



**PROPERTY, CASUALTY & AUTO**

**JATC Training Center Application**

Organization Name \_\_\_\_\_

Primary Contact: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Date Operation Began \_\_\_\_\_

Federal ID# \_\_\_\_\_ Trade Type: \_\_\_\_\_ Website Address: \_\_\_\_\_

1. Is Association: Building Owner  Tenant  Lessor  2. Proposed Effective Date: \_\_\_\_\_

3. Location Address #1 \_\_\_\_\_

If additional permanent locations or building coverage is needed, complete the "Additional Location" section of this application.

4. Deductible Requested: \$250  \$500  \$1,000  \$5,000  Gross Income \_\_\_\_\_

**5. Coverage Information: Property Building #1**

Replacement cost of building (if owner) \$ \_\_\_\_\_ Computer Hardware \_\_\_\_\_

Replacement cost Business Personal Property

(Including property of students) \$ \_\_\_\_\_ Computer Data/Media \_\_\_\_\_

Valuable Papers Limit: \_\_\_\_\_ Property in Transit: \_\_\_\_\_

Daily average attendance of Apprentices \_\_\_\_\_ Number of Instructors: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**6. Location Information**

Square feet occupied by you \_\_\_\_\_ Central Station Alarm (yes or no) \_\_\_\_\_

Square feet rented to others \_\_\_\_\_ Building Age \_\_\_\_\_

Building Construction \_\_\_\_\_ if over 30 years, advise year updated for \_\_\_\_\_

Number of Stories \_\_\_\_\_ Wiring \_\_\_\_\_ Heating \_\_\_\_\_

Sprinklered: (yes or no) \_\_\_\_\_ Plumbing \_\_\_\_\_ Roofing \_\_\_\_\_

Describe or list any manufacturing occupancies within the same building: \_\_\_\_\_

County \_\_\_\_\_ Protection Class \_\_\_\_\_ Rating Territory \_\_\_\_\_

Mortgagee Name & Address: \_\_\_\_\_

Additional Insured \_\_\_\_\_

7. Previous Insurance Co \_\_\_\_\_ Annual Premium: \_\_\_\_\_

8. Describe all losses for the past 3 years

Date of Loss	Open/Closed	Amount	Description of Loss

**1. Optional Coverages**

\$1,000,000 Employee Benefits Liability

Does your organization have written procedures for the enrollment of employees?  Yes  No If answer is no, coverage for Employee Benefit liability may not be available.

\$1,000,000 Hired and Non-Owned Auto Liability. Please provide the number of employees and/or volunteers who use their vehicle on behalf of the JATC business. \_\_\_\_\_

\$35,000 Hired Auto Physical Damage Estimated number of days that a vehicle is rented by the JATC \_\_\_\_\_

**2. Workers compensation**

Payroll \_\_\_\_\_ Limit \$100,000/500,000/100,000

**3. ERISA Bonding**

Total Asset at the beginning of this year \_\_\_\_\_  
 Total revenue received last year \_\_\_\_\_  
 Funds Handled \_\_\_\_\_  
 10% of "Funds Handled" is the limit of bond \_\_\_\_\_  
 Limit of bond \_\_\_\_\_

**4. Business Auto Section**

Auto	Year	Make	Model	Manufacturers I.D. #	Cost New
1.					\$
2.					\$
3.					\$

Driver	Name as on driver's license	Date Of Birth	License #	State Lic.	Auto Dr.	% used
1.						
2.						
3.						
4.						
5.						

**Limits**

Combined Single Limit BI/PD \$ \_\_\_\_\_ Uninsured/Underinsured Motorist \$ \_\_\_\_\_  
 Bodily Injury Liability \$ \_\_\_\_\_ Comprehensive: Yes  No  Deductible \$ \_\_\_\_\_  
 Property Damage Liability: \$ \_\_\_\_\_ Collision: Yes  No  Deductible \$ \_\_\_\_\_  
 Additional P.I.P. if any \$ \_\_\_\_\_ Towing & labor \$ \_\_\_\_\_ per disablement  
 Medical Payment \$ \_\_\_\_\_ Rental Reimbursement \$ \_\_\_\_\_ per/day

