

## Program Insurance Application

BROKERING AGENT'S REGISTER NUMBER # \_\_\_\_\_

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

**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:		

**PREMISES INFORMATION**

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

**COMMERCIAL GENERAL LIABILITY - OCCURRENCE FORM**

CGL Property Damage Deductible \$500

COVERAGE	LIMITS	Products and completed operations are subject to the General Aggregate Limit
Each Occurrence / Aggregate C S L	\$	← RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000 (S) SALES - PER \$1,000
Products and Completed Operations Aggregate	\$ 0	
Personal & Advertising Injury	\$	
Fire Damage (any one fire)	\$ 50,000	← MAX LIMIT AVAILABLE \$50,000
Medical Expense (any one person)	\$ 1,000/10,000	← MAX LIMIT AVAILABLE \$1,000/10,000

**SCHEDULE**

CLASS CODE	CLASSIFICATION	PREMIUM BASIS P - S		PREMIUM	
43471	General Household Pest (S)	\$		\$	
91606	Lawn and Ornamental (P)	\$		\$	
43472	Subterranean Termite (S)	\$		\$	
43473	W.D.O. Inspection (S)	\$		\$	
43860	Fumigation (S)	\$		\$	
<b>SUBMIT LIABILITY</b>		<b>\$10K</b>	<b>\$50K</b>	<b>\$100K</b>	<b>\$250K</b>
43473	W.D.O. Inspection Ded \$1,000 PD	N/A	INCL	<input type="checkbox"/>	N/A
43471	CCC Ded \$1,000 PD	N/A	N/A	INCL	<input type="checkbox"/>
43472	Subterranean E.P.D. Ded \$1,000 PD	N/A	N/A	INCL	<input type="checkbox"/>
	Transit Pollution Ded \$500 PD	INCL	N/A	N/A	N/A
Subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of full-time employees (excluding clerical / sales people) :					
Number of officers or partners:					

**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**

**OPERATION INFORMATION**

	Yes	No
Does applicant require certificates of insurance for subcontracted work?		
Does applicant mix chemicals of others, and place their label on them?		
Does applicant provide instructions or warnings at the time of applying chemicals?		
Does applicant own or operate any other enterprise?		
Does applicant exterminate anything other than insects or small household pests?		
Does applicant use any chemicals that are not approved for use by federal, state, or local law or regulations?		
Are original labels on all containers?		
Does applicant perform or engage in any work or operation other than those listed in the classification schedule of this application?		
Is applicant's fumigation sales greater than 10% of total sales volume?		

**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:

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** \_\_\_\_\_