

Application Summary for Liability Policy

Print and Complete this form. Either email it (mailitprintit@gmail.com) or fax it (615-712-9514) to Jacklyn L McIntosh. If form is completed by 2:00 p.m., you will get a call back and/or an email with your quote and any additional instructions.

ABOUT YOU

First Name:	
Last Name:	
Phone Number:	
Business Name: (How it will appear on the policy)	
Business Address:	
City:	
Zip Code:	

ABOUT YOUR OPERATION

Business Structure:	() Sole Proprietor () Partnership () LLC () Corporation
Year You Started Business:	
Business Description (What do you do?):	

ABOUT THE BUSINESS

Do you need a Waiver of Subrogation?	() YES () NO
Number of Owners:	
Number of Employees (do not include owners, subcontractors, or independent contractors):	
Expected subcontractor cost in the next 12 months:	
Expected total sales (income) in the next 12 months:	
Has your commercial insurance coverage been cancelled, revoked, or non-renewed in the last 3 years?	() YES () NO
Has your business or any of its officers, owners, or partners been: <ul style="list-style-type: none"> • Convicted of a felony in the past 5 years? • Declared bankruptcy in the past 3 years? • Had business-related lawsuits, mediations, or arbitrations filed against them? • Become aware of any losses, accidents, or circumstances that might give rise to a claim against this policy 	() YES () NO
Have you filed business insurance claims in the past 3 years?	() YES () NO
When would you like your policy to start?	

INSURANCE DETAILS

Please read the following explanations. Review with agent if any questions.

I (meaning YOU), accept:

- Any subcontractors you work with must carry coverage with limits greater than or equal to your own
- You must obtain and keep in your files (store) a certificate of insurance from each of your subcontractors listing you as an additional insured on their policy
- In case of a claim related to your subcontractor, you will not be covered without this documentation
- Your subcontractors must have all required licenses before performing work

We do not want to hide anything in fine print! This is a standard Liability policy for your type of business, which means it will not cover:

I (meaning YOU) understand:

- Damage to your tools or equipment (that is actually Inland Marine Insurance)
- Damage to yourself, employees, or subcontractors (that is Worker's Compensation Insurance)

The following activities will be excluded from your policy. Please confirm that you acknowledge that you will not be covered for any of the following:

I (meaning YOU) understand:

- Any damages related to abuse or molestation
- Damages from accessing or disclosing confidential or personal information
- Damages from foreign drywall contaminants
- Damages from your hiring, firing, or other employment practices
- Damages that existed before the start of the policy period or which progressed from previous damages
- Damaging or losing electronic data
- Exposure to fungi or bacteria
- Exposure to lead
- Exposure to silica or silica-related dust
- Fines, penalties, or other punitive damages
- Firearms
- Injury to employees
- Operating or servicing any manned or unmanned aircraft or watercraft (including drones)
- Physical or verbal violence
- Property damage to your work or your subcontractor's work
- Selling products, supplies, accessories, or tools that you manufacture. Products that you otherwise sell or distribute are still covered for damages to third parties
- Servicing, selling, or distributing alcohol or allowing alcohol on premises
- Sexually transmitted diseases
- Suing or filing claims against your co-owners, partners, or employees
- Working with pollutants or causing pollution

Initial this page as acceptance and understanding of Insurance details _____