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INSTALLATION APPLICATION

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

Proposed Policy Period _____ to _____ Inspection Contact _____

Phone Number for Inspection Contact _____

Email address: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

SECTION I - GENERAL INFORMATION

1. Description of Applicants Interest: (Check all that apply.)

- Developer Owner Other (specify below):
 General Contractor Tenant/Occupant

2. Annual Income

Last Year: \$ _____
Estimated Current Year: \$ _____

3. Applicant's Business

Nature Of Operations: _____
Years In Business: _____

SECTION II - PROJECT INFORMATION

1. If this coverage is for a single project, describe the project property, and include information regarding the location, materials, occupancy and square footage:

2. Provide a complete list of the type of covered property being installed:

SECTION II – PROJECT INFORMATION (Cont'd)

| 3. Specific Job Information | Average | Maximum |
|--|----------------|----------------|
| Length of time per job | _____ | _____ |
| Number of jobs in progress at any one time | _____ | _____ |
| Contract price per job | \$ _____ | \$ _____ |
| Estimated number of jobs performed in any one year | _____ | _____ |

4. Check the appropriate purchase arrangement(s) for the building supplies and materials:

Free On Board (FOB) Point of Shipment Free On Board (FOB) Destination

5. Provide information regarding the general contractor and others insured; include name, website address, years in business and largest two previous jobs:

6. Are the projects bonded?: Yes No

If so, provide the name of the Surety Company: _____

SECTION III – PROTECTION OF PROPERTY

(Provide details for all that apply.)

1. Is a guard service employed at the job or storage sites? Yes No
2. Are all exterior doors on the project equipped with deadbolt-locks? Yes No
3. Is there security lighting at the job and storage sites? Yes No
4. Are the job and storage sites fenced? Yes No
5. Are there any hazardous or flammable materials used in the project..... Yes No
or stored on the premises?
6. Are there fire doors and fire stops between the interior project and other portions..... Yes No
of the building?
7. Is the installation site equipped with a central station fire alarm system and..... Yes No
recognized approved fire extinguishers?
8. Are all storage trailers sprinklered, and equipped with burglar alarms? Yes No
9. Are licensed riggers used when hoisting or rigging is necessary? Yes No

| | |
|--|--|
| Complete when coverage is for a single job | Show average rating for an Annual Policy |
|--|--|

- 10** Job site information:
- a. Indicate the Public Protection Class (PPC) rating: _____
 - b. Are there any private protection improvements? _____
 - c. What is the distance in feet to the nearest fire hydrant? _____
 - d. Enter in miles the distance to the nearest responding fire department: _____

SECTION IV – LIMITS OF INSURANCE AND DEDUCTIBLE FOR BASIC COVERAGE

| | Limits Of Insurance |
|--|----------------------------|
| 1. While At Any One Job Site | \$ _____ |
| 2. While At Any Location Other Than A Job Site | \$ _____ |
| 3. Property In Transit | \$ _____ |
| 4. All Covered Property In Any One Occurrence | \$ _____ |
| 5. Deductible: | \$ _____ |

SECTION V – OPTIONAL COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLES

| | Deductible Applicable To This Coverage | Limits Of Insurance |
|---|---|----------------------------|
| 1. Soft Costs (if selected, provide additional information) | \$ _____ | \$ _____ |
| 2. Water Damage | \$ _____ | \$ _____ |

SECTION VI – PRIOR CARRIER AND LOSS INFORMATION

Include Prior Carrier History for the past three (3) years:

| Prior Carrier | Policy Dates | Limits of Insurance | Premium |
|----------------------|---------------------|----------------------------|----------------|
| _____ | _____ to _____ | _____ | _____ |
| _____ | _____ to _____ | _____ | _____ |
| _____ | _____ to _____ | _____ | _____ |

Date, cause and amount of all losses during the last three years whether insured or uninsured:

| |
|--|
| |
| |

SECTION VII – ADDITIONAL INFORMATION OR COMMENTS

List of any additional information attached with this application:

| |
|--|
| |
|--|

Producer's Signature

Date

Applicant's Signature

Date