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BINDER #
BROKERING AGENT'S REGISTER NUMBER #

**GL-A2 (09-09)
 ARTISIAN
 CONTRACTORS
 APPLICATION**

IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND, ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING ELECTRONIC OR FACSIMILE APPROVAL FROM THE INSURER.

PRINT BROKERING AGENT'S NAME & EMAIL ADDRESS:		BROKERING AGENT'S CODE NO.	BROKERING AGENT'S 2-20 LICENSE #
ADDRESS	CITY	STATE	ZIP
POLICY PERIOD FROM			TO
			TERM

APPLICANT INFORMATION:

NAME (First Name Insured & Other Named Insured)		MAILING ADDRESS	
<input type="checkbox"/> INDIVIDUAL BUSINESS	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION	<input type="checkbox"/> NOT FOR PROFIT
FEIN NO. _____		YEAR IN _____	
INSPECTION CONTACT	PHONE	ACCOUNTING RECORDS CONTACT	PHONE

LIMIT: \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

UNDERWRITING INFORMATION

Description of Operation (s) _____
 Number of Employees: Full time (Excluding Owners) _____ Part Time _____ Number of Owners _____
 Deductible (BI/PD per Claim) \$500.00 Years in the Business _____ Owners total years of Experience _____

Explain "Yes" answers to the following in the REMARKS SECTION below:

- Yes No Is the applicant a General Contractor? (If Yes, the risk is not eligible for Coverage)
- Yes No Does Applicant perform any roofing operations?
- Yes No Any Out — of — State Operation (s)?
- Yes No Any demolition Work done?
- Yes No Equipment Loaned/Rented/Leased to Others?
- Yes No Any Exposure to Radioactive/Nuclear materials?
- Yes No Operation (s) involve Discharge of Fumes, Acids, Wastes?
- Yes No Any Catastrophe Exposure?
- Yes No Any exposure to Flammables, Explosives, Chemicals?
- Yes No Sporting or Social Events sponsored?
- Yes No Are there any Guarantees, Warranties, Hold Harmless Agreements?
- Yes No Do you Sub-contract work? If Yes, Subcontractors Description _____
 _____ % of Work _____ (Note: Over 10% not acceptable)
- Yes No Does applicant obtain Certificates of Insurance from all Sub-contractors prior to star of Operation (s)? (Must have equal or higher limits)
- Yes No Does applicant provide Supervisors or Foremen for Subcontracted Operations?
- Yes No Does applicant draw Plans, Designs or Specifications?
- Yes No Does applicant install, service or demonstrate Products?
- Yes No Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?
- ADDITIONAL INSURED CERTIFICATE RECIPIENTS? Provide complete Name, Address and Interest

REMARKS: _____

PREMIUM \$ _____ + POLICY FEE \$ _____ + FHCF \$ _____ = TOTAL PREMIUM \$ _____

LOSS INFORMATION — List all Liability Losses within the past Three (3) Years.

Date of Loss Amount Paid Reverse Descriptions

PRIOR INSURANCE INFORMATION — For past Three (3) Years.

Company Dates Premium

Has Coverage ever been Denied, Cancelled, or Non-renewed within the past Three (3) Years?

Yes No **If Yes, Explain**

SPECIAL CONDITIONS: Policy is Subject To Audit.

IF YOU HAVE CONCEALED FACTS OR MADE INCORRECT STATEMENTS ON YOUR APPLICATION, YOU MAY NOT HAVE COVERAGE FOR ANY CLAIM. (FL STATUTE 627.409)

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. (FL STATUTE 817.234)

In Compliance with the Fair Credit Reporting Act (FCRA), you are advised that this Company may order reports which may contain or include information pertaining to the character, general reputation, personal character, personal characteristics, and mode of living of the applicant. Upon written request the complete nature and scope of the investigation will be provided.

I declare that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying, and I consent to the Company obtaining said information.

I AGREE THAT IF MY DOWNPAYMENT OR FULL PAYMENT CHECK IS UNCOLLECTIBLE DUE TO A RETURNED CHECK BECAUSE OF INSUFFICIENT FUNDS OR ANY OTHER FORM OF DISHONORED PAYMENT INCLUDING BUT NOT LIMITED TO AN ELECTRONIC TRANSACTION, COVERAGE MAY BE VOID OR NULL FROM INCEPTION.

The undersigned by signature, represents the statements and answers made are true, complete and correct and agrees that any policy which may be issued by the company and all subsequent renewals shall be issued or renewed in reliance upon the truth, completeness or correctness of such statements or answers and understands that falsity, incompleteness, or incorrectness may jeopardize the coverage under such policy so issued or renewed.

**This application is in compliance with section 626.752, Florida statutes
A copy has been furnished to the applicant or insured and coverage is:**

BOUND EFFECTIVE _____ **TIME** _____ **DATE** _____

NOT BOUND

COVERAGE IDENTIFICATION BINDER NO. Florida Statute 627.4205
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Brokering Agent's Signature

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder unless indicated as such on the form by the brokering agent. (Florida Statute 626.752) I have read and understood the above

Print Applicant's Name

Applicant's Signature

Date

Print Brokering Agent's Name

Brokering Agent's Signature

Date