



A Fetterolf Group Company

Craftsman/Tradesman Application

Complete by attaching a copy of applicant's business card, yellow pages ad, letterhead or billing form.

General Information

Agency

Applicant Name			Nature of Business		
Street Address					
City	State	Zip Code	Size of Operation (Check one) Give number		
			<input type="checkbox"/> 1 Man <input type="checkbox"/> 2 Man <input type="checkbox"/> 3 Man Other: _____		
Contact Name & Phone Number for Inspection			Payroll of Owners/Officers \$		Payroll of Other Employees \$
Proposed Effective Date		Territory	Years in Business	States of Operation	Radius of Operation miles

Underwriting Questions

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	*YES	NO	Do any operations include excavation, tunneling, underground work, or earth moving?	*YES	NO
Is a formal safety program in operation?			Does applicant lease or loan machinery/equipment to others with or without operators?		
Any exposure to flammables, explosives, chemicals?			Any exposure to radioactive/nuclear materials?		
Any other insurance with this company or being submitted?			Are there any past, present or discontinued operations that involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?		
Any catastrophe exposure?			Any operations sold/acquired, or discontinued in last 5 years?		
*Explain ALL yes responses from questions above					
Are subcontractors' certificates of insurance kept current and on file?	YES	NO	Percentage of work subcontracted:		%
Are subcontractors required to carry limits equal to yours?			Describe work subcontracted:		

Prior Carrier History

List Prior Carriers (last 3 years) w/ Expiring Premiums:

Did they: Cancel Non-renew Decline If so, why?

Explain any break in coverage

Claim Record (Last 3 Years)	Date of Loss	Description of Loss	Amount Paid

Classification(s): List all classes of work performed

Class Description	Class Code	% of Business	Check if Quoted	Check if Included

Limits & Premiums

Each Occurrence	\$	Premium	\$
General Aggregate	\$	Applied Credits/Debits	%
Describe any credits/debits		Quoted Premium	\$

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature _____ Producer's Signature _____