

GLOBAL INSURANCE AGENCY, LLC

514 Westfield Avenue

Elizabeth, NJ 07208

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Sales Rep. _____

BOP / COMMERCIAL PACKAGE APPLICATION

Date: _____ **Requested Effective Date:** _____

COMPANY'S INFORMATION

Legal Business' Name: _____

Entity Type: Sole Proprietorship _____ LLC _____ Corporation _____ Partership _____ Other: _____

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

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: _____

Is this a Home based Business: _____

Does your company manufactures, distribute, sale and/or import/export products? _____ If so, explain in details the products type and your company's role (List products).

Any out state work? _____ If so, list states: _____

OWNERS/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.: _____

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 _____

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

In the last 3 years, has any insurance company either declined to issue a policy, or cancelled, or failed to renew existing coverage for the business? If so, please provide carrier's name, type of policy and event date.

FINANCIAL INFORMATION

Annual Gross Sale/Receipts: Last 12 months _____ Projected for next 12 months _____

EMPLOYEES INFORMATION

No. of Full Time Employees: _____ No. of Part-time Employees: _____ No. of 1099 Employees: _____

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

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

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: _____

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 AND OPTIONAL COVERAGE:

Water/Sewer Back up _____ Earthquake _____ Utilities Service _____ Flood _____ Equip. Breakdown _____

Employee's Dishonesty _____ Employee's Benefits Liability _____ Officers & Directors' Liability _____

Applicant's Name and Title

Signature & Date

Sent/Referred by: _____ send quote to: _____

Print name and number

(Fax # or E-mail)

ROOFING CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Acord Application)

1. Name of Applicant: _____
 (Complete one questionnaire for each named insured / for each risk.)

2. Percentage of Work Performed on:

Apartments _____% Industrial Buildings _____% Office Buildings _____%
 Condominiums _____% One/Two Family Dwellings _____% Residential Tract _____%
 Explain other: _____

Maximum percentage of work per year applicant has done in past ten years on
 Condominiums/Townhouse: _____% Largest Complex (# of units): _____

3. Percentage of work which is:

a. Re-roofs _____% Repair/Patch Work _____% New Roofs _____%
 b. 1 to 3 Story _____% 4 to 5 Story _____% Over 5 Story _____%
 c. Slate/Tile _____% Wood shake/shingle _____% Composition _____%
 Hot/Composition _____% Polyurethane Foam _____% Metal/Aluminum _____%
 Other _____% Explain Other: _____
 d. Flat _____% Pitched _____%

4. Does applicant use "Hot Tar"? Yes No If yes, what percentage is "Hot Tar" work _____%
 Does applicant sub out "Hot Tar" work? Yes No If yes, what estimated annual cost of subs
 for "Hot Tar" work? \$ _____

5. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for
 application of other roofing materials? Yes No If Yes, describe process and percentage of
 work involving this? _____

6. Does applicant use any spray method for applying roofing materials? Yes No If yes, are
 flammable liquids or catalysts used? Yes No

7. Does applicant install any type of elastomer roof coverings requiring spraying or use of flammable
 liquid or open fires? Yes No

8. Are all jobs inspected by a foreman or the contractor at completion before leaving job site?
 Yes No

9. Which of the following does applicant use?

Cranes Yes No Kettles Yes No Roof cleaning Tractors Yes No
 Hoists Yes No Forklifts Yes No Scaffolding Yes No

a. If risk involves heating kettles, are they equipped with automatic shut off valves? Yes No

10. Does applicant sub out any work? Yes No, If yes, describe type of work subbed and total
 annual cost: _____

Does applicant obtain certificates of liability insurance from sub-contractors? Yes No

If yes, what limits are required? _____ If No, provide Uninsured Cost of Subs \$ _____

11. Does the applicant check and document weather conditions before starting work? Yes No

Does the applicant install appropriate water proof coverings prior to leaving a works site if the job is
 unfinished? Yes No

12. Coverage also is excluded for the following: *(indicate whether applicant wishes to buy back any of the following coverages.)*

Use of "Hot Tar" Yes No Medical Coverage Yes No
 Use of subcontractors Yes No Work over 3 stories Yes No

13. Have you had an open structure claim in the last 5 years? Yes No
 If yes, explain: _____

14. Do you have knowledge of any occurrence which might give rise to a claim? Yes No
 If yes, explain: _____

15 .Provide payrolls, sub contract costs and sales for past five (5) years and estimate for next twelve (12) months:

<u>Year</u>	<u>Payroll</u>	<u>Costs</u>	<u>Uninsured Subs Costs</u>	<u>Sales</u>
4 th Prior Year	\$ _____	\$ _____	\$ _____	\$ _____
3 rd Prior Year	\$ _____	\$ _____	\$ _____	\$ _____
2 nd Prior Year	\$ _____	\$ _____	\$ _____	\$ _____
1 st Prior Year	\$ _____	\$ _____	\$ _____	\$ _____
Current Year	\$ _____	\$ _____	\$ _____	\$ _____
Next 12 Months	\$ _____	\$ _____	\$ _____	\$ _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: _____

Date: _____

Title (Officer, Partner): _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.