

## SUPPLEMENTAL APPLICATION

1. What is your estimated annual payroll? \_\_\_\_\_
2. Number of employees, other than owners and partners? \_\_\_\_\_
3. Are you interested in insuring your tools and equipment? Yes No

Total Limit of Insurance: \$ \_\_\_\_\_

Please list the tools and equipment worth more than \$1,000:

Description	Serial Number	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are any of your vehicles titled in the company's name? Yes No

If so, please provide the information below:

Year	Make	Model	VIN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

  

Driver Name	Date of Birth	Drivers License #	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do you need to provide a certificate of insurance to another company (i.e. Safeguard, Fidelity)? Yes No

If so, please provide the following:

Name of Company	Address	Do they need to be named additional insured?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE FAX (330-498-9952) OR MAIL (PO BOX 9160 CANTON OH 544711) COMPLETED AND SIGNED APPLICATION TO DARREN FAYE AT 330-498-9952.**

**IF YOU HAVE QUESTIONS, CALL ME AT 800-451-1904 (330-266-1914) OR EMAIL [DFAYE@LEONARDINSURANCE.COM](mailto:DFAYE@LEONARDINSURANCE.COM)**