

MYSTIC MARBLE, STONE AND TILE INSURANCE CONNECTION

Application for Fabricators

| | | | | | |
|---------------------------------|--|------|--|--------|--|
| Name of Applicant: | | | | | |
| Business Address: | | | | | |
| Mailing Address (if different): | | | | | |
| Phone: | | Fax: | | Email: | |

GENERAL INFORMATION:

| | | | |
|---|--|--|---|
| What are your current annual sales: | | | |
| Year your company was established: | | | |
| Has any policy during the last 5 years been cancelled or non-renewed? | | | |
| If so, please explain: | | | |
| Do subcontractors install any of your work? If so, percentage subbed out: | | | % |
| What percentage of your finished price is in respect of installation? | | | % |

PROPERTY INFORMATION AND LIMITS OF COVERAGE REQUESTED:

| | | | | | |
|---|--|---|-----------------|---|-----------------------|
| If you have more than one location OR building please make a copy of this section and complete for each location. | | | | | |
| Address: | | | | Sq. Footage: | |
| Construction: | <input type="checkbox"/> Frame <input type="checkbox"/> Masonry w/wood joists <input type="checkbox"/> non-combustible <input type="checkbox"/> Fire resistive | | | | |
| Year Built: | | Is location within a Flood Zone? | | If so, list Zone | |
| <input type="checkbox"/> Sole tenancy or <input type="checkbox"/> Multiple tenancy | | <input type="checkbox"/> Owned or <input type="checkbox"/> Leased | | <input type="checkbox"/> Commercial or <input type="checkbox"/> Mixed | |
| Distance from: | fire department | | nearest hydrant | | nearest body of water |
| Operational protective devices on premises: | | | | | |
| <input type="checkbox"/> alarms <input type="checkbox"/> sprinklers <input type="checkbox"/> smoke detectors <input type="checkbox"/> extinguishers | | | | | |
| If you have an alarm, is it: <input type="checkbox"/> local only <input type="checkbox"/> central station <input type="checkbox"/> UL certified central station | | | | | |
| Does it have? <input type="checkbox"/> motion detectors <input type="checkbox"/> coverage for all windows & doors and/or <input type="checkbox"/> smoke detection | | | | | |

LIMITS AT THIS LOCATION:

| | | | |
|---|--|--|--|
| Building (if owned) | | Improvements & Betterments (if leased) | |
| Inventory | | Machinery/Equipment | |
| EDP Hardware and Software | | Business Interruption | |
| check here if limits are "blanketed" <input type="checkbox"/> | | Deductible | |
| Current insurance carrier | | | |
| Comments: | | | |