GIC UNDERWRITERS

PLEASE PRINT, COMPLETE THEN FAX
OR EMAIL TO: FAX-786-293-3669
EMAIL: service@usainsurancenet.com

Artisan / Contractor Liability

Brokering Agent's Register Number: _______________

Name: ______ Email: ______

Agency Name: ______ Agency Code: ______

Agency Address: ______ Agency Phone: ______

Date: ______

APPLICANT INFORMATION

Named Insured: ______

Mailing Address: ______

City: ______ County: ______ State: ______ Zip: ______

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

Years in Business: ______

Inspection Contact: ______ Accounting Record Contact: ______

Phone: ______ Phone: ______

PREMISES INFORMATION

	Street	City	County	State	Zip
1					
2					

BUSINESS INFORMATION

Business of Insured (Describe): ______

COMMERCIAL GENERAL LIABILITY - Occurrence form

Coverage	Limits
General Aggregate	$:
Each occurrence	$:

SCHEDULE

Class Code	Classification	Premium Basis

Number of officers or partners: ______

HIRED AND NON-OWNED AUTO ☐ YES ☐ NO

(Same Limits As GL)

ADDITIONAL INSURED - Explain Interest

Name: ______

Address: ______

Specify Interest: ______

Name: ______

Address: ______

Specify Interest: ______

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OPERATION INFORMATION

Does applicant perform or engage in any work or operation other than those listed in the classification schedule of this application? ☐ Yes ☐ No

PRIOR CARRIER INFORMATION

Category	Years	Years	Years
Carrier			
Policy Number			
Limit			
Total Premium			

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 3 years. Check here if none ☐

Date of Occurence	Type of Occurence	Amount Paid	Claims Open
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? ☐ Yes ☐ No

If yes, explain:

Personal Information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your right and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to RegisterOnSubmitStatement a request to us.

The agent has no authority to Bind coverage. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

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.

This application is in compliance with Florida Statue 626.752 A copy has been furnished to the applicant or insured and coverage is ( ) Bound effective (Time) (Date) ( ) Not Bound

I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE: ______________________ DATE: __________

PRODUCER'S SIGNATURE: ______________________ DATE: __________