



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

## Power Washers Application Supplement

- Proposed First Named Insured & Other Named Insured(s):
- Mailing Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Location Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Website: \_\_\_\_\_
- Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Accounting Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Business Type:     Individual                       Partnership                       Corporation                       LLC  
                               Trust                                       Other (please explain): \_\_\_\_\_
- Operating as:     For Profit                       Nonprofit                       Other (please explain): \_\_\_\_\_
- Date Business Established: \_\_\_\_\_  
 If new venture, please provide prior experience: \_\_\_\_\_
- Effective Date Desired: \_\_\_\_\_ to \_\_\_\_\_ Term Desired: \_\_\_\_\_

**PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary**       See Loss Runs Attached

Missouri Applicants: **DO NOT** answer this question.

- Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?  Yes  No  
 If yes, please give name of company, date and reason: \_\_\_\_\_

- Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Check if Claims-Made	Description of Loss
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

### BUSINESS INFORMATION

- Indicate the type of operation by entering the percentage of total receipts of each:

Cleaning of:	Aircraft	%	Watercraft	%	Restaurant hoods or ducts	%
	Roofs	%	Decks	%	Walkways/Driveways	%
	Exterior of Bldgs	%	Tanks or Drums	%		
	Other (please describe): _____					%

- Are barricades or other measures being used to keep the general public from entering the work site?  Yes  No  
 If yes, describe measures taken: \_\_\_\_\_

3. Do you use chemicals, acids, corrosives or toxins?  Yes  No  
List all chemicals used: \_\_\_\_\_
4. When cleaning roofs, do you scrape the surface?  Yes  No  
Describe method used: \_\_\_\_\_
5. Do you perform work over 3 stories?  Yes  No  
If yes, explain: \_\_\_\_\_
6. Percent of work on a typical project performed by: (Total 100%)
- |                        |   |                 |    |
|------------------------|---|-----------------|----|
| You/Your Employees     | % | Subcontractors: | %  |
| Total Employee Payroll | % | Gross Sales     | \$ |
| # of Employees:        |   | # of Owners     |    |
7. Are subcontractors required to sign a hold harmless or indemnification agreement in your favor?  Yes  No
8. Do you utilize a standardized contract with all your subcontractors?  Yes  No
9. Do you require your subcontractors to provide the following:
- a. Carry General Liability coverage with limits equal or greater than your own?  Yes  No
  - b. Name you as an Additional Insured?  Yes  No
  - c. Furnish Certificates of Insurance for General Liability and Workers' Compensation?  Yes  No
  - d. Are records kept?  Yes  No
10. Total cost of work subcontracted to others: \$ \_\_\_\_\_

**INLAND MARINE**

1. Coverage:  Named Causes of Loss  Named Causes of Loss Including Theft  All Risk  
 Other (please explain): \_\_\_\_\_
2. Deductible:  \$500  \$1,000  Other (please explain): \_\_\_\_\_

3. Schedule of Equipment

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

4. Is equipment kept inside the building?  Yes  No  
If equipment is kept outside, provide details including if premises is fenced and well lighted: \_\_\_\_\_
5. Is lot attended at all times?  Yes  No  
Other precautions: \_\_\_\_\_
6. Percentage of time equipment is:
- |          |   |             |   |
|----------|---|-------------|---|
| Job site | % | At terminal | % |
|----------|---|-------------|---|
7. Is fire extinguisher equipment maintained on each piece of equipment?  Yes  No
8. Describe theft safeguards at job sites (e.g. Alarms, I.D. numbers used, special locks): \_\_\_\_\_
9. Have any payments been delinquent in the last 6 months on equipment to be insured hereunder?  Yes  No  
If yes, please explain: \_\_\_\_\_

**FRAUD STATEMENTS**

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**LOUISIANA and MAINE:** 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.

Refer to the Core Application for all Fraud Statements.

**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:		