

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

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience as a contractor: _____

2. # of Owners: _____ Gross Sales: \$ _____

3. # of Employees: _____ Employee Payroll: \$ _____

4. Receipts for previous three years:

Year 20	\$	Year 20	\$	Year 20	\$
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5. Enter the payroll associated with each category:

a. Floor Waxing	\$
b. Other Retail Store Cleaning	\$
c. Work Performed During Client's Business Hours	\$
d. Cleaning of Residential Homes	\$
e. Cleaning of NEW Residential Homes (prior to sale)	\$
f. Business Office Cleaning	\$
g. Industrial Cleaning	\$
h. Other (explain):	\$
Total Payroll	
	\$

6. Are you interested in Controlled Property of Others Coverage (S2830-CG)? Yes No
 \$100 Deductible applies. If Yes, choose limit:
 \$5,000/\$5,000 \$10,000/\$25,000 \$25,000/\$25,000
 \$50,000/\$50,000 \$100,000/\$100,000 \$250,000/\$250,000

7. Are you interested in Lost Key Coverage (S2811-CG)? Yes No
 \$100 Deductible applies. If Yes, choose limit:
 \$5,000/\$5,000 \$10,000/\$25,000 \$25,000/\$25,000

8. Indicate percentage of your Total Payroll during the past year:

a. Commercial or Industrial Work	%
b. Retail Work	%
c. Habitational Work breakdown:	
1) Condominiums (under 14 units)	%
2) Condominiums (over 14 units)	%
3) Multi-family owned developments (Home Owners Associations) under 14 homes	%
4) Multi-family owned developments (Home Owners Associations) over 14 units	%
5) Tract Housing	%
6) Single Family Homes	%
7) Apartments (under 14 units)	%
8) Apartments (over 14 units)	%
TOTAL	
	100%

9. Does applicant have any other business ventures for which coverage is not requested? Yes No
 If Yes, explain and advise where insured:

**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
Producer Name and Address		
