

## Office of Insurance and Risk Management

## Vendors/Contractors Insurance Application

(No Flat Cancellations - Please be sure of Request to Bind.)

**VENDORS/CONTRACTORS REQUEST TO:**BIND COVERAGE
QUOTE COVERAGE

INDICATE WHICH COVERAGE IS BEING REQUESTED: GENERAL LIABILITY GENERAL & PROFESSIONAL LIABILITY

CONTRACTORS PROGRAM: Insurance & Risk Management Department, please complete the top section and submit with a copy of the contract including scope of business to:

DRIVER ALLIANT (to Bind), Attention: Stephanie McBee, Assistant Account Administrator, Fax: (949) 251-1663

## COVERAGE IS NOT IN FORCE UNTIL BINDER RECEIVED FROM COMPANY

DATE SUBMITTED:				
PUBLIC ENTITY:			FAX:	CONTACT:
VENDOR/CONTRACTOR:			DATE:	
VENDOR/CONTRACTO	R MAILING ADDRESS:			
VENDOR/CONTRACTOR CONTACT:			PHONE:	EMAIL:
DESCRIPTION OF CONTRACT:		CONTRACT VALUE:		
SCOPE OF WORK:				
TERM OF CONTRACT: FROM:		TO:	HAZARD:	RATE:
General Aggregate Increase to \$2 Million Limit for a 10% additional premium (taxes/all fees not included) Fire Damage Increase (Not Premises Liability Risk) \$300 K for a flat fee (taxes/all fees not included)				
PREMISES LIABILITY ONLY RISK (automatically increases Fire Damage Limit to \$300,000). Please select square foot option below.  0-500 sq ft - \$500  501-1000 sq ft - \$650  1001-1500 sq ft - \$800  Note: Fees charged do not include taxes and all fees.				
PLEASE BIND THE ABO	VE ACCOUNT EFFECTIVE (N	lo Backdating): _		
State Certi	Policy Premium: Tax and Stamping Fee (3.2 ficate Fee: Amount:	\$ 60	.00	

## PLEASE SUBMIT A COPY OF THE CONTRACT OR SCOPE OF BUSINESS.

For Consultants who are required to have Professional Liability. See section for General and Professional Liability coverage. If Professional Liability is already in place, please provide a copy of the declaration page.

**SEND TO: Insurance and Risk Management**, 18111 Nordoff Street, Mail Drop 8284, Northridge, CA 91330-8284 Phone: (818) 677-2401, Fax (818) 677-5853