

General Liability - Application

Business Information:

Legal business name: _____

Business full address: _____

DBA: _____

EIN: _____

Primary name: _____

Number: _____

Email: _____

Website: _____

Type of business entity: (*LLC, Corp, Sole Prop, Partnership*) _____

Description of Operations:

NAICS or Industry Type: _____ Do you subcontract any work? Yes No

If yes, percentage subcontracted: _____

Do you require certificates of insurance from subcontractors? Yes No

Revenue & Payroll:

Estimated Annual Gross Revenue: _____ # Employees: _____

Estimated Annual Payroll: _____

Coverage Information:

General Liability Limits Requested: \$1M/\$1M \$1M/\$2M \$2M/\$3M \$2M/\$4M

Any Additional Insureds Needed? Yes No

If yes, list names and relationship: _____

Premises & Operations:

Do you operate from a commercial location, home office or mobile operations? _____

Any work performed at customer locations? Yes No

Do you use any chemicals, hazardous materials, or specialized equipment? Yes No

If yes, describe: _____

Additional Questions:

Any liability claims in the past 5 years? Yes No

Do you have written safety procedures? Yes No

Do employees receive safety training? Yes No

Do you maintain incident logs or inspection records? Yes No

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my
(Full Name) (Merchant's Name)

bank account indicated below for \$ _____ on the _____ of
(Amount \$) (day)
each _____.
(week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that _____ may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$ _____ charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

