

POWER WASHERS SUPPLEMENT
(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience: _____
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 2. Are barricades or other measures being used to keep the general public from entering the work site?
If yes, describe measures taken: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use chemicals, acids, corrosives or toxins?
List all chemicals used: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When cleaning roofs, do you scrape the surface?
Describe method used: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you perform work over 3 stories?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Percent of work on a typical project performed by: (Total 100%) | | |
| You/Your Employees: _____ % | Subcontractors: _____ % | |
| Total Employee Payroll: \$ _____ | Gross Sales: \$ _____ | |
| # Employees: _____ | # Owners: _____ | |

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you utilize a standardized contract with all your contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require contractors to: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keep records? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Total cost of work contracted: \$ _____ | | |

INLAND MARINE SECTION

1. Coverage: Named Causes of Loss Named Causes of Loss Including Theft
 All Risk Other:

2. **Schedule of Equipment**

Unit #	Year	Unit Description	Manufacturer	Model	Serial #	Value
1						
2						
3						
4						
5						

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 3. Is equipment kept inside the building?
If equipment is kept outside, provide details including if premises is fenced and well lighted: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is fire extinguishing equipment maintained on each piece of equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Describe theft safeguards at job sites (e.g. Alarms, I.D. numbers used, special locks): | | |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		