Agent Code: \_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_
Name: \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_

1. Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. City: \_\_\_\_\_\_\_\_ State: Select State Zip: \_\_\_\_\_
3. Detailed Description of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Limit of Liability: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Years Experience: \_\_\_\_\_\_\_\_
6. Prior Carrier: \_\_\_\_\_\_\_\_
7. Cancelled or Non-Renewed? \_\_\_\_\_\_\_
If YES, Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Loss History: \_\_\_\_\_\_\_\_\_\_\_\_

***ARTISAN CONTRACTORS****:*

1. Number of Owners: \_\_\_\_\_
2. Number of Employees: \_\_\_\_\_
3. Annual Employee Payroll: $\_\_\_\_\_\_\_\_\_
4. Does insured sub out any of his work? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what percentage: \_\_\_%

Annual Cost of Subcontractor: $\_\_\_\_\_\_\_\_

1. Does Insured obtain COIs from the subs, with the insured named as additional insured? \_\_\_\_

***RETAIL OPERATIONS:***

1. Annual Gross Receipts: $\_\_\_\_\_\_\_\_

***OFFICES & CHURCHES:***

1. Total Area (sq ft): \_\_\_\_\_\_\_