



Fish Window Cleaning
Business Insurance Application

Rev 6/24

Insurance Renewal Date: _____ Need by Date: _____

GENERAL INFO:

Business Legal Name: _____ Federal ID #: _____

Mailing Address: _____

Entity Type: [] Corporation [] LLC

Owner Name: _____ Office Phone: _____

Email: _____ Cell Phone: _____

Preferred method of communication: [] Office Phone [] Cell Phone [] Email

Insurance Contact Name (if different): _____ Office Phone: _____

Email: _____ Cell Phone: _____

Who are the business owners & percent ownership? _____

Year company established? _____ If less than 3 years in business, describe career / management experience prior to starting this company? _____

PROPERTY:

Location Address: _____

Own Building [] Rent [] Construction Type: _____ Number of Stories: _____

Year Built: _____ Total Square Ft: _____ Square Feet you Occupy: _____

Alarm? Yes [] No [] Sprinklered? Yes [] No [] Deductible: \$500 [] \$1,000 [] \$1,500 [] Other []

What is the total value of Business Personal Property (Not Including Mobile Equipment)? _____

When were the last Electrical / HVAC Updates? _____

MOBILE EQUIPMENT:

Total Value of all Tools & Mobile Equipment: _____ Total Value of Only the Equipment over \$1,500: _____

(Attach list of large equipment; Listed equipment costs less to insure!) Do you rent equipment occasionally? _____

Maximum value of rented equipment? _____ Annual Budget for Renting Equipment: _____



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SERVICES & OPERATIONS:

Table with 4 columns: Service Type, Estimated Sales, Estimated Direct Payroll, Estimated Subcontracted Payroll. Rows include Window Cleaning (2 Stories or less), Window Cleaning (Above 2 stories), Soft / Pressure Washing (Ground Level), Soft / Pressure Washing (Above Ground), Solar Panel Cleaning, Gutter Cleaning, Office, clerical, outside sales payroll, Other (Describe):, and Totals.

ALL Waterfed Pole Cleaning is considered 2 stories or less

Estimated percentage of Residential Work? Commercial?

What states do you operate in?

Do you offer Employee Benefits? (If so, we will add Employee Benefits Liability Coverage.) Yes No

BUSINESS AUTO:

Do your vehicles have GPS fleet tracking? If Yes, which vendor?

Deductibles (Comp/Collision): \$500 \$1,000 \$1,500 Other:

Vehicles: (Attach List or Complete Below)

VEHICLE 1: Year: Make: Model: Lienholder:

VIN: Cost New:

Does the vehicle have special graphics or equipment installed? What is the additional cost?

VEHICLE 2: Year: Make: Model: Lienholder:

VIN: Cost New:

Does the vehicle have special graphics or equipment installed? What is the additional cost?

VEHICLE 3: Year: Make: Model: Lienholder:

VIN: Cost New:

Does the vehicle have special graphics or equipment installed? What is the additional cost?



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Drivers: *(Attach List or Complete Below)*

Name: _____ DL#: _____ State: _____ DOB: _____

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ADDITIONAL COVERAGES:

	Current Limit (if coverage already in place)	Interested in Proposal	Not Interested
Umbrella			
Employment Practices Liability Insurance			
Cyber Insurance			
Employee Dishonesty			
Bond (Theft from Customers)			

LOSS HISTORY: How many losses have you had in the last 3 – 5 years? Describe each claim and approximate amount.

ADDITIONAL INFORMATION: Anything else you would like us to know about not listed above?

****Important Information to Include with Application****

- List of Vehicles, Drivers, and Certificates if not already on the application.
- A 3 to 5 year record of your loss history from your agent on all lines of coverage
- Current Policy Declaration Pages for all lines (We need to see your coverage limits & dates, *you may cover / remove premiums if you wish.*)

Send completed applications with attachments to fwc@ici.insurance