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- Workers Comp
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National Association for Community Mediation (NAFCM)
INSURANCE PROGRAM ~ Underwritten by The Hartford Insurance Company
(AM Best RatingA+)

GENERAL INFORMATION:

Named Insured			
Mailing Address			Zip:
Legal Entity	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Effective Date			
Billing	<input type="checkbox"/> Prepaid <input type="checkbox"/> 4 Pay <input type="checkbox"/> 10 Pay		
Contact Name	Telephone #:	Fax#:	
Email Address			
Year Business Established		Has Coverage Ever Been Declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE HIGHLIGHTS:

Minimum Premium: \$500.00

Workers' Compensation: 4% Dividend

Workers' Compensation: Upfront Deviation (credit) available in most states

STRETCH & SUPER STRETCH ENHANCEMENT ENDORSEMENTS AVAILABLE:
 Accounts Receivable, Backup of Sewers & Drains. Computer & Media, Valuable Papers,
 Employee Dishonesty, Forgery...and more! (subject to limits provided)

BUSINESS PAC: Minimum Premium \$500.00

Policy Level Coverages

General Liability Limits \$1,000,000	Property Deductible (select one) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
Broadening Endorsement - Please Check <input type="checkbox"/> Stretch Endorsement <input type="checkbox"/> Super Stretch Endorsement	Hired & Non-Owned Auto Liability (select if you have no owned autos) <input type="checkbox"/>

Location #1

Street Address:		
City:	State:	Zip:
Building:		\$
Age of bldg.:		If age>30yrs, date of renovation:
Business Personal Property:		
\$		Sq. Ft. occupied:
# of Stories	Right Exposure:	Left Exposure:
Protection Class:		
Sprinklers: <input type="checkbox"/> yes <input type="checkbox"/> no		
Sole Occupant: <input type="checkbox"/> yes <input type="checkbox"/> no		
List other occupants:		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal NC <input type="checkbox"/> Masonry NC/Fire Resistive		
Additional Insureds:		
Name & Address:		
Name & Address:		
(please describe relationships)		
Mortgagees and/or Loss Payees:		
Name & Address:		
Name & Address:		
Burglar Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		
Fire Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		
(please describe relationships)		

WORKERS COMPENSATION

(not available in Alaska, Delaware, Hawaii, Kentucky & Puerto Rico)

Employers Liability BI Limits	<input type="checkbox"/> \$100,000 each accident/\$500,000 policy limit/\$100,000 each employee
	<input type="checkbox"/> \$500,000 each accident/\$500,000 policy limit/\$500,000 each employee

Coverage State	Class Codes	Annual Payroll
		\$
		\$
		\$
		\$
Experience Mod:	Federal ID#:	Bureau ID#:

COVERAGE INCLUSIONS/EXCLUSIONS

Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

GENERAL QUESTIONS:
(please answer even if not applicable)

- Any work performed underground or above 15 feet? Yes No
- Work on barges, vessels, docks bridges over water? Yes No
- Is applicant involved in any other type of business? Yes No
- Sub- contractors used? If yes, % _____
- Any part-time or seasonal employees? Yes No
- Is there any volunteer or donated labor? Yes No
- Any prior coverage declined, cancelled, non-renewed within last 3 years? Yes No
- If yes, explain _____
- Any leasing of employees to or from other employees? Yes No
- Is any work performed above two stories? Yes No
- Exposure to chemicals of any kind? Yes No
- Any work with exposure to carcinogens? Yes No
- Heavy manual lifting? Yes No
- If yes, explain _____

UMBRELLA

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
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THE FOLLOWING MUST BE COMPLETED TO PROPERLY QUOTE YOUR COVERAGE.

**3 Year Loss Information: Property, Liability, Crime, Automobile, Workers Comp, & Umbrella
 (Company loss runs may be attached in lieu of completing loss information).**

Loss Date	Loss Description	Paid/Reserved	Policy Premium That Year

Please provide carrier and premium information for your current coverage:

	COMPANY	PREMIUM
Property/Liability		
Automobile		
Workers Comp		
Umbrella		

I understand that this application provides coverage highlights only and that I must read my policy(ies) to determine full coverages and exclusions provided. I hereby declare that the statements made in this application are complete and true. The signing of this application does not bind the application for coverage through the NAFCM Insurance Program.

Applicant	Applicant/Title	Date