

Program Brokerage Corporation

Pre-Qualification/Binding Documentation



Insured/Applicant Name: _____

Date of Incorporation	Estimated sales for upcoming Year	Payroll	Subcontractor Costs	Max exterior height work for employees	Max exterior height work for subcontractors	Shop Sales (if applicable)	WC Comp Mod	Union or None?

DIRECT WORK: What work will employees self-perform?

SUBCONTRACTOR WORK: What work will subcontractors perform?

Risk Transfer

Question	Response
Do you require ALL subcontractors to sign a contract which provides hold harmless, indemnification and Additional Insured status in your favor?	
Do you make sure all Subcontractors have GL coverage which provides business interruption coverage to their employees and their subcontractors?	

Attach a minimum of (4) contract and certificates for review and inspection

NAMED INSUREDS – NOTE: No entities are approved until endorsed onto our policy

Entity Name	Nature of Operations	Purpose/status of entity

INSURED ACKNOWLEDGMENT

Question	Response
PREMIUM AUDIT: Are you aware that the policy premium is based on a policy rate which is applied to the estimated sales provided within the application (confirmed within this document) which will be subject to an audit at the end of the policy term, which may increase the premium amount owed if such sales exceed the estimate, and that you must cooperate with such an audit process?	
LOSS CONTROL: Do you acknowledge and accept to comply with an inspection request which will be conducted by our company, or on our behalf, where we will require you to verify operations and safety measures we contemplated during our underwriting process?	

Any person who knowingly and with intent to defraud any insurance company or the other person files and application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Principal/Owner: _____ Date: _____

ATTACH: Workers' Compensation (WC) mod sheet, most recent WC audit sheets, (4) certs/contracts, 5 year history of loss runs, project list (last 10 jobs with info on location, sales from project and scope of work performed.)