



BROKERING AGENT'S REGISTER NUMBER #: \_\_\_\_\_

<b>CARRIER: GRANADA INS. CO.</b>		<b>UNDERWRITER:</b>		<b>DATE:</b>	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		<b>TOTAL PREMIUM :</b>	

**APPLICANT INFORMATION**

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			ACCOUNTING RECORD CONTACT:		
PHONE:			PHONE:		

**PREMISES INFORMATION**

LOC # 1 :	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:
LOC # 2 :	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:

**COMERCIAL GENERAL LIABILITY - OCURENCE FORM**

CGL Property Damage Deductible \$500

COVERAGE	LIMITS	
EACH OCCURRENCE/AGGREGATE C S L	\$ 500,000	<b>Products complete operations are subject to the General Aggregate Limit</b> ← RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000 (S) SALES - PER \$1,000  ← MAX LIMIT AVAILABLE \$50,000 ← MAX LIMIT AVAILABLE \$1,000/10,000
PRODUCTS / COMPLETED OPERATION AGGREGATE	\$ 0	
PERSONAL AND ADVERTISING INJURY	\$	
FIRE DAMAGE (ANY ONE FIRE)	\$	
MEDICAL EXPENSE (ANY ONE PERSON)	\$	

**SCHEDULE**

CLASSIFICATION	CLASS CODE	PREMIUM BASIS P - S				% of Total
GENERAL HOUSEHOLD PEST (S)	43471	\$				\$
LAWN and ORNAMENTAL(P)	91606	\$				\$
SUBTERRANEAN TERMITE (S)	43472	\$				\$
W.D.O. INSPECTION (S)	43473	\$				\$
FUMIGATION (S)	43860	\$				\$
	<b>SUBLIMIT LIABILITY</b>	<b>\$10K</b>	<b>\$50K</b>	<b>\$100K</b>	<b>\$250K</b>	
WDO INSPECTION Ded \$1.000 PD	43473	N/A	INCL	<input type="checkbox"/>		N/A
CCC Ded \$1.000 PD	43471	N/A	N/A	INCL	<input type="checkbox"/>	
SUBTERRANEAN E.P.D. Ded \$1.000 PD	43472	N/A	N/A	INCL	<input type="checkbox"/>	
TRANSIT POLLUTION Ded \$500 PD		INCL	N/A	N/A	N/A	N/A
SUBCONTRACTOR <input type="checkbox"/> Yes <input type="checkbox"/> No						
NUMBER OF FULL TIME EMPLOYEES (EXCLUDING CLERICAL / SALES PEOPLE): #						
NUMBER OF OFFICERS OF PARTNERS: #						

**ADDITIONAL INSURED Explain Interest.**

NAME: ADDRESS:	SPECIFY INTEREST:
NAME: ADDRESS:	SPECIFY INTEREST:

**Agent to provide company with a copy of each certificate of insurance issued**

OPERATION INFORMATION	YES	NO
DOES APPLICANT REQUIRE CERTIFICATES OF INSURANCE FOR SUBCONTRACTED WORK?		
DO YOU MIX CHEMICALS OF OTHERS, AND PLACE YOUR LABEL ON THEM?		
DO YOU PROVIDE INSTRUCTIONS OR WARNINGS AT THE TIME OF APPLICATION?		
DO YOU OWN OR OPERATE ANY OTHER ENTERPRISE?		
DOES APPLICANT EXTERMINATE OTHER THAN INSECTS OR SMALL HOUSEHOLD PEST?		
DO YOU USE ANY CHEMICALS THAT ARE NOT APPROVED FOR USE BY FEDERAL, STATE OR LOCAL LAW OR REGULATIONS?		
ARE ORIGINAL LABELS ON ALL CONTAINERS?		
DOES APPLICANT PERFORM OR ENGAGE IN ANY WORK OR OPERATION OTHER THAN THOSE LISTED IN THE CLASSIFICATION SCHEDULE OF THIS APPLICATION? IF YES, EXPLAIN:		
REMARKS:		

**PRIOR CARRIER INFORMATION**

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

**LOSS HISTORY**

Enter all claims or occurrence that may give rise to claims for the prior 3 years check here if none

Date of occurrence	Type of occurrence	Amount Paid	Claims Open	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Any Policy or coverage declined, cancelled or non renewed during the prior 3 years  Yes  No  
 If yes, explain

Personal information about you may be collected from persons other than you, such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization, you have the right to review your personal information in our files and can request correction of any inaccuracies a more detailed description of your right and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY or DISCHARGE any CONTRACT or POLICY issued on the basis of this application.

The undersigned agrees that if the downpayment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

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.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is ( ) Bound Effective \_\_\_\_ (Time) \_\_\_\_\_ (Date) \_\_\_\_\_ ( ) Not Bound

I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_