

BROKERING AGENT'S REGISTER NUMBER # _____

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM:	

APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			ACCOUNTING RECORD CONTACT:		
PHONE:			PHONE:		
CONTRACTOR'S NAME:			LICENSE NUMBER:		

PREMISES INFORMATION

LOC 1	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:
LOC 2	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:

BUSINESS INFORMATION

BUSINESS OF INSURED (DESCRIBE):

COMMERCIAL GENERAL LIABILITY - OCCURRENCE FORM

COVERAGE	LIMITS	DEDUCTIBLE PROPERTY DAMAGE PER CLAIM	
Each Occurrence / Aggregate C S L	\$	\$500	
Products and Completed Operations Aggregate	\$ EXCLUDED	RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000 / PAY	
Personal & Advertising Injury	\$		
Fire Damage (any one fire)	\$		← MAX LIMIT AVAILABLE \$50,000
Medical Expense (any one person)	\$		← MAX LIMIT AVAILABLE \$1,000/10,000

SCHEDULE

CLASS CODE	CLASSIFICATION	PREMIUM BASIS PAYROLL
91580	Contractors - Executive, supervisors or executive, superintendents	\$
91342	Carpentry NOC	\$
		\$
Number of full-time employees (excluding clerical / sales people) :		
Number of officers or partners:		

OPERATION INFORMATION

Yes No

Does applicant require certificates of insurance for subcontracted work?		
Does applicant perform any demolition work?		
Does applicant loan or rent equipment to others?		
Any operations include blasting or utilize explosive material?		
Does applicant understand that there is no coverage for products and completed operations?		
Has the applicant been named in a lawsuit alleging construction defects?		
Does the applicant draw plans / designs?		
Does applicant perform or engage in any work or operation other than those listed in the classification schedule of this application? If yes, explain:		

ADDITIONAL INSURED EXPLAIN INTEREST

NAME: ADDRESS:	SPECIFY INTEREST:
NAME: ADDRESS:	SPECIFY INTEREST:

Agent to provide company with a copy of each certificate of insurance issued

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? Yes No
 If yes, explain:

ADDITIONAL COMMENTS:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is () Bound effective _____(Time)_____ (Date) () Not Bound
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____