



**NORTH STAR MUTUAL
INSURANCE COMPANY**
BOX 48
COTTONWOOD, MINNESOTA 56229

CONTRACTORS PROTECTOR APPLICATION

Quotation New Business Renewal of _____ Effective Date _____

Applicant and Mail Address		Agency and Address OGA# _____ NS# _____	
Contractors License No.: _____		Phone No.: _____ Fax No.: _____	
Soc. Sec. No.: _____		E-Mail Address: _____	
Contact Person and Phone No.: _____			
SPECIFIC LOCATION (911 Address, County and Zip)		Rural Fire No.	OCCUPANCY
1. _____		1. _____	
2. _____		2. _____	
APPLICANT IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			
BUSINESS DESCRIPTION: _____			
DEDUCTIBLE: <input type="checkbox"/> \$500 All Perils <input type="checkbox"/> Optional Deductible _____			
PROTECTION CLASS: _____ Risk Inside City Limits? <input type="checkbox"/> Yes If not: Road Miles From Fire Dept. _____ Feet From Hydrant _____			
CONSTRUCTION: <input type="checkbox"/> Frame Including Masonry Veneer & Wood Metal Clad <input type="checkbox"/> Joisted Masonry, Brick, Stone or Block <input type="checkbox"/> Metal With Frame Interior Supports <input type="checkbox"/> Non-Combustible or All Metal Including Roof and Interior Supports <input type="checkbox"/> Other _____			
CAUSES OF LOSS FORM DESIRED: <input type="checkbox"/> Basic Form <input type="checkbox"/> Broad Form <input type="checkbox"/> Special Form (Incl. Equip. Breakdown)			
<input type="checkbox"/> Building <input type="checkbox"/> Contents <input type="checkbox"/> Building <input type="checkbox"/> Contents <input type="checkbox"/> Building <input type="checkbox"/> Contents			

Loc. No.	Bldg. No.	Coins %	Valuation	Construction	Subject of Insurance	Amount of Coverage	Rate	Premium

BUSINESS LIABILITY: Class and Code _____

Select Limit (,000 omitted): \$100/\$200 \$300/\$600 \$500/\$1,000 \$1,000/\$2,000

Total Number of Owners _____

Total Number of Full Time Employees, **excluding owner(s)** _____

Total Number of Part Time Employees _____

Total Number of Days worked by Part Time Employees _____

Sub-Contractors **Cost of all sub-contractors:** _____

OPTIONAL COVERAGES

EMPLOYEE DISHONESTY (\$5000 Coverage) No. of employees _____

MONEY AND SECURITIES Inside _____ Outside _____

EXTERIOR SIGNS Insurable value of all exterior signs: _____

ACCOUNTS RECEIVABLE Amount of Coverage: _____

ADDITIONAL INSUREDS (Explain) Number of Additional Insureds: _____

CONTRACTORS EQUIPMENT (Portable Tools) Coverage Amount: _____

CONTRACTORS EQUIPMENT (Heavy Equip.) - Minimum Ded. \$500 ... Coverage Amount: _____

INSTALLATION COVERAGE (\$10,000 Maximum Limit) Coverage Amount: _____

VALUABLE PAPERS AND RECORDS Amount of Coverage: _____

HIRED AUTO LIABILITY _____

NONOWNED AUTO LIABILITY _____

OTHER COVERAGE _____ Coverage Amount: _____

TOTAL PREMIUM

DIRECT BILL INSTRUCTIONS: Insured Mortgagee Other _____

New Business - 3 months premium required with application (2 months if paying monthly).

MORTGAGEE CLAUSE: Subject to the provisions of the mortgage clause herein, loss if any, on building items should be payable to:

Name _____ Street Address _____ Town and State _____

LOSS PAYABLE: Loss, if any, on Personal Property items to be adjusted only with the Insured named herein and payable to the Insured and to:

Name _____ Street Address _____ Town and State _____

CONTRACTORS PROTECTOR UNDERWRITING REPORT (Application Returned If Not Completed)

1. Name of Previous Carrier _____
2. Has any insurer ever cancelled, declined or refused similar insurance? Yes No If Yes, explain _____
3. Does North Star Mutual have any supporting coverage? Yes No Give Policy Number _____
4. LOSS EXPERIENCE: List all losses within the past three years.

