



NEW YORK STATE ASSOCIATION
OF ELECTRICAL CONTRACTORS

INSURANCE PROGRAM
APPLICATION



NAME OF BUSINESS:	# of years in business:
ADDRESS:	
CONTACT NAME AND PHONE NUMBER:	
E-MAIL AND/OR WEB SITE:	

*PROPERTY: (Provide for Each Location Insured)	Policy Effective Date / /		
PROPERTY INFORMATION	LOCATION 1	LOCATION 2	LOCATION 3
LOCATION ADDRESS			
BUILDING LIMIT			
CONTENTS LIMIT			
CONSTRUCTION TYPE			
SQUARE FOOTAGE			
YEAR BUILT			
YEAR OF REMODELING			
OTHER OCCUPANCIES			

*INLAND MARINE:	Policy Effective Date / /
Attach a schedule of equipment you want to insure	
How many jobs a year do you do?	Commercial: _____ Residential: _____
What is the job size: Smallest: \$	Largest: \$

*GENERAL LIABILITY:	Policy Effective Date / /
1. What type of electrical work do you do?	
2. Total Gross Annual Sales:	
3. What is your total Field Payroll (not clerical or sales people): _____	
Break it down as follows:	
Wiring of buildings: _____	
Street or Traffic lights: _____	
Machinery: _____	
Interior of offices for computers and phones: _____	
Fire or Burglar alarms: _____	
Other: _____	
Do you use Subs? _____ If so, what do they do?	
Total w/annual cost of subs: _____ Who supervises the subs on the jobsite, and how often does that occur? _____	
Do you require certificates of insurance from all subs? <u>Yes</u> or <u>No</u>	
CGL Limits required: \$ _____ Occurrence \$ _____ Aggregate	
Do you require subs to sign written construction contracts containing indemnity / hold harmless clauses in your favor? <u>Yes</u> or <u>No</u> (If yes, attach a copy of an executed contract with a key subcontractor).	
Do you monitor subs to make sure that they are in standard markets that provide full GL coverage including contractual liability _____ ?	

*AUTOMOBILE:	Policy Effective Date / /
From your current policy / attach the schedules of Automobile's to insure.	
It should include VIN #'s, comprehensive and collision deductibles, etc.	

*UMBRELLA:	Policy Effective Date / /
What limit would you like us to quote?	

***Please provide last four (4) years of claim(s) history**