Contractor Liability Insurance Application

Date: [Insert Date]

[Your Name] [Your Company Name] [Your Company Address] [City, State, Zip Code] [Your Phone Number] [Your Email Address]

To Whom It May Concern,

I am writing to apply for contractor liability insurance for my business, [Your Company Name]. We are engaged in [describe your business activities, e.g., construction, renovations, etc.], and we require insurance coverage to protect against potential liabilities that may arise during our operations.

Please find below the details required for the application:

Business Details:

Business Name: [Your Company Name] Business Structure: [Sole Proprietor/LLC/Corporation/etc.] Years in Business: [Number of Years] Tax ID: [Your Tax ID Number]

Requested Coverage:

General Liability: [Amount] Professional Liability: [Amount] Additional Coverage: [Specify if needed]

Previous Insurance (if applicable):

Insurance Provider: [Previous Provider Name] Coverage Period: [From Date - To Date] Claims Made: [Yes/No and details if applicable]

We are committed to maintaining a safe environment and adhering to all industry standards. Please let us know if any additional information is required.

Thank you for considering our application. We look forward to your prompt response.

Sincerely, [Your Name] [Your Title] [Your Company Name]