



**CREATIVE UNDERWRITERS CORPORATION**

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**E-Z RATE CONTRACTORS PROGRAM APPLICATION  
General Liability**

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Contractor License Number (if required) \_\_\_\_\_

Policy Term: \_\_\_\_\_

Business Description:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Limits Requested: Occurrence \_\_\_\_\_ Personal Inj/Advertising \_\_\_\_\_  
 General Aggregate \_\_\_\_\_ Medical Payments \_\_\_\_\_  
 Products/Comp Ops Agg. \_\_\_\_\_ Fire Legal \_\_\_\_\_

Estimated annual payroll \$ \_\_\_\_\_ Estimated annual receipts \$ \_\_\_\_\_

Years in business \_\_\_\_\_ Average number of employees \_\_\_\_\_

Years experience \_\_\_\_\_ Percentage use of part-time employees \_\_\_\_\_%

Percentage use of subcontractors \_\_\_\_\_% Maximum height of buildings worked on \_\_\_\_\_

(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program) \_\_\_\_\_

<u>CLASSIFICATION</u>		<u>RATES AT LIMITS</u>		
<u>Definition</u>	<u>Code</u>	<u>Payroll</u>	<u>Premises</u>	<u>Products</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owners & Contractors Protective? \_\_\_\_\_

Describe largest typical job contracted on \_\_\_\_\_

Describe any use of cranes or heavy equipment \_\_\_\_\_

Workers' Compensation insurer and policy number \_\_\_\_\_

**THREE YEAR LOSS EXPERIENCE**

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Comments \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Producer Name & Address