

MAIN SALES INSURANCE SOLUTIONS, INC.

HANDY MAN SUPPLEMENTAL

Insured: _____ Date: _____

APPLICATION INFORMATION

Owner/Partner (16,000 ea.):	\$ _____	Subcontractor Cost:	\$ _____
Employee Payroll:	\$ _____	Total Payroll:	\$ _____
Uninsured Subcontractor Payroll:	\$ _____	Total Receipts:	\$ _____
Leased Employee Payroll:	\$ _____	Number of Employees:	_____

- Years in business: _____ Years of Experience: _____
- Are you licensed? ____ Yes ____ No Types of Licenses Held: _____
- Have you ever been or are you involved in any new residential construction of tract homes, condos, apartments, town homes or custom homes? _____
- Have you ever been or are you involved in the construction of residential room additions? _____

• Risk is a (% of each):

New Construction	_____%	Roofing	_____%
Remodeling/Additions	_____%	Residential	_____%
Repair Work	_____%	Commercial	_____%
	(Totals 100%)	Industrial	_____%
			(Totals 100%)

CONTRACTORS QUESTIONNAIRE

• Describe types of repair work done: _____

• List the last 5 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

• Explain types of work performed by all insured and uninsured subcontract labor. _____

Are certificates of insurance obtained prior to subcontractors starting work? ____ Yes ____ No
Minimum Limits Required \$ _____

• Maximum number of stories: _____

• Describe any losses: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____