

Garage Equipment Contractor & Distributor Insurance Program Application

Legal Entity Name(s) _____
 Federal ID #(s) _____
 Contact Name _____
 Address _____ City _____ ST ____ ZIP _____
 Email _____ Phone _____

Owner Operations

| | YES | NO |
|--|-----|----|
| Do Owners/Officers/Partners Perform Job Site Work or Supervise Jobs? | | |
| If yes, how many Owners/Officers/Partners? | | |
| If yes, Please Describe Job Duties | | |

Please classify total annual employees' payroll by category below:

| | Total Payroll |
|--|---------------|
| Machinery or Equipment Installation, Service or Repair | \$ |
| Lift/Equipment Inspections | \$ |
| Other (please describe) | \$ |

Total Cost of Sub-Contractors

| | Total Cost |
|---|------------|
| Total Amount Paid to Insured Subs with Certificates of Insurance | \$ |
| Total amount paid to Uninsured Subs Who Work for You | \$ |
| Uninsured Subs Job Duties? _____ | |

Sales Breakdown

| | Total Sales |
|---|-------------|
| Sales of equipment / Parts you DON'T install (Counter Sales) | \$ |
| Installation Sales | \$ |
| Maintenance and Service Sales | \$ |
| Describe Other Sales | \$ |
| Total Gross Sales | \$ |

Misc

| |
|---|
| Would you like a quote on auto or property? |
| Do you carry an umbrella? |
| Umbrella limit? |
| Does it include auto coverage? |

Please provide a current insurance certificate and loss runs for the past 4 years.
 If those are unavailable, please describe any recent claims on a separate sheet. Thank you.