Type of Policy	Paid Premium	Date of Loss	Amount of Loss	Cause and Description of Loss
5. **Years in Business** _____ **Years of Experience** _____ (Gross earnings past 12 months \$ _____) List by classification and percentage
 _____% _____% _____% _____%

BUILDING INFORMATION

6. Age of Building: _____ Condition: Excellent Good Fair Poor
7. Age of Plumbing: _____ Condition: Excellent Good Fair Poor
 Type of Roof: _____ Condition: Excellent Good Fair Poor
8. Age of Roof Material/Shingles: _____
9. Type of Wiring: _____ Age: _____ Condition: Excellent Good Fair Poor
10. Type of Heat: _____ Age: _____ Condition: Excellent Good Fair Poor
11. Ground Floor Dimensions: Length _____ Width _____ Number of Stories _____
12. Explain "Yes" answers in remarks section.
 - a. Any out of state operations performed or contemplated? Yes No
 - b. Any demolition work done? Yes No
 - c. Any bridge or dam work? Yes No
 - d. Any machinery or equipment loaned or rented to others? Yes No
 - e. Are subcontractors used? What percent of work is subbed out? _____% Yes No
 - f. Does insured insist upon Certificates of Insurance from all subs before they are allowed to begin work? Yes No
 - g. Any participation in trade shows, exhibits, conventions? Yes No
 - h. Any sporting or social events sponsored? Yes No
 - i. Any unusual liability exposures? Yes No
 - j. Any property in poor condition? Yes No
 - k. Any wood stove on premises? Yes No
 - l. Any alarm or wood stove installation, servicing or repair? Yes No
 - m. Any roofing, snow removal, chimney cleaning or tree trimming? Yes No
 - n. Do you recommend this applicant and this risk? Yes No

REMARKS: _____

13. **INSTALLATION FLOATER INFORMATION** Total installation sales last 12 months? _____
 Average limit at any one site? _____ Average time required for installation and testing? _____

**14. CONTRACTORS EQUIPMENT FLOATER INFORMATION (Any item over \$500 must be scheduled for coverage to apply.)
 (Heavy Equipment - minimum deductible of \$500)**

Unscheduled Amount (No one item to exceed \$500) Provide brief description of unscheduled property.

SCHEDULED PROPERTY

Amount of Insurance	Description of Property	Manufacturer, Model and Serial Number	Date Purchased

(If additional space is needed, attach separate schedule) **Deductible applicable to 13. and/or 14.** _____

NOTICE - READ BEFORE SIGNING - As the applicant for this insurance, I grant permission to the agency listed on the front and to the underwriting departments of One General Agency and North Star Mutual to obtain claims information from previous insurer(s) and/or reports from investigative consumer organizations as to my credit (or credit-based insurance score), character, and/or condition of the property represented on this application. I understand that I have the right to make a request in writing as to the nature of any such information that may be developed and that I have the right to request that any such information be corrected by providing documented support for such correction. If my request is denied, I understand that I have the right to appeal to the Commissioner (Oklahoma Insurance Commissioner, PO Box 53408, Oklahoma City, OK 73152-3408).

If this application for insurance is accepted, I grant permission to One General Agency and North Star Mutual to disclose information to the Mortgagee(s) or Loss Payee(s) that may be designated in this application or its(their) successor(s). (Reports prepared by insurance-support organizations may be retained by them and disclosed to others.) **INSURANCE FRAUD IS A CRIME** - I understand that a person who submits an application or claim information with intent to defraud an insurer is guilty of a crime.

Applicant's Signature _____ **Date** _____

As the Agent for the applicant, I attest that the information in this application and attachments is correct to the best of my knowledge.

Agent's Signature _____ **Date** _____