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NEW BUSINESS APPLICATION

GENERAL INFORMATION

Legal Business Name: _____

Mailing Address: _____

Physical Address: _____

Email: _____

Telephone: _____

Website: _____

Federal ID Number: _____

Type of Entity:

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Sub-S Corp.
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	Not-for-Profit
<input type="checkbox"/>	Limited Liability Company				

Year Business Started: _____

Key Person/Contact Info: _____

Description of Operations: _____

PROPERTY

Premises # _____ Building # _____

Location Address: _____

Does the applicant own the building? YES NO

Year Built: _____

Year Updated: Heating Electrical Roof Plumbing

Describe Business Personal Property: _____

INLAND MARINE – CONTRACTORS EQUIPMENT & TOOLS

Can lost or damaged equipment be easily replaced? YES NO

If no, list and describe the equipment.

Does lost or damaged equipment have to be replaced immediately in order for operations to continue? YES NO

If yes, describe the equipment.

Does the applicant want coverage for employees' tools? YES NO

If yes, answer the following:

What is the maximum value per-tool and the maximum total values exposed?

\$ _____	Per Tool	\$ _____	Total
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GENERAL LIABILITY

Does the applicant lease equipment to others, either with or without operators? YES NO

Does the applicant lease equipment from others, either with or without operators? YES NO

Describe contracted work: _____

Does the applicant use explosives? YES NO

Does the applicant excavate, tunnel, or perform underground work or earth moving? YES NO

Does the applicant own, rent, or use cranes? YES NO

What percentages of the applicant's jobs are in commercial, residential, and undeveloped areas?

_____ % Commercial _____ % Residential _____ % Undeveloped

What are the percentages of work done in new and existing structure? ___ % New ___ % Existing

If the applicant performs work in existing structures, does the applicant demolish and remove the existing property? YES NO

What percentage of the job site construction work do the applicant's employees perform? _____ %

Is the applicant involved in turnkey operations? YES NO

If yes, describe in detail. _____

GENERAL LIABILITY

Are all job sites visited at least daily by one of the applicant's employees? YES NO

Are all job sites visited at least daily by one of the applicant's employees? YES NO

Does the applicant always use the same subcontractors on a job? YES NO

Does the applicant sign contracts? YES NO

Do any current contracts contain requirements that list specific endorsements or insurance coverage wording? YES NO

If yes, attach a copy of the contract(s).

Does the applicant have a separate contract with each client that delineates each party's duties and expectations? YES NO

Does the applicant regularly use subcontractors? YES NO

If yes, answer the following:

Describe the type of work the subcontractors perform.

What are the applicant's procedures to ensure that it is an additional insured on the subcontractor's policy?

AUTOMOBILE

Does the business own any vehicles?

YES NO

If yes, please fill out the attached vehicle schedule.

Are any of the applicant's officers, partners, or employees furnished an automobile for their personal use?

Do individuals with an automobile furnished by the applicant purchase automobile insurance on autos they own personally?

YES NO

Do employees take company trucks home?

YES NO

Does the applicant supply vehicles to subcontractors?

YES NO

DRIVER INFORMATION

#	NAME	DOB	DRIVERS LICENSE #	STATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

AUTOMOBILE

VEHICLE SCHEDULE					
#	YEAR	MAKE	MODEL	COST NEW	VIN
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

WORKERS COMPENSATION

List all states where the applicant expects to work during the next twelve (12) months.

Employee Breakdown:

of Full Time Employees _____ # of Part Time Employees _____

Total Payroll for Field Employees \$ _____

Total Payroll for Clerical Employees \$ _____

Ownership Breakdown:

OWNER #	#1	#2	#3
NAME			
DOB			
SS#			
TITLE			
DUTIES			
ANNUAL PAYROLL			
OWNERSHIP %			
INCLUDED OR EXCLUDED?			

Does the applicant perform operations on docks, piers, wharves, etc. that are on navigable waters?

YES

NO

If yes, describe such operations. _____

Does the applicant employ migrant laborers?

YES

NO