

REQUEST for BINDING SUPPLEMENT

Agent Code: _____
Agent Name: Matt Locke and Associates Paul Matt Locke
Phone: 678-682-9700 Fax: 678-893-9088
E-mail Address: Paul@MattLockeAgency.com
Sales@MattLockeAgency.com

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

