

CONTRACTORS MISCELLANEOUS COVERAGES

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name:	2. Company Name:
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IDENTITY RECOVERY COVERAGE:

3. Identity Recovery Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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HIRED AND NON OWNED AUTO LIABILITY COVERAGE: (COVERAGE NOT AVAILABLE IN CALIFORNIA)

4. Hired Auto Liability Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non Owned Auto Liability Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(1) Are any vehicles corporately owned or insured on a business auto policy? Yes No

(2) Do any employees use their own vehicles for company business on a daily basis (this includes travel between job-site locations during the day)? Yes No

Please answer questions (3) through (7) if question (2) above is yes

(3) Advise the number of employees using their own vehicles for company business? _____
Please describe use: _____

(4) Are these employees required to provide proof of insurance? Yes No

(5) What minimum limit of insurance are employees required to carry? _____

(6) Do you obtain a copy of their insurance annually? Yes No

(7) Please list these drivers and owners, including their drivers license number and date of birth.

MISCELLANEOUS COVERAGE (MANUAL PREMIUM)

5. Description: _____	Limit: _____
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	Premium: _____