

GENERAL Liability Application

Strickland General Agency of FL, Inc.

727-669-8886 * Fax 727-669-8892

1. Agency Name: _____ Broker No: _____
2. Applicant Name: _____
3. Business Name: _____
4. Applicant is Individual _____ Partnership _____ Joint Venture _____ Organization _____
5. Physical Address: _____
6. Mailing Address: _____
7. Phone: _____ Fax: _____
8. Effective Date: _____ Expiration Date: _____
9. Applicant is the: _____
10. Complete Description of the applicants operations: _____
11. Type of equipment used in your operation (job): _____
12. Payroll not including you: _____ Payroll including you: _____ Sales _____
13. Owners: _____ Employees _____
14. How many years have you been in business? _____ Years of experience do you have: _____
15. Do you use subcontractors Yes No Type of work you subcontract: _____
16. What amount of work do you subcontract: _____ Do you obtain Certificates Yes No
17. How many losses have you had in the past 3 years: _____ Types and amounts paid: _____
18. Name of the company that previously insured you: _____
19. Has your insurance been: Declined Canceled If so, why: _____
20. What limits of liability _____
21. I DO NOT want the following coverages: Fire Damage Liability Medical Expense Personal/Advertising Injury
22. I want only the following Operations or Completed Operations/Products Coverage:

Class Code(s)

Class Name(s)

Premium: _____ Tax: _____ Policy Fee: _____ Total Premium: _____
4% GA, MS, AR / 5% FL, LA / 2.5% TN, 6% AL

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 Defection Exclusion, Exclusion-Damage to work performed by subcontractors on your behalf, independent Contractors Nov 2006

I have listed or authorized my agent to list the operations OR completed operations/products under No.22 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 the Audit Premium is your responsibility. Please ensure that your client understands this Quote's Audit Provision.