



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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ELEVATOR CONTRACTORS
SUPPLEMENT
 (provide with Acord application)

INSURED NAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

1. WHAT IS THE PERCENTAGE OF WORK FOR THE FOLLOWING:

INSTALLATION _____ SERVICE _____ MAINTENANCE _____

ANY 24 HOUR EMERGENCY SERVICE? _____

ANY WORK ON ANY KIND OF ESCALATORS? _____

2. ANY WORK IN DENSELY POPULATED BUILDINGS? _____ IF YES, NEED THE % _____

3. ANY WORK IN ANY HOSPITALS? _____ HIGH RISE OFFICE BUILDINGS? _____

HOTELS? _____ ANY WORK IN PUBLIC TRANSIT STATIONS? _____

4. NEED PAYROLLS FOR INSTALLATION AND REPAIR WORK FOR THE PAST 3 YEARS:

YEAR _____ PAYROLLS: _____

YEAR _____ PAYROLLS: _____

YEAR _____ PAYROLLS: _____

5. NEED 5 YEARS CURRENTLY VALUED CARRIER LOSS RUNS: ATTACH WITH SUBMISSION

ANY LOSSES IN EXCESS OF \$10,000? _____ IF YES, PLEASE EXPLAIN:

6. PLEASE EXPLAIN ANY UNUSUAL CIRCUMSTANCES REGARDING YOUR BUSINESS:

7. ANY WORK SUBBED OUT? _____ IF YES, NEED COST? _____

PLEASE VERIFY ALL SUBCONTRACTORS CARRY EQUAL LIMITS AND NAME APPLICANT AS
 ADDITIONAL INSURED AS EVIDENCED BY CERTIFICATES OF INSURANCE.
 PLEASE PROVIDE COPY OF THE CONTRACT USED WHEN HIRING SUBCONTRACTORS INCLUDING
 INDEMNIFICATION CLAUSE.

SIGNATURE OF APPLICANT _____

DATE _____