

BROKERING AGENT'S REGISTER NO. _____

AMERICAN VEHICLE INSURANCE COMPANY

Louisiana Artisan General Liability Application

Incomplete applications are subject to rejection of coverage and/or risk. Do not leave any questions blank or unanswered.

Name		Producer	
D/b/a		Effective Dates: 12:01 AM	
Mail Address		From: _____ To: _____	
City	State	Type: Individual _____ Corporation _____	
Zip	County	Partnership _____ Joint Venture _____	
Ph.#	Inspection Contact:	Web Address:	
Business address(s):			
Description of business:			
# Years in Business:	# Years Experience:	Classification Code (s)	
Limits of Liability include - Occurrence, General Aggregate, Products/Completed Operations, Personal and Advertising Injury. Certain classes include the Products / Completed Operations Hazard within the General Aggregate Limit.			
Double Aggregate	Single Aggregate	Circle one	Deductible: 250 500 1,000 2,000
<input type="checkbox"/> 100/200/200	<input type="checkbox"/> 100/100/100	___ #Owners, Officers or Partners Payroll X 15,600 =	
<input type="checkbox"/> 300/600/600	<input type="checkbox"/> 300/300/300	___ #Full-time employees (not temp or leased) payroll=	
<input type="checkbox"/> 500/1,000/1,000	<input type="checkbox"/> 500/500/500	___ #Part-time, temp or leased employees payroll=	
<input type="checkbox"/> 1,000/2,000/2,000	<input type="checkbox"/> 1,000/1,000/1,000	Total Risk Payroll=	
<input checked="" type="checkbox"/> 100,000 Fire Damage limit			
<input checked="" type="checkbox"/> 5,000 Medical Payments			
% of your work is: _____ %Industrial _____ %Residential _____ %Commercial			
_____ %Remodeling _____ %New Construction _____ %Repair and Service _____ %Room Additions			
Type of License:		Current License Number:	
What operations do you perform?			
Do you perform under written contract? Yes No			
Do you subcontract any work? Yes No If yes, % subcontracted _____ %			
Types of work subcontracted:			
Do you require certificates for General liability equal to or greater than your own? Yes No (if No, Submit)			
Do you require certificates for Workers Compensation? Yes No			
Types of jobs performed in the last 12 months:			
Past and anticipated projects detail:		Payroll	Subcontracted Costs
			Gross Receipts
Prior 24 Months:			
Next 12 Months:			
Do you now or have you ever acted as a GENERAL CONTRACTOR? Yes No (if Yes, Submit)			
Any Prior Losses in the last 5 years? Yes No If yes, list all losses below & Submit			
Do you have any knowledge of an occurrence that could result in a claim? Yes No			
Prior Carrier / Loss History:			
Date	Carrier	Premium	Losses

Answer the following questions. Do you or have you ever performed any of the following work:

Excavation Tunneling	Yes	No	Prefab steel construction	Yes	No	Exposure to Radioactive or Nuclear Material	Yes	No
Blasting demolition or any explosive materials used	Yes	No	Act as a General Contractor	Yes	No	Any Herbicides or Pesticides Work	Yes	No
Tree or Limb Removal	Yes	No	Any oil, gas or related work	Yes	No	Have you ever been named in a construction defect unit	Yes	No
Waste Removal	Yes	No	Any aircraft, railroad, watercraft or auto work	Yes	No	Does applicant draw plans, designs or specifications	Yes	No
Asbestos Abatement	Yes	No	Any bridges, dams or sewer construction work	Yes	No	Any Cell Phone, Water, Gas, Oil Tank, or Tower Work	Yes	No
Rent, Lease or Repair Equipment	Yes	No	Exterior work over 3 stories	Yes	No	Waxing Floors in Commercial buildings or stores	Yes	No
Chemical Spraying / Fumigating	Yes	No	Any prior losses in the last 5 years	Yes	No	Underpinning/Foundation Repair	Yes	No
Any out-of-state Operations	Yes	No	Fire Extinguisher Systems	Yes	No	Digging more than 3 feet underground	Yes	No
Ops. involving discharge of fumes, acids or waste	Yes	No	Elevators, Escalators, Boilers	Yes	No	Coal, Wood, Waste or Oil Burning Stoves	Yes	No
Work involving medical and/or industrial equipment	Yes	No	Fiber Optic Cable Work	Yes	No	Any work with LPG	Yes	No
Mobile Home or related work	Yes	No	Mold / Fungus remediation work	Yes	No	Any Roofing or Root Related Work	Yes	No
Operated as an inspection or appraisal company	Yes	No	Alarm Systems	Yes	No	Any work with cranes of any height, owned or leased	Yes	No
Any new building construction operations performed on single-family units including residential condominiums, multi-unit homes, tract housing, subdivisions, townhouses, or apartment buildings within subdivisions or projects where there are five (5) or more total units? Yes No								
Any ground up construction custom home work?			Yes	No	If Yes, maximum of homes per project:			
Do you desire to purchase coverage for certified acts of terrorism?			Yes	No				

Explain ALL "Yes" answers:

Name and Address of Additional Insureds

1.	2.	3.

SUBMIT completed and signed application for approval

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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 subjects such person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledge by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

Applicant Signature _____

Date _____

Licensed Agent / Producer Signature _____

Date _____

License# _____

American Vehicle Insurance Company
POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM
INSURANCE COVERAGE

Under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in section 102(1) of the Act: the term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of The United States- to be an act of terrorism; to be a violent act of an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in case of an air carrier or vessel or the premises of a United States mission; to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and that causes losses of at least \$5,000,000.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium for this coverage is shown below and does not include any charges for the portion of loss covered by the federal government under the act.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO ACCEPT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM".

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

_____ I hereby elect to purchase certified terrorism coverage for a prospective premium of 2% of the annual premium.

_____ I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Name Insured/Firm

Print Name

Policy No. (if applicable)

Date