**Use of Auto**

(Check miles or use and circle which auto 1, 2 or 3)

To & from work < 15 miles  Auto 1,2,3 To & from work > 15 miles  Auto 1,2,3 Business use  Auto 1,2,3

**Claims or Traffic Violations in past 3 years**

Driver	Date	Amount of Damage	Description of loss	Type of Violation

**WARNING:** Any person who knowingly files an application for insurance containing any false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and also punishable by civil penalties in certain jurisdictions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Grimes Insurance & Financial Services**  
 WATS Line: 877-447-4637 2470 Satellite Blvd. Suite 120 Fax: 770-623-8709  
 Phone: 770-623 8650 Duluth, GA 30096-1256 e-mail: [jgrimes@grimesins.com](mailto:jgrimes@grimesins.com)

**JATC Training Center Application**

# JATC Training Center Application

## (Additional Locations or Buildings)

### Location # 2

Organization Name \_\_\_\_\_

1. Is Association Building Owner  Tenant  Lessor  2. Proposed Effective Date \_\_\_\_\_

3. Location Address \_\_\_\_\_

4. Deductible Requested: \$250  \$500  \$1,000  \$5,000

5. Coverage Information: **Property Building #2**

Replacement cost of building (if owner) \_\_\_\_\_ Computer Hardware \_\_\_\_\_

Replacement cost Business Personal Property \_\_\_\_\_ Computer Data/Media \_\_\_\_\_

Valuable Papers Limit: \_\_\_\_\_

Daily average attendance of Apprentices \_\_\_\_\_ Number of Instructors: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

6. Location Information

Square feet occupied by you \_\_\_\_\_ Central Station Alarm (yes or no) \_\_\_\_\_

Square feet rented to others \_\_\_\_\_ Building Age \_\_\_\_\_

Building Construction \_\_\_\_\_ if over 30 years, advise year updated for \_\_\_\_\_

Number of Stories \_\_\_\_\_ Wiring \_\_\_\_\_ Heating \_\_\_\_\_

Sprinklered: (yes or no) \_\_\_\_\_ Plumbing \_\_\_\_\_ Roofing \_\_\_\_\_

Describe or list any manufacturing occupancies within the same building: \_\_\_\_\_

County \_\_\_\_\_ Protection Class \_\_\_\_\_ Rating Territory \_\_\_\_\_

Mortgagee Name & Address: \_\_\_\_\_

Additional Insured \_\_\_\_\_

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### Location # 3

Organization Name \_\_\_\_\_

1. Is Association Building Owner  Tenant  Lessor  2. Proposed Effective Date \_\_\_\_\_

3. Location Address \_\_\_\_\_

4. Deductible Requested: \$250  \$500  \$1,000  \$5,000

5. Coverage Information: **Property Building #3**

Replacement cost of building (if owner) \_\_\_\_\_ Computer Hardware \_\_\_\_\_

Replacement cost Business Personal Property \_\_\_\_\_ Computer Data/Media \_\_\_\_\_

Valuable Papers Limit: \_\_\_\_\_

Daily average attendance of Apprentices \_\_\_\_\_ Number of Instructors: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

6. Location Information

Square feet occupied by you \_\_\_\_\_ Central Station Alarm (yes or no) \_\_\_\_\_

Square feet rented to others \_\_\_\_\_ Building Age \_\_\_\_\_

Building Construction \_\_\_\_\_ if over 30 years, advise year updated for \_\_\_\_\_

Number of Stories \_\_\_\_\_ Wiring \_\_\_\_\_ Heating \_\_\_\_\_

Sprinklered: (yes or no) \_\_\_\_\_ Plumbing \_\_\_\_\_ Roofing \_\_\_\_\_

Describe or list any manufacturing occupancies within the same building: \_\_\_\_\_

County \_\_\_\_\_ Protection Class \_\_\_\_\_ Rating Territory \_\_\_\_\_

Mortgagee Name & Address: \_\_\_\_\_

Additional Insured \_\_\_\_\_

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If additional locations or buildings, please attach information on a separate sheet