

Buschbach Insurance Agency, part of the InsureOne Family
5615 W. 95th Street
Oak Lawn, IL 60455-6504

Company _____

Phone: 708-424-0100
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**COMMERCIAL GENERAL LIABILITY
CONTRACTOR'S APPLICATION**

ORDER
 QUOTE ONLY

1. Name of Applicant: _____ Year Business Started: _____
2. Mailing Address: _____
3. Applicant is: Individual Partnership Corporation Other _____
4. Policy Period: From _____ To _____
5. Insureds Operations are Located At _____
6. Fully Describe the Insureds Operations: _____

7. Prior years experience in this type of work: _____ As an Owner _____ As an Employee _____
8. Contractors License Number _____ License Holder: Owner Other: _____
9. Number of Owners: _____ Employees: FT: _____ PT _____ Payroll: Owners: \$ _____ Employee \$ _____
10. Gross Sales Past Year \$ _____ Estimated Sales This Year \$ _____
11. Percent of work Subcontracted _____ % Cost: \$ _____ Are certificates of insurance obtained? Yes No
Minimum GL Limits Required of Subcontractors: \$ _____ Occurrence \$ _____ Aggregate _____
12. Percent of Work: Residential _____ % Commercial _____ % Office _____ %
13. Percent of Work: New construction _____ % Remodel _____ % Repair/Maintenance _____ %
14. Have you worked on any condominiums, town houses or tract homes in the past 5 years? Yes No
15. Do you frame residential dwellings? Yes No If yes how many over the past 2 years? _____
16. List four largest jobs in Past 3 years:

19. Previous Carrier: _____ Policy #: _____ Exp Date: _____ Exp Prem _____
20. Has coverage been cancelled or renewal refused? Yes No If yes, explain: _____

21. Number of Losses in last 3 years _____ Explain _____

22. Limits of Liability Requested:

General Aggregate	\$ _____
Products & Completed Operations Aggregate	\$ _____
Each Occurrence	\$ _____
Fire Damage (any one fire)	\$ _____
Medical Payments (any one person)	\$ _____

23. Other Coverages Requirements: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Broker: _____ Code: _____ Phone/Email: _____
 Inspection Contact: _____ Phone: _____
 Audit Contact: _____ Phone: _____

SIGNATURE: **X** _____ **X** _____
 Applicant Broker

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.