

GLOBAL INSURANCE AGENCY, LLC

514 Westfield Avenue

Elizabeth, NJ 07208

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Sales Rep.

CONTRACTORS APPLICATION

Date: _____

Requested Effective Date: _____

COMPANY'S INFORMATION

Legal Business' Name: _____ DBA _____

Entity Type: Sole Proprietorship ___ LLC ___ Corporation ___ Parternship ___ Other: _____

Employer Identification Number (EIN) or Tax Payer Number: _____

Do you have a License?: Yes ___ No ___ if so, License #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Year Business started: _____ Owner's Years of Experience: _____ Owner's Managerial Experience: _____

Nature of Business: _____

Briefly describe the work you do: _____

List the Name, title, address, birth date and Social Security No. of all owners and officers:

Owner/Officer 1

Owner/Officer 2

Owner/Officer 3

Name: _____

Name: _____

Name: _____

Title: _____

Title: _____

Title: _____

Address: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Social Sec. No.: _____

Social Sec. No.: _____

Social Sec. No.: _____

Phone: _____

Phone: _____

Phone: _____

Have any of the above owners filed for Bankruptcy within the last 7 years? _____ If so explain: _____

LOCATION INFORMATION (if more than one location, copy this page and complete one per location)

Address: _____ City: _____ State: _____ Zip: _____

Do you own the premises where business is located? Yes ___ No ___ Sq. Ft. of occupied space: _____

of Stories: ___ Construction: Frame ___ Brick ___ Other: ___ Is building attached to other property: _____

Total Sq. Footage of Building_____ Approx. Building Age_____ Roof Type:_____

Year of Updates: Plumbing_____ Electric_____ Heat_____ Roof_____

Does the building has an exterior metal fire escape?_____

Do you have an active central station burglar alarm system? Ex. ADT, Brinks, etc:_____

BUILDING OWNER SECTION. Complete this section only if you own the building and want to insure it under this policy.

No. of Units Vacant:_____ No. of apartments in Building:_____ No. of Commercial Units in Building:_____

Square Ft. of Vacant Units:_____ Square Ft. of Apartments:_____ Square Ft. of Commercial Units:_____

Amount you wish to insure the building for:_____ Mortgage amount, if any:_____

Describe Commercial tenants occupancy types (restaurant, barbershop, offices, etc):

Does the building have a parking lot?_____ If so, for how many cars:_____ Approx. Sq. Footage_____

Does the building have a garage?_____ If so, for how many cars:_____ Approx. Sq. Footage_____

Do you own any other structure whether attached or not attached to the building?_____ If so, please describe:

Do any tenants in this building engage in operations having severe fire hazards including, but not limited to the following: a) processing or manufacturing of products with severe fire hazards; b) woodworking or spray painting; c) metal working or welding; d) commercial cooking operations? Yes___ No___

Does the building has any of the following: Burglar Alarm___ Fire Alarm___ Fire Sprinklers___

Any losses or claims within the last three years?_____ if so please answer the questions below:

Loss type

Amount pay

Carrier's Name

FINANCIAL INFORMATION

Annual Gross Sale/Receipts: Last 12 months_____ Projected for next 12 months_____

UNDERWRITING INFORMATION

No. of Full Time Employees:_____ No. of Part-time Employees:_____

If sub-contractors are used percentage of Sales/Receipts derived from sub-contractor:_____

Annual Payroll: Last 12 months _____ Projected for next 12 months _____

Please provide employee categories and annual payroll expenses per each category (Example: Carpentry, Painting, Plumbing, etc)

CATEGORY/CLASS	NO. OF EMPLOYEES	ANNUAL PAYROLL
CARPENTRY:	_____	_____
PAINTING:	_____	_____
FLOORING:	_____	_____
DRY WALL INSTALLATION:	_____	_____
PLUMBING:	_____	_____
ELECTRICAL:	_____	_____
OTHER CLASSES:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you do work in NY? _____ If so, are the project located within the five New York City Boroughs? _____

Do you do exterior work? _____ If so, Do you do exterior work over 3 stories? _____

Percentage of exterior work? _____

Do you do spray painting? _____ If so what percentage of work? _____

Any roofing work? _____

Do you do demolition work? _____

Do you do snow plow? _____

Percentage of Residential Work: _____ Commercial Work: _____

Percentage of New Construction: _____ Structural Remodel: _____ Non- Structural Remodel: _____

CURRENT INSURANCE INFORMATION

Is the company currently insured? _____ if so, please provide the below information:

Insurance Company's Name: _____ Policy #: _____

Policy's Expiration Date: _____ Current's Coverage Limit: _____

Is your policy being cancel or non-renew? _____ If so, explain: _____

ADDITIONAL ENDORSEMENTS

Do you require any special endorsement in your policy? ____ If so, explain: _____

Do you want a blanket additional Insured endorsement? _____

INSURANCE TYPES AND LIMIT DESIRED

General Liability _____	Amount of Coverage Requested: _____
Property _____	Amount of Coverage Requested: _____
In-land Marine/Ocean Marine _____	Amount of Coverage Requested: _____
Commercial Auto _____	Amount of Coverage Requested: _____
Worker's Compensation _____	Amount of Coverage Requested: _____
Umbrella _____	Amount of Coverage Requested: _____
Professional Liability (E & O) _____	Amount of Coverage Requested: _____
Director and Officer's Liability _____	Amount of Coverage Requested: _____
Other: _____	Amount of Coverage Requested: _____

ADDITIONAL INSURED:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Interest: _____

Applicant's Name and Title

Signature & Date

Sent/Referred by: _____ send quote to: _____
Print name and number (Fax # or E-mail)