

ELEVATOR CONTRACTORS SUPPLEMENT

(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):				
Location Address Street City	C	County		ZIP Code
BUSINESS INFORMATION				
1. Number of years' experience:				
2. Is business licensed?				
3. Work Performed	%		N/A	
Commercial				
Residential (Apartments, Condos, etc.)				
Private Dwelling				
Escalator				
Buildings In Excess Of 8 Stories				
Handicap Lifts/Patient Lift				
Other				
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				