



STAGING PROFESSIONALS APPLICATION FORM

Commercial General Liability, Property and Crime, Errors & Omissions

Applicant Information:

CSP Member #:	Name:	Operating Name:
Address:	City:	State:
Zip Code:	Phone #:	Cell #:
Fax #:	E-mail:	Federal ID #:
Website:	Effective Date:	Payment: <input type="checkbox"/> One Pay <input type="checkbox"/> Monthly

Year Established: _____: ___ Individual ___ Partnership ___ Corporation

Gross revenue for the last completed fiscal year: \$ _____

Projected gross revenue for the coming fiscal year: \$ _____

Any services subcontracted? Yes No

If yes, are certificates of insurance obtained from sub's? Yes No

Total number of employees (including self):

Professional	Clerical	Other

Does the applicant issue guarantees and/or warranties to customers? Yes No
 If yes, please attach full details.

Has applicant ever purchased professional liability or errors and omissions insurance? Yes No

If yes, please provide the following details for the last three years: _____

Insurer	Policy Period	Expiring Premium	Limit	Deductible

Has insurance coverage ever been declined or cancelled? Yes No

If yes, please attach details.

Has applicant or any of his/her employees ever been the recipient of any allegations of professional negligence either verbally or in writing? Yes No

Is the applicant or any of his/her employees aware of any facts or circumstances or situations which may reasonably give rise to a claim, other than advised above? Yes No

Does applicant currently have insurance in the U.S.? Yes No

If yes, please attach details.

Current Insurer: _____

Policy #: _____

Expiration Date: _____

Premium: _____

Five year loss history:

Date (dd/mm/yyyy)	Type	Amount Paid	Details

Coverage Options:

Business Contents Limit (for office): \$ _____

Off Premises Contents Limit (staging property): \$ _____

Crime Coverage Limit: \$ _____

Business Interruption – Included

Commercial General Liability Limit: \$ _____

Professional Liability Limit: \$ _____

Is automobile insurance needed? _____

How many employees use their own vehicle as part of their job requirements? _____

Please list all professional credentials and years’ experience: _____

Please list all services provided for which the insurance is to apply to: _____

Commercial General Liability & Workers Compensation:

List all locations that you own or lease (other than home location):

Location Address	Occupancy/Construction Date	Square Footage Owned / Leased

Are employees now covered by Workers Compensation? Yes No N/A

Number of Partners, Executive Offices: _____

Is the applicant involved in any business or profession other than as described above?

Does the applicant’s operation involve any structural or architectural work? Yes No

Annual payroll (estimated): Staging Professionals \$ _____

Clerical employees \$ _____ Others \$ _____

Construction Details of office/storage location (where staging goods are kept):

- Fire Resistive (reinforce concrete with concrete roof)
- Non-Combustible (masonry walls with steel deck roof)
- Masonry (solid brick or concrete block with wood joist roof)
- Wood Frame, Brick Veneer, Aluminum Siding over frame

Year Built: _____ Number of Stories: _____

If building is over 25 years old, has it been gutted or renovated in the last 20 years? Yes No

Signature of Applicant: _____

Date: _____

Email to: Cool@coolins.com

Or Fax to: R.D. Muncil (518)783-8754