

**GA Plumber Insurance.com**  
 1-877-MattLocke  
 678-682-9700

**REQUEST for BINDING SUPPLEMENT**

Agent Code: GA6KA  
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Desired Effective Date: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Street Address City State Zip County

Mailing Address (if different): \_\_\_\_\_  
 Business Entity:  Individual  Corporation  Association  LLC  Partnership  Joint Venture  Non-Profit  S-Corp  
**PROVIDE SSN of any Sole Proprietor or FEIN, for any other type business entity:**  
 Social Security Number: \_\_\_\_\_ OR FEIN: \_\_\_\_\_

**Business Summary**

Describe Business: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Number of Owners: \_\_\_\_\_  
 Years Experience: \_\_\_\_\_ Employees: (No owners or clerical) Full: \_\_\_\_/Part: \_\_\_\_  
 Percent of Work Performed: Total Payroll: (No owners or clerical) \_\_\_\_\_  
 Residential: \_\_\_\_/Commercial: \_\_\_\_ (must = 100%) Annual Gross Receipts: \_\_\_\_\_  
 Inside: \_\_\_\_/Outside: \_\_\_\_ (must = 100%)  
 New Construction: \_\_\_\_/Remodel/Repair: \_\_\_\_ (must = 100%)

Are Subcontractors Used?  Yes  No What is the annual cost of subcontractors? \_\_\_\_\_  
 Are subcontractors required to maintain coverage?  Yes  No If Yes, what limits do the subs carry? \_\_\_\_\_  
 Are you involved (present or future) in new residential construction and/or development?  Yes  No (this would include dwellings, townhouses or condo units located in a single development)

List the last 3 jobs including the cost of these jobs.

Location	Type of Job	Job Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does Risk have a Safety Program in operation?  Yes  No  
 Does applicant currently have General Liability coverage?  Yes  No  
 Was there past General Liability coverage?  Yes  No  
 The following 6 items are required if they had prior coverage or currently have coverage.  
 Enter name of most recent carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Is or was the policy cancelled or non-renewed?  Yes  No Most recent policy premium? \_\_\_\_\_  
 If Yes, please explain: \_\_\_\_\_  
 Loss History: (date of loss, brief description and amount paid) - If None, enter None: \_\_\_\_\_

**Property Information**

Valuation:  Actual Cash Value  Replacement Cost  
 Type of Burglar Alarm?  Local  Central Station  None  
 Square Footage of Building: \_\_\_\_\_  
 Number of Stories: (total building) \_\_\_\_\_  
 Age of Building in Years: \_\_\_\_\_  
 If building is over 25 years, enter when the following updates were done (mm/dd/yyyy)  
 Electric Update: \_\_\_\_\_ / Heating Update: \_\_\_\_\_ / Plumbing Update: \_\_\_\_\_ / Roofing Update: \_\_\_\_\_

Is the building 100% sprinklered?  Yes  No  
 Miles to Nearest Body of Water subject to tidal section: \_\_\_\_\_  
 Square Footage Occupied by Applicant: \_\_\_\_\_  
 Is Basement:  Finished  Unfinished  None

**Please Fax to: 678-893-9088**

### Applicant Information

If the answer to ANY of the following questions is Yes, please explain with details below.

Does the applicant own or operate any other business?  Yes  No

Has this applicant been canceled, non-renewed or declined in the past 3 years?  Yes  No

Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)  Yes  No

Is this a new client to your agency?  Yes  No

Any bankruptcies, tax or credit liens against the applicant in the past 5 years?  Yes  No

Are athletic teams sponsored?  Yes  No

During the last 10 years, has any applicant been convicted of any degree of the crime of arson?  Yes  No

### Contractors Only

If the answer to ANY of the following questions is Yes, please explain with details below.

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?  Yes  No

Is there any part of this operation where a formal safety program is not in place?  Yes  No

Any other insurance with the company submitted?  Yes  No

Does the applicant do any snowplowing of streets or roads or municipal plowing or salting/sanding?  Yes  No

Do sub-contractors carry limits less than applicant?  Yes  No

Are certificates of insurance required from sub-contractors?  Yes  No

Are there any instances where the applicant does not require hold harmless agreements from all sub-contractors?  Yes  No

Does the applicant lease employees to or from other employers?  Yes  No

Does applicant lease, loan or rent equipment to or from others with or without operators?  Yes  No

Any use of cranes?  Yes  No

Any boats, docks or floats owned, hired or leased?  Yes  No

Do any operations include blasting or explosives storage?  Yes  No

Any alarm work?  Yes  No

Any LPG work?  Yes  No

Does applicant draw plans, designs or specifications?  Yes  No

Does applicant own a gravel pit?  Yes  No

Does applicant do any roofing or re-roofing?  Yes  No

**Comments / Explanations:** *If more space is required, attach separate sheet*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **+**

**If coverage requested for Contractors Scheduled Equipment, please provide year, make, serial number and value of each item over \$500.00 in value.** *If more space is required, attach separate sheet*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMISSION OF THIS APPLICATION IN NO WAY CONSTITUTES APPROVAL FOR BINDING.** BINDING WILL BE CONFIRMED BY A WRITTEN RELEASE OF A BINDER NUMBER. AFTER ALL REQUIREMENTS ARE RECEIVED IN OUR OFFICE. RATE IS BASED ON INFORMATION PROVIDED ON THIS APPLICATION & IS SUBJECT TO CHANGE.

I affirm that I have reviewed and accurately answered all questions on this application and affirm the applicant also meets all of the eligibility criteria listed on the website.

**IMPORTANT:** The questions on this supplement may affect insurability and pricing of the risk. Any changes in name or telephone numbers may also reflect pricing due to reports being ordered. We cannot accept cell phone numbers for phone numbers.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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