

AGENCY INFORMATION				
Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

GENERAL INFORMATION				
Insured Name:		Date:		
Mailing Address	Street:	City:	State:	Zip:
Business Structure	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>
	If Other, please explain:			
Effective Date	From:	To:		

OPERATIONS				
Describe the type of work being performed:				
States you conduct business in				
Years in business:		Years under current management:		
Type of Materials Installed:				
Number of projects completed in past 12 months:		Expected number of projects for next 12 months:		
Approximate % of Annual Installations		Commercial	%	Dwellings
Approximate % for cost of labor and materials		Materials	%	Labor
Maximum number of projects at one time				
Estimated Average time to complete a job				

RECEIPTS AND PAST CONTRACTS		
Installation Gross Receipts for installation projects in past 12 months		\$
Estimated Gross Income for installation projects in next 12 months		\$
Gross Receipts Past Three Years	Year	Gross Receipts
	1.	\$
	2.	\$
	3.	\$
Highest Job Value		\$
Lowest Job Value		\$
Average Job Value		\$

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CONTRACTS CURRENTLY UNDER WAY

Please list all contracts currently under way

Description & Location	Contract Value	Fire Class
	\$	
	\$	
	\$	
	\$	
	\$	

TRANSPORTATION

Indicate annual values at applicant's risk of installation materials moving from facility to job site

By own truck	\$	Radius (Miles)	
By carrier trucks	\$		
By railroad	\$		
By other means	\$		
Describe, if other:			

PREVIOUS INSURANCE/LOSS INFORMATION

Year	# of Thefts	\$ of Thefts	# of Collisions	\$ of Collisions	# of all other	\$ of all other	Total #	Total \$

Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant? Yes No

If yes, give details:

Please give details of your existing insurance

Carrier: Existing deductible:

Renewal offered?: Existing limit:

Expiring Premium: Expiration date:

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NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Producer Name (Please Print): _____

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