

Construction - FAST TRACK INSURANCE APPLICATION

Note: We do not write General Contractors that do not have their own contracting crew.

To receive a free no-obligation quotation complete this application and return to our office. We will contact you within 48 hours with a status update. If you have any questions please contact the Agent of Record (see below).

Note: For multiple locations please complete separate application for each location.

First Choice Insurance Agency
Jeffrey Cassedy - Agent of Record
Direct Line: 703-382-2342 Fax: 703-483-9934 E-mail: JGC@FCIAGENCY.COM
P.O. Box 150337, Alexandria, VA 22315
www.fciagency.com

Applicant Name _____

Mailing Address _____

Physical Address _____

City _____ County _____ State _____ Zip Code _____

Contact _____

Phone _____ E-mail _____

Effective/Renewal Date _____ Current Insurance Carrier _____

BUSINESS INFORMATION

Applicant is a: Corp Partnership LLC Individual

 Other Explain: _____

Provide description of your operations (what do you do?): _____

LIABILITY COVERAGE

Select Limit \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

 \$2,000,000/\$4,000,000

LIABILITY COVERAGE - RATING INFORMATION

Percentage of Business that is: Commercial _____ Residential _____ Industrial _____

Complete the following:

Classification: ex. Painters Annual Payroll \$ 60,000

Classification: _____ Annual Payroll \$ _____

Classification: _____ Annual Payroll \$ _____

Classification: _____ Annual Payroll \$ _____

Classification: _____ Annual Payroll \$ _____

Total Number of Employees (not clerical): _____

List states where you operate and percentage of work done in each state below:

State: _____ Percentage: _____

State: _____ Percentage: _____

State: _____ Percentage: _____

State: _____ Percentage: _____

PROPERTY COVERAGE - optional coverage

Do you own the building? Yes No

If you do not own building are you required to insure the building per lease or contract? Yes No

Building Limit (if required): _____ Contents Limit: _____

PREMISES INFORMATION - complete only if you have completed the PROPERTY COVERAGE section above

Year Building Built: _____ # of Stories: _____

Date Updated: Wiring _____ Plumbing _____ Heating _____ Roofing _____

Distance to Hydrant: _____ FT Distance to Fire Station: _____ MI Total Area (sq.ft.): _____

Fire Alarm: Yes No Central Station

Sprinkler System: Yes No

Primary Heat: Gas Electric Boiler Other: _____

PREMISES INFORMATION - continued

Construction Type:	Frame Non-combustible	Joisted Masonry Masonry non-combustible	
Roof Type:	Metal Single Ply Membrane	Asphalt Flat	Slate or Tile

GENERAL QUESTIONS

Do you subcontract more than 30% of your annual gross sales?	Yes	No
Are subcontractors required to carry general liability insurance?	Yes	No
Are subcontractors required to provide you with a certificate of insurance?	Yes	No
Are you a Real Estate Developer?	Yes	No
Do you do work on any of the following? <i>tunneling , public streets & roads, sewer or water mains, dams of other infrastructure</i>	Yes	No
Any past, pending or planned bankruptcy of applicant or any officer, partner, member or owner of applicant in the past five years?	Yes	No
Has coverage been cancelled on non-renewed in last three years?	Yes	No
Do you do exterior work over three (3) stories?	No	Yes
Do you preform any of the following types of restoration work; <i>smoke, fire, water or earthquake?</i>	Yes	No
Do you store any chemical, flammable or other hazardous material (solid or liquid) at your location or work site?	Yes	No
Are you involved or work with recreational or playground construction?	Yes	No
Do you preform any exterior spray painting operations?	Yes	No
Do you work in any of the following operations? <i>Elevators, environmental remediation, swimming pool construction, traffic lights, underground storage tanks, skylights, EIFS, Asbestos</i>	Yes	No
Are your operations more the 25% installation, service or repair?	Yes	No
Do you sell, install or service alarm systems or automatic fire extinguishing systems?	Yes	No

SCHEDULED EQUIPMENT - optional coverage

For equipment valued at \$5000 or above complete the following or submit a separate

list.	Name/Model	Year (if known)	Serial Number	Value of Equipment
Item 1:	_____	_____	_____	_____
Item 2:	_____	_____	_____	_____
Item 3:	_____	_____	_____	_____
Item 4:	_____	_____	_____	_____
Item 5:	_____	_____	_____	_____

UMBRELLA LIABILITY - optional coverage

Select Limit \$1,000,000 \$2,000,000 \$3,000,000 Other \$

WORKERS' COMPENSATION - complete workers' compensation application (see website)

COMMERCIAL AUTO - complete commercial auto application (see website)

CLAIMS - please provide details of any claims in past 3 years. Attached Loss Runs if available.

SIGNATURE

By signing below you acknowledge that the statements and answers provided on this application are truthful and accurately represent your business at this time and that no substantial changes are anticipated.

Signature: _____ Title: _____

Type Name: _____ Date: _____

Note: Additional information may be required. If any questions contact agent Jeff Cassedy, 703-382-2342