



JATC PROPERTY & LIABILITY RENEWAL QUESTIONNAIRE

1. Name of JATC: _____
 Mailing Address: _____
 City _____ State ____ Zip _____
 Phone # _____ E-mail address: _____

2. Building Value: Any building improvements or additions?

Loc#	Bldg #	Address	Current Building Limit	Increase Building to:	Current Contents Limit:	Increase Contents to:
1	1		\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

Any other location please list on back of this form. Complete below information on any new locations where the JATC has any permanent operations. If there is none please write "none" in the address space.

Address: _____

What activity is conducted at this location? _____

3. Valuable Papers coverage **\$100,000** Increase to \$ _____

4. General Liability Limit: Each Occurrence **\$1,000,000** General aggregate Limit **\$2,000,000**

Number of annual apprentices enrolled _____

Number of instructors employed by the JATC _____

JATC Payroll

Instructors' annual gross payroll \$ _____

Clerical annual gross payroll \$ _____

The Training Directors payroll should be included in the clerical classification unless he or she is teaching. Then it should be in the instructor classification.

5. Umbrella liability insurance provides excess liability coverage over your primary liability policies including Commercial General Liability, Auto Liability and Workers Compensation if carried and listed on the umbrella policy. Would you like to increase this limit? Yes No If so, what limit? \$ _____

We can quote for your approval.



6. Auto Renewal:

Any new auto purchased since last renewal that has not been reported to the insurance company?

Year ____ Make ____ Model ____ ID # ____

Any new drivers (If more than one put the below information on back of this form):

Name as on driver license: ____ Date of Birth ____

Driver license number: ____ State of issue: ____

Has this driver had any traffic violations in the past three years, please list: ____

Has this driver had any at fault traffic accidents in the past three years?

Date ____ Amount of Loss \$ ____

Description of accident: ____

This renewal application was completed by: ____

Title ____

Dated ____