

PRESSURE WASHING APPLICATION

Strickland General Agency of FL, Inc

P O Box 4084, Duluth GA 30096
727-669-8886 Fax: 727-669-8892
www.sgainfl.com

1. Agency Name: _____ Broker No.: _____

2. Applicants Name: _____

3. Address: _____

4. Phone No.: _____ Fax No.: _____

5. Effective Date: _____ Expiration Date: _____

6. Applicant Is The: _____

7. What type of equipment do you use in your operations (job): _____

8. Payroll not including you: _____ Payroll including you: _____ Sales: _____

9. Owners: _____ Employees: _____

10. How many years have you been in business: _____ How many years of experience do you have: _____

11. Do you use subcontractors:___ Yes ___ No What type of work do you subcontract: _____

12. What amount of work do you subcontract:\$_____ Do you obtain Certificates: ___Yes ___ No

13. How many Losses have you had in the past 3 years: _____ Types and amounts paid: _____

14. Name of the company that previously insured you: _____

15. Has your insurance been: ___ Declined ___ Canceled If so, why: _____

16. What limits of liability: _____

17. I DO NOT want the following coverages: ___ Fire Damage Liability ___ Medical Expense ___ Personal and Advertising Injury

18. I want only the following Operations or Completed Operations/Products Covered:

19. Class Code(s)	Class Name(s)
_____	_____
_____	_____

Premium: _____

Tax: _____ 4% AR, GA, MS; 5% LA,FL; 2.5% TN; 6% AL (applied to premium and fee)

Policy Fee _____ Fully Earned

Total: _____

EXCLUSIONS IN BASIC ISO COVERAGE FORM AND THESE ADDITIONAL EXCLUSIONS, BUT NOT LIMITED TO:

Nuclear Energy Liability, Asbestos, Silicon Dust, Pollution, Environmental Tobacco, Smoke Limitation-Classification, New Entities, Lead, Punitive or Exemplary Damage, Abuse or Molestation, Organic Pathogen, Terrorism, Employment-Related Practices, Construction Defect Exclusion, Exclusion-Damage to work performed by subcontractors on your behalf, Independent Contractors Nov 2006

I have listed or authorized my agent to list in the operations OR completed operations/products under No. 18 as the only operations OR completed operations/products I perform and understand these are the only operations OR completed operations/products for which I will be afford coverage.

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT'S AGENT

Premiums are subject to audit. Please refer to the policy's Audit Provisions. Premium shown is the Minimum Annual Deposit Premium. Payment of the Audit Premium is the Insured's responsibility. Collection of Audit Premium is your responsibility. Please ensure that your client understand this Quote's Audit Provision.