

SMALL CONTRACTORS: (M&C) APPLICATION

Deposit (20% Req'd)		# To Be Assigned		Agent		Agent Code	
Renew of #		Rewrite #		Phone		Date	

CLAVERACK COOPERATIVE INSURANCE COMPANY

PO Box 779
Kinderhook, New York 12106

Did you receive a quote from this company on this insured location? Y N
 Premium Breakdown: _____ Does this insured have other Insurance with this Co.? Y N

Insured Name: _____

Insured Address: _____

City/ County: _____

Zip Code: _____ **Home Phone:** _____ **Work Phone:** _____

If previously insured with Claverack, Date of last loss: _____

Type of Loss: _____ Amount Paid on Loss: _____

PAYMENT PLAN: (\$8.00 Installment Charge)
<input type="checkbox"/> Annual
<input type="checkbox"/> 40-30-30 (\$200 Minimum Premium)
<input type="checkbox"/> 24-19-19-19-19 (\$400 Minimum Premium)

Policy Effective	From:		To:	
------------------	-------	--	-----	--

LOCATED: **Feet From Hydrant** _____ **Miles from Fire Dept** _____ **Fire District** _____

Property Coverage	Coinsurance Percentage Application	Deductible	Minimum Property Coverage	Any Increase
Coverage B- Business Property- SF-4	FLAT	\$500	* \$ 500	\$

* Charge \$75.00

Limit of Liability

(Liab. Cov. Includes \$500 Property Damage)

Coverage L- B.I. & P.D.	\$	Each Occurrence	\$	Aggregate
Med Pay		\$5,000/10,000		

- 1) Number of years in independent business: _____
- 2) Number of years in this type of business: _____
- 3) Is business operated as: Individual Partnership Corporation Other
If other than Individual, please attach names, titles, activity with business and gross wage.
- 4) Number of full-time employees including Principals: _____
- 5) Number of Part-time employees (less than 4 months): _____
- 6) Has any Carrier cancelled or declined risk within the last three years? Y N. If yes, explain: _____
- 7) Previous Carrier: _____ Policy #: _____
- 8) Any losses in past three years? Y N (Explain) _____
- 9) Do you use subcontractors? Y N Do you do roofing? Y N
- 10) Prior year's receipt (Company may ask for documentation) _____
- 11) Annual Payroll (include Owner) _____
- 12) Fire Legal LS-48 _____
- 13) Personal Injury LS-49 _____

IMPORTANT NOTICE TO APPLICANTS

As part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. The undersigned hereby applies for Coverage as set forth in the application, and the various attached underwriting schedules, and affirms that the statements and representations made herein are to the best of this knowledge true.

“Any person who knowingly and with intent to defraud any insurance company or other person files an 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.”

*Minimum Property Insurance \$500.00

6/16 CCIC Agent's Signature: _____ Insured's Signature: _____ Date: _____

