NATIONAL group

National Group Insurance Company

BROKERING AGENT'S REGISTER NUMBER #: _____

(IMPORTATNT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERD COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHINIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

ARTISAN / CONTRACTORS LIABILITY APPLICATION

☐ NEW ☐ RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:				
DBA:				Producers Name & Address:
Address:				
City & State:		Zip:		
Inspection Contact:		Phone:		
Accounting Contact:		Phone:		Agent's 2-20 License #:
☐ Individual	☐ Partnership	☐ Corporation	☐ Non-Prof Corp.	Years in Business: _____
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____
Location 2:	Street: _____	City & State: _____	County: _____	Zip: _____

Business Information:

Business of Insured (Please Describe):	

Commercial General Liability – Occurrence Form:

Coverage	Limits
Each Occurrence / Aggregate CSL	$
Products & Completed Operation Aggregate	$
Personal & Advertising Injury	$
Fire Damage (Any one Fire)	$
Medical Expense (Any one Person)	$
Deductible Property Damage Per Claim	☐ $500 ☐ $1,000 ☐ Other:

*Rating and Premium Basis:
(P) Payroll-Per $1,000 / Pay

Schedule:

Classification	Class Code	Premium Basis Payroll

Number of Full Time Employees (Excluding Clerical / Sales People): _____

Number of Officers or Partners: _____

Total Cost of Subcontracted work for the past 12 months: $ _____ % _____

Additional Insured:

Check here if none ☐

1. Name: _____
   Address: _____ City & State: _____ Zip: _____
   Interest: _____
2. Name: _____
   Address: _____ City & State: _____ Zip: _____
   Interest: _____

***Agent to provide Company with a copy of each Certificate of Insurance issued.**

Operation Information:

1. Does applicant sub-contract more than 25%? ☐ Yes ☐ No
2. Does applicant require that subs carry same or greater limits of liability? ☐ Yes ☐ No
3. Does applicant require Certificate of Insurance for subcontracted work? ☐ Yes ☐ No
4. Does applicant loan or rent equipment to others? ☐ Yes ☐ No
5. Does applicant perform and/or subcontract any roofing operations? ☐ Yes ☐ No
6. Any operation includes excavation, tunneling underground work or earth moving? ☐ Yes ☐ No
7. Any operation includes blasting or utilizes explosive material? ☐ Yes ☐ No
8. Does applicant perform or engage in any work or operation other than those listed in the classification schedule of this application? ☐ Yes ☐ No

   If yes, please explain: _____

Remark:

Prior Carrier Information:				
	Years	**Years**	**Years**	**Years**
Carrier				
Policy Number				
Limits				
Total Premium				

Loss History:

(Enter all claims or occurrences that might rise to claims for the prior 3 years)

Check here if none ☐

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

I agree that if my down payment 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 will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is ☐ Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy…"
Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.
I understand this application is not a binder indicated as such on this form by the Brokering Agent.

_____ Insured's Signature

_____ Agent's Signature

_____ Date