

Quaker Special Risk a division of the Quaker Agency Inc.

Company Name _____

Address 1 _____ Address 2 _____

Telephone # _____ Fax # _____

Contact Person _____

Names of Principals and Titles (Indicate Contact Name with *)	Ownership
_____	_____ %
_____	_____ %
_____	_____ %

Wanted Insured is: Individual Partnership Corporation Joint Venturer Other _____

1. Number of years company has been in business under this name: _____

2. List any affiliates, subsidiaries, or related entities and explain what each company does. (If none, state NONE):

3. Have you or any of your principals ever engaged in these or similar activities under a different name? If so, what was name of company and are they still in business?

NO YES _____

4. Type of work

Maintenance _____ %	New Installation _____ %
Repair _____ %	Specialty Installation (Doors, etc.) _____ %
Modernization _____ %	Manufacturing (Identify) _____ %
Parts Distributor/Sales _____ %	Other (Identify) _____ %

5. Types of buildings serviced:

Commercial/Mercantile _____ %
Multi-story Residential _____ %
Other (Identify) _____ %

Number of elevators in:

Hospitals _____
Nursing Homes _____
Housing Projects _____

6. Types of elevators serviced:

Passenger _____ % Non-Passenger (Freight) _____ % Other _____ %
(Identify) _____ %

7. Type of equipment:

Hydraulic _____ % Traction _____ % How many are Single Speed AC _____ %

8. Do you service or repair escalators? NO YES - How many? _____

9. Estimated annual payroll and sales:

	Coming <u>Policy Year</u>	Expiring <u>Policy Year</u>	One Year Prior
Field and Shop Labor Payroll \$	_____	\$ _____	\$ _____
sales	\$ _____	\$ _____	\$ _____

10. In which states do you work? Designate approximate percentage of payroll in each state (example. NY-90%):

11. Do you use Subcontractors? NO YES - Certificates of Insurance required? _____

12. Your mechanics are NON-UNION UNION LOCAL? _____

13. Are you a member of any trade organization(s)? NAEC OTHER (list) _____

14. Identify your General Liability insurers over the past three (3) years:

Policy Period	Insurance <u>Company</u>	Liability <u>Limit</u>	Premium	Deductible or S.I.R.
(1) _____	_____	_____	\$ _____	\$ _____
(2) _____	_____	_____	\$ _____	\$ _____
(3) _____	_____	_____	\$ _____	\$ _____

15. ATTACH LOSS RUNS FOR PAST FOUR (4) YEARS.

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES (incl. Cover): _____
* FAX TO: _____

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

