

**PRESSURE WASHING APPLICATION**

**Strickland General Agency of FL, Inc**

P O Box 4084, Duluth GA 30096  
727-669-8886 Fax: 727-669-8892  
www.sgainfl.com

1. Agency Name: \_\_\_\_\_ Broker No.: \_\_\_\_\_

2. Applicants Name: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

5. Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

6. Applicant Is The: \_\_\_\_\_

7. What type of equipment do you use in your operations (job): \_\_\_\_\_

8. Payroll not including you: \_\_\_\_\_ Payroll including you: \_\_\_\_\_ Sales: \_\_\_\_\_

9. Owners: \_\_\_\_\_ Employees: \_\_\_\_\_

10. How many years have you been in business: \_\_\_\_\_ How many years of experience do you have: \_\_\_\_\_

11. Do you use subcontractors:\_\_\_ Yes \_\_\_ No What type of work do you subcontract: \_\_\_\_\_

12. What amount of work do you subcontract:\$\_\_\_\_\_ Do you obtain Certificates: \_\_\_Yes \_\_\_ No

13. How many Losses have you had in the past 3 years: \_\_\_\_\_ Types and amounts paid: \_\_\_\_\_

14. Name of the company that previously insured you: \_\_\_\_\_

15. Has your insurance been: \_\_\_ Declined \_\_\_ Canceled If so, why: \_\_\_\_\_

16. What limits of liability: \_\_\_\_\_

17. I DO NOT want the following coverages: \_\_\_ Fire Damage Liability \_\_\_ Medical Expense \_\_\_ Personal and Advertising Injury

18. I want only the following Operations or Completed Operations/Products Covered:

19. Class Code(s)	Class Name(s)
_____	_____
_____	_____

Premium: \_\_\_\_\_

Tax: \_\_\_\_\_ 4% AR, GA, MS; 5% LA,FL; 2.5% TN; 6% AL (applied to premium and fee)

Policy Fee \_\_\_\_\_ Fully Earned

Total: \_\_\_\_\_

**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 Defect Exclusion, Exclusion-Damage to work performed by subcontractors on your behalf, Independent Contractors Nov 2006

I have listed or authorized my agent to list in the operations OR completed operations/products under No. 18 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 Audit Premium is your responsibility. Please ensure that your client understand this Quote's Audit Provision.