

DEL Insurance Services, Inc.

P O Box 9310, Canoga Park, CA 91309

Phone: (818) 713-1191 Fax: (818) 713-8377

mail@delins.com CA License 0748174

To

Fax

A APPLICANT

Company Name	Contact	Ext
Address		
City	State	Zip
Phone	Fax	Email

B BUSINESS

Years in Business	Federal Employer ID Number	
Entity Type:	Individual	Other
	Partnership	Limited Corporation
	Corporation	Subchapter "S" Corporation

C LOCATIONS

	Address	City	State	Zip
1				
2				
3				
4				
5				

D REQUESTED EFFECTIVE DATE

E RATING INFORMATION

	State	Location Class Code	Type of Work Performed	FT	PT	Total Payroll
1						
2						
3						
4						

F INDIVIDUALS INCLUDED / EXCLUDED

	Name	DOB	Title	% Ownership	Duties	Inc/Exc
1						
2						
3						
4						
5						

G REMARKS

H PRIOR CARRIER INFORMATION

Use Remarks Section for Claim Detail. Submit LOSS RUNS

From
To
Carrier
Policy #
Annual Premium
Mod
Claims
Paid
Reserved

From
To
Carrier
Policy #
Annual Premium
Mod
Claims
Paid
Reserved

From
To
Carrier
Policy #
Annual Premium
Mod
Claims
Paid
Reserved

From
To
Carrier
Policy #
Annual Premium
Mod
Claims
Paid
Reserved

I NATURE OF BUSINESS

Description of Operations. Give comments and description of business operations and products, manufacturing, raw materials, processes, product, equipment, contractor - type of work sub-contracts, mercantile - merchandise, customers, deliveries, service-type, location. Farms - acreage, animals, machinery, sub-contracts.

J GENERAL INFORMATION

- | | |
|--|--|
| <ol style="list-style-type: none"> 1 Does applicant own, operate or lease aircraft/watercraft 2 Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials (e.g. landfills, wastes, fuel tanks, etc.) 3 Any work performed underground or above 15 feet? 4 Any work performed on barges, vessels, docks, bridge over water? 5 Is applicant engaged in any other type of business? 6 Are sub-contractors Used?
If YES, give % of work subcontracted: 7 Any work sublet without certificates of insurance? 8 Is a written safety program in operation? 9 Any group transportation provided? 10 Any employees under 16 or over 60 years of age? 11 Any seasonal employees? 12 Is there any volunteer or donated labor? | <ol style="list-style-type: none"> 13 Any employees with physical handicaps? 14 Do employees travel out of state? 15 Are athletic teams sponsored? 16 Are physicals required after offers of employment are made? 17 Any other insurance with this insurer? 18 Any prior coverage declined, cancelled, or non-renewed in the last 3 years 19 Are employee health plans provided? 20 Is there a labor interchange with other businesses or subsidiaries? 21 Do you lease employees to or from other employers? 22 Do any employees predominantly work at home? 23 Any tax liens or bankruptcy within the last 5 years? |
|--|--|

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.