



Mid Valley General Agency LLC
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ARTISAN CONTRACTORS RENEWAL APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

POLICY NUMBER: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. Total Payroll for renewal term:.....\$ _____

(The state minimum payroll of at least one Owner/Partner/Officer must be included in the payroll estimate at policy issuance.)

Show by Trade:

Trade: _____	Payroll:	\$ _____
Trade: _____	Payroll:	\$ _____
Trade: _____	Payroll:	\$ _____
Uninsured Subcontractors:.....	Cost:	\$ _____
Insured Subcontractors:.....	Cost:	\$ _____
Other: _____	Payroll:	\$ _____

2. Receipts/Sales:

Current Year:.....\$ _____
Previous Year:.....\$ _____
Two Years Ago:.....\$ _____

3. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	\$ _____	_____
b. _____	\$ _____	_____
c. _____	\$ _____	_____

4. Any change in operations in the last year?..... Yes No

Describe: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: _____ DATE: _____

CO-APPLICANT’S SIGNATURE: _____ DATE: _____

PRODUCER’S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable 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.