



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:	

<b>*PROPERTY: (Provide for Each Location Insured) Policy Effective Date / /</b>			
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			

<b>*INLAND MARINE: Policy Effective Date / /</b>
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: \$

<b>*GENERAL LIABILITY: Policy Effective Date / /</b>
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? Yes or No CGL Limits required: \$ Occurrence \$ Aggregate
Do you require subs to sign written construction contracts containing indemnity / hold harmless clauses in your favor? Yes or No (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 ?

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

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

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