

Top Contractors

INSURANCE SERVICES, INC.

145 Vallecitos De Oro Suite #206 San Marcos, CA 92069 License # 0H18147
Phone: 888-710-TOPS Fax: 866-323-5675

Name /Address: _____

Phone: _____

Fax: _____

Email: _____

COVERAGE INFO:

Current Carrier: _____

Current Premium: _____

Policy Period: _____

Office Contents \$ _____

Miscellaneous Hand Tools & Small Equipment VALUED UNDER \$1,500 \$ _____

Computer Systems-Equipment \$ _____

Computer Systems – Data & Media \$ _____

Scheduled Equipment /Tools VALUED OVER \$1500 :

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

\$ _____ Serial # _____ Description _____

Installation Floater \$ _____

Rented / Leased Equipment (from others)\$ _____

PLEASE READ

THIS APPLICATION CONTAINS THE INFORMATION NEEDED TO START YOUR POLICY. IN SOME CASES IT MAY BE NECESSARY TO TRANSFER THIS INFORMATION TO ONE OR MORE CARRIER SPECIFIC FORMS. IF THAT IS NECESSARY WE WILL COMPLETE THEM FOR YOU AND SIGN ON YOUR BEHALF WITH THE INFORMATION FROM THIS APPLICATION.

CLIENT AGREES TO INDEMNIFY AND HOLD HARMLESS TOP CONTRACTORS INSURANCE SERVICES INC., ANY OF ITS EMPLOYEES AND AGENTS, ALONG WITH ANY OF ITS AFFILIATED COMPANIES FROM AND AGAINST ANY AND ALL CLAIMS ARISING OUT OF OR RELATION TO ANY ALLEGED FAILURE TO ACT ON THE PART OF THE CLIENT WHICH RESULTS IN ANY CLAIM, DEMAND, ACTION, OR CAUSE OF ACTION AGAINST TOP CONTRACTORS INSURANCE SERVICES INC., OR ITS AFFILIATED COMPANIES.

SIGNATURE: _____

PRINT NAME _____

DATE _____

FEIN _____