



Program Insurance Application

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM :	

APPLICANT INFORMATION

NAME INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			ACCOUNTING RECORD CONTACT:		
PHONE:			PHONE:		

PREMISES INFORMATION

LOC # 1 :	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:
LOC # 2 :	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:

BUSINESS INFORMATION

BUSINESS OF INSURED (DESCRIBE)

COMERCIAL GENERAL LIABILITY - OCURRENCE FORM

COVERAGE	LIMITS	DEDUCTIBLE PROPERTY DAMAGE PER CLAIM
EACH OCCURRENCE/AGGREGATE C S L	\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> OTHERS \$
PRODUCTS AND COMPLETE OPERATION AGGREGATE	\$	RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000 / PAY (S) SALES
PERSONAL AND ADVERTISING INJURY	\$	
FIRE DAMAGE (ANY ONE FIRE)	\$	← MAX LIMIT AVAILABLE \$50,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$	← MAX LIMIT AVAILABLE \$1,000/10,000

SCHEDULE

CLASSIFICATION	CLASS CODE	PREMIUM BASIS P - S
NUMBER OF FULL TIME EMPLOYEES (EXCLUDING CLERICAL / SALES PEOPLE: #		
NUMBER OF OFFICERS OR PARTNERS:		
TOTAL COST OF SUBCONTRACTED WORK FOR THE PAST 12 MONTHS: \$		

Application for:

ADDITIONAL INSURED : Explain Interest

NAME:	SPECIFY INTEREST:
ADDRESS:	
NAME:	SPECIFY INTEREST:
ADDRESS:	

Agent to provide company with a copy of each certificate of insurance issued

OPERATION INFORMATION	YES	NO
DOES APPLICANT REQUIRE CERTIFICATES OF INSURANCE FOR SUBCONTRACTED WORK?		
DOES APPLICANT PERFORM ANY DEMOLITION WORK?		
DOES APPLICANT LOAN OR RENT EQUIPMENT TO OTHERS?		
DOES APPLICANT PERFORM AND/OR SUBCONTRACT ANY ROOFING WORK?		
ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING UNDERGROUND WORK OR EARTH MOVING?		
ANY OPERATIONS INCLUDE BLASTING OR UTILIZE EXPLOSIVE MATERIAL?		
DOES APPLICANT PERFORM OR ENGAGE IN ANY WORK OR OPERATION OTHER THAN THOSE LISTED IN THE CLASSIFICATION SCHEDULE OF THIS APPLICATION?		

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrence that may give rise to claims for the prior 3 years check here if none:

Date of occurrence	Type of occurrence	Amount Paid	Claims Open?	YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Any Policy or coverage declined, cancelled or non renewed during the prior 3 years? If yes, explain:				<input type="checkbox"/>	<input type="checkbox"/>

Personal information about you may be collected from persons other than you, such information as well as other personal 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 right 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.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY or DISCHARGE any CONTRACT or POLICY issued on the basis of this application.

The undersigned agrees if the downpayment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____