



INTERSTATE

INSURANCE UNDERWRITERS, INC.

HANDYMAN SUPPLEMENTAL APPLICATION

General Agent Name _____
Address: _____
Phone: _____
Fax: _____

Date: _____
Insured: _____ Location: _____

APPLICATION INFORMATION

Owner/Partner (16,000 ea.): \$ _____ Subcontractor Cost: \$ _____
Employee Payroll: \$ _____ Total Payroll: \$ _____
Uninsured Subcontractor Payroll: \$ _____ Total Receipts: \$ _____
Leased Employee Payroll: \$ _____ Number of Employees: _____

- Years in business: _____ Years of Experience: _____
- Are you licensed? Yes No Types of Licenses Held: _____
- Risk is a (% of each):

New Construction _____% Remodeling/Additions _____% Repair Work _____% (Totals 100%)	Roofing _____% Residential _____% Commercial _____% Industrial _____% (Totals 100%)
---	---

CONTRACTORS QUESTIONNAIRE

- Describe types of repair work done: _____
- List the last 5 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
- Explain types of work performed by all insured and uninsured subcontract labor. _____
- Are certificates of insurance obtained prior to subcontractors starting work? Yes No
Minimum Limits Required \$ _____
- Maximum number of stories: _____
- Describe any losses: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
Producer: _____ Date: _____