

### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact for Inspection \_\_\_\_\_

1. Nature of Job:

\_\_\_\_\_  
\_\_\_\_\_

2. Location of Job:

\_\_\_\_\_  
\_\_\_\_\_

3. Multiple locations to be covered?  Yes  No

4. Term Desired  3 months  6 months  12 months

5. Cost of Job? \$ \_\_\_\_\_

6. Designated Contractor: Name \_\_\_\_\_

Address \_\_\_\_\_

7. General Liability Coverage Information: Coverage \_\_\_\_\_

Policy Number \_\_\_\_\_

Limits \_\_\_\_\_

Is Premises Owner named as Additional Insured?  Yes  No

8. Building Materials: Walls \_\_\_\_\_

Floors \_\_\_\_\_

Roof \_\_\_\_\_

9. Intended Occupand \_\_\_\_\_ No. of stories \_\_\_\_\_ Dimensions \_\_\_\_\_

10. Is property fenced?  Yes  No Is property lighted?  Yes  No

11. Is there an outside patrol served or watchman?  Yes  No

12. Intended completion date \_\_\_\_\_

13. Any Rigging required?  Yes  No

Describe hoisting/lowering operations; indicate maximum values rigged and who will perform \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Will job require any work for: Utilities  Yes  No

Streets/ roads/ traffic  Yes  No

Sewers  Yes  No

Bridges/Tunnels  Yes  No

Government Facilities  Yes  No

Applicant Signature

Producer Name, Address & Signature