



JOHNSONESE

JOHNSONESE BROKERAGE LLC
4245 NORTH KNOX AVE CHICAGO, IL 60641 P: 312.961.9872
JOHNSONESE.COM

Freelance Equipment Operator Application

General Information

Named Insured:	
Entity Type:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID:	
Description of Operations:	

Business Details:

Annual Revenue \$ (gross amount billed to clients):	
Number of Operators:	
Office Square Footage:	

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Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years? If yes provide details.	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss

	Yes / No
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium

Coverages (Note that not all coverages listed are available for all clients or in all states.)

Dates of Coverage: Effective __/__/__ Expiration __/__/__

General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A
Blanket Additional Insured	Include Exclude	N/A
Waiver of Subrogation	Include Exclude	N/A

Automobile

Coverage	Limit	Deductible
Hired & Non-Owned Auto Liability		N/A
Waiver of Subrogation	Include Exclude	N/A
Hired & Non-Owned Auto Physical Damage per Vehicle		
Hired & Non-Owned Auto Physical Damage Aggregate		

Workers Compensation*

Coverage	Limit	Deductible
Limit of \$1,000,000	Include Exclude	N/A
All States Endorsement	Include Exclude	N/A
Waiver of Subrogation	Include Exclude	N/A

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**If you requested workers comp coverage, please complete the following:*

Number of full-time employees	
Number of part-time employees	
Total Annual Compensation (pay)	

Coverages (continued)

Inland Marine

Coverage	Limit	Deductible
Owned Equipment		
Rented Equipment		

Excess Liability

Coverage	Limit	Deductible
Occurrence Limit		N/A
Aggregate Limit		N/A

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____