



Assurance Brokers, LTD

Construction • Commercial • Auto
Home • Life • Health

Company Name _____ Years in Business _____

Contact Person _____ Phone _____

Address _____

Email _____ Website _____

Federal ID Number _____

Applicant is: Individual Corporation Partnership LLC Other _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ _____
Each Occurrence	\$ _____

Applicant is a (% of each): General contractor _____ Subcontractor _____%

Years of experience: _____

Indicate % of operations involving:

New construction _____% Remodeling _____% Demolition _____%

Repair _____% Other _____% Explain _____

Estimated Annual Sales _____

Estimated Annual Payroll _____



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Operations by Applicant

Indicate type of construction work performed by your employees:

Airports	%	Gas Mains	%	Sewer	%
Asbestos Removal	%	Insulation	%	Soil Stabilization	%
Blasting	%	Maintenance	%	Steel (ornamental)	%
Bridges/Elevated Roads	%	Masonry	%	Steel (structural)	%
Carpentry	%	Mechanical	%	Street/Road	%
Communication Lines	%	Mold & Spore Remediation	%	Supervisory Only	%
Concrete	%	Oil or Gas Fields	%	Swimming Pools	%
Drilling	%	Painting	%	Tunneling	%
Earthquake Reinforcement	%	Pipeline/Water Main	%	Underpinning	%
EIFS	%	Plastering	%	Waterproofing	%
Electrical	%	Plumbing	%	Water Restoration	%
Excavating	%	Power Lines	%	Wrecking/Demolition	%
Fire Proofing	%	Process Piping	%	Other (describe)	%
Fire Restoration	%	Removal/Installation of Underground Tanks	%		
Framing of Buildings	%	Roofing	%		

List all active owners, partners and executive officers and their job duties/responsibilities:

APPLICANT'S SIGNATURE _____ DATE _____