

# Insurance Application

Company name (please include LLC or Inc):

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Owner name/names: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Federal ID number: \_\_\_\_\_

Any past insurance coverage:  YES  NO

Years of experience: \_\_\_\_\_

State or states where jobs will be completed:

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Detailed description of operations:

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Surety Bond:  YES  NO

Tax Bond:  YES  NO

**General Liability Insurance:** \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Future estimated gross sales: \$ \_\_\_\_\_

Any past General Liability claims: \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Details:

**Commercial Auto Insurance:** \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Vehicle year, make, model, VIN number & value

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Driver list; name of driver, date of birth, driver license number

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Any past auto claims: \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Details:

**Equipment Insurance:** \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Year, Make, model, serial number & value

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Any past equipment claims: \_\_\_\_\_ YES                      \_\_\_\_\_ NO

**Workers Compensation Insurance:** \_\_\_\_\_ YES \_\_\_\_\_ NO

Total number of employees:

Field employees: \_\_\_\_\_

Sales employees: \_\_\_\_\_

Clerical employees: \_\_\_\_\_

Total payroll:

Field employees: \$ \_\_\_\_\_

Sales employees: \$ \_\_\_\_\_

Clerical employees: \$ \_\_\_\_\_

Describe Field employees' job duties:

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Formal written safety program in place: \_\_\_\_\_ YES \_\_\_\_\_ NO

Any past workers compensation claims: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes; list date of claim & details of claim:

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Any sub contractors: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes; do subs have their own insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO

List sub contractors job duties & payroll for subs:

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**Property Insurance:** \_\_\_\_\_YES                      \_\_\_\_\_NO

**Builders Risk Policy:** \_\_\_\_\_YES                      \_\_\_\_\_NO

Address for each property location:

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Construction, square footage, value, contents, # of stories of each listed property:

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Any updates on each listed property, (roofing, electrical, plumbing), if any include date:

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Security system: \_\_\_\_\_YES                      \_\_\_\_\_NO

Details:

Any past property claims: \_\_\_\_\_YES                      \_\_\_\_\_NO

Details:

Own, lease or mortgage on each listed property: \_\_\_\_\_YES                      \_\_\_\_\_NO

Details:

Mail the completed form to:

**2834 S. Sherwood Forest Blvd  
Suite D-2  
Baton Rouge, La 70816**