

TRADE-PRO FOR CONTRACTORS

APPLICATION

Producer:

Code #:

Applicant's Name and Mailing Address:

Proposed Effective Date	Proposed Expiration Date	Bill Plan	Pay Plan
		<input type="checkbox"/> Agent <input type="checkbox"/> CreditCard	
		<input type="checkbox"/> Direct <input type="checkbox"/> EFT	

- Quote Individual Other Non-audited
 Issue Partnership Corporation LLC

Business Location (if different than mailing address):

Acctg. Records (Contact/Phone) _____ Any other coverage provided by the United Fire Group? _____
 _____ Any other insurance being submitted Yes No

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED BY APPLICANT

COVERAGES	LIMITS (in thousands)	PREMIUMS
Comm'l. General Liability (Occ.)	Check the limits desired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Liability
Hired & Non-Owned Auto	General Aggregate \$300* \$1,000 \$1,000 \$2,000	Inland
Voluntary PD & Care, Custody & Control PD <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <i>(See Agent Manual for Limits & Rates)</i>	Products/Completed Operations Aggregate \$300* \$1,000 \$1,000 \$2,000	Marine
Contractors' Installation & Equipment	Personal & Advertising Injury \$100* \$ 300 \$ 500 \$1,000	TOTAL
Other Coverage	Each Occurrence \$100* \$ 300 \$ 500 \$1,000	
	Fire Damage (any one fire) \$100 \$ 100 \$ 100 \$ 100	
	Medical Expense (any one person) \$ 5 \$ 5 \$ 5 \$ 5	

**in some states*

SCHEDULE OF HAZARDS

Classification	Class Code	Payroll	Rate	Premium

ESTIMATED TOTAL ANNUAL RECEIPTS: _____

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS

#	Name & Address	Interest

CONTRACTORS' INSTALLATION & EQUIPMENT FLOATER

	Amount of Insurance	Rate
Coverage A: Installation — Materials, etc., that will become a part of the structure.	\$	
Coverage B: Scheduled Tools and Equipment (attach schedule)	\$	
Coverage C: Miscellaneous Tools and/or Equipment (excluding any item valued at/over \$500) (Maximum of \$5,000 or 10% of schedule, whichever is greater)	\$	
Per Claim Deductible: Coverage A \$ _____ Coverage B \$ _____ Coverage C \$ _____ <i>(Some states)</i>	PREMIUM	Cov. A \$ _____ Cov. B \$ _____ Cov. C \$ _____ TOTAL _____

For other Inland Marine Coverages or Property Coverages, attach appropriate Application.

OTHER COVERAGES, RESTRICTIONS, AND/OR ENDORSEMENTS

LOSS HISTORY Enter all Claims or Occurrences for the prior 5 years.

Check here if none

Date of Occurrence	Type/description of occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Close
					<input type="checkbox"/> Open <input type="checkbox"/> Close

or See attached loss summary

EMPLOYER/EMPLOYEE INFORMATION

Is an application for Workers Comp submitted with this questionnaire? Yes No If Workers Comp is NOT written by the United Fire Group, where will the coverage be placed? _____

Number of years in business: _____ If less than three years, what was previous experience? _____

What percentage of work is Commercial _____ % Residential _____ %

What territory does applicant cover? _____

Number of full-time employees: _____ Number of part-time employees: _____

Number of partners: _____ Number of executive officers: _____

Are Leased Employees used? Yes No

SUBCONTRACTORS

What percentage of work is subcontracted? ___ % What was the cost of subcontracted work last completed year? \$ _____

What type of work is subcontracted? _____

Are certificates of insurance required from subcontractors? _____

If yes, what liability limits are required? _____

RETAIL SALES

Does Applicant have a Retail Sales Area? _____ Approximate sales volume: \$ _____

RENTAL EQUIPMENT

Do you rent equipment?..... YES NO

If yes, type (scaffold, backhoe, etc.) _____

Do you purchase insurance through the Rental Agency/Dealer?..... YES NO

Approximate value of units rented: \$ _____ Annual rental cost \$ _____

ADDITIONAL UNDERWRITING INFORMATION

Explain all "yes" responses for all past or present products or operations

- | | |
|--|---|
| <p>1. Does the Applicant do any Roofing? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain: _____</p> <p>2. Sporting or social events sponsored?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. Any watercraft or docks owned, hired? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Has applicant ever worked with radioactive or nuclear materials?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Does applicant draw plans, designs, or specifications? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Any operations sold, acquired, or discontinued in last 5 years?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Has applicant ever done or is he contemplating doing any asbestos installation or removal?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. Any structural alterations or demolition contemplated? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>9. Lead paint abatement for remediation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10. Has applicant ever installed foam insulation?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>11. Do any operations include excavation, tunneling, underground work or earth moving? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>12. Does applicant rent or lease machinery or equipment to others with or without operators?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>13. Do any operations utilize or store explosives, flammables, or chemicals? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>14. Does applicant store, treat, discharge, apply, or transport any hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>15. Any coverage declined, canceled or nonrenewed during the prior 3 years?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(Question not applicable in Missouri.)</i></p> |
|--|---|

Previous carrier: _____ Last year's premium: _____

In answering these questions, it is understood that as part of our underwriting procedure we may obtain a credit report. You can be assured that it will be handled in the strictest confidence.

APPLICANT'S SIGNATURE

SOCIAL SECURITY #

PRODUCER'S SIGNATURE



UNITED FIRE GROUP OF INSURANCE COMPANIES

HOME OFFICE: POBOX 73909, 118 2ND AVE. SE, CEDAR RAPIDS IA 52407-3909

www.ufgAgent.com