator		<input type="checkbox"/>
Buildings In Excess Of 8 Stories		<input type="checkbox"/>
Handicap Lifts/Patient Lift		<input type="checkbox"/>
Other		<input type="checkbox"/>

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address