

IDAL Insurance Program – Application



Applicant Information

Applicant Name:	
Legal Business Name:	
Address:	
City, State, Zip:	
Telephone:	
Email Address:	
*ACTIVE & APPROPRIATE LEVEL MEMBERSHIP WITH IDAL IS REQUIRED http://decorativeartisans.org/	

Insurance Information

1. Requested Policy Effective Date:	
2. Do you Perform any work other than what is necessary and Incidental to Decorative Painting, Decorative Plastering, and Wall Stenciling?	YES _____ NO _____
3. Provide a description of all operations:	
4. Do you conduct Regular/Straight Painting? If so, what Percentage? (Base coats to decorative finishes, are not considered straight painting)	NO _____ YES _____ PERCENTAGE: _____
5. Do you conduct Exterior Painting? If so, what Percentage?	NO _____ YES _____ PERCENTAGE: _____
6. Do you offer any instructional classes/courses to the public?	YES _____ NO _____
7. If you are interested in coverage for teaching operations, please provide the following:	NOT INTERESTED IN COVERAGE: _____ WHERE DO THE CLASSES TAKE PLACE: REVENUE GENERATED:
8. Total Gross Sales (Revenue) Projected for the next 12 months:	
9. Do you hire subcontracted employees? (1099 employees)	YES _____ NO _____
a. If yes please provide percentage of Subcontracted work:	
b. Do you require the subcontractors to carry their own insurance and evidence proof of insurance before commencing work?	YES _____ NO _____
10. During the Past three years has any company ever cancelled, declined, or refused to renew similar coverage?	YES _____ NO _____
11. Any Claims in the last 3 Years?	YES _____ NO _____

If you answered yes to question 11, please provide additional information on the following page

a. If yes please provide:	Claim Date: Claim Amount: Description of Claim:
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The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated and further acknowledges that the answers provided herein are based on reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant's Name:	
Applicant's Signature:	
Date:	

Please Return Application to:
 IDAL Insurance Program
 Email: hricks@citadelus.com
 Fax: 801-610-2701

For any question regarding the IDAL Insurance Program, please call:
 1-866-916-9420 (toll free)

Program Overview

1. Policy/Coverage

The policy provides up to \$1,000,000 per claim, with a \$3,000,000 aggregate limit per insured for third party injury or property damage liability coverage. **A \$500.00 each occurrence deductible applies.**

The policy also provides \$10,000 per claim, to a \$25,000 aggregate limit, for client's property in the care and custody of IDAL members.

Coverage is limited to Operations necessary and Incidental to Decorative Painting, Decorate Plastering, and Wall Stenciling.

The IDAL Insurance program is available only to the following IDAL membership levels: Home Based, Professional and Business Partner of the International Decorative Artisans League. Membership must be in good standing.

Coverage is provided for anyone who works exclusively for the named insured and only under his or her trade. Anyone who is considered a subcontractor needs to have their own insurance.

Each policy will be issued on a 12 month basis from your effective date chosen.

An Additional Insurance form is available for those who need it. However, we ask that you notify us of anyone who requests that you include an additional insured in their favor.

2. Program Cost

Program Cost to Insured: \$312.00 (This includes all taxes and fee)

Payment must be received within 5 day of binding:

Payable to: Citadel Insurance Services
 Mail to: Citadel Insurance Services
 826 East State Road
 Suite 100
 American Fork, UT 84003

The policy must be paid in full in order for coverage to begin.

IDAL Insurance Program
Email: hricks@citadelus.com
<http://idal.citadelus.com>
Fax: 801-610-2701



Payment Information

1. **Electronic Check (ACH Payment)** - Attach a copy of your voided check if paying by check and fill out the information below.

Bank Name: _____

Routing #: _____ Account #: _____

I authorize Citadel Insurance Services, LC to initiate an electronic debit entry to the checking account referenced above for the Cash Payment Amount. I confirm and acknowledge that I am an authorized signer of record on this account. I acknowledge that this charge to my checking account is made on behalf of the Insured pursuant to the above stated policy(s). I acknowledge that the origination of electronic debit transactions from my checking account must comply with the provisions of United States Law. I agree that these charges are final, and that all rights of dispute or rescission with respect to these charges are expressly waived.

2. **Credit Card**

Credit Card Number: _____ Expiration Date: _____

CVN Code: _____

I authorize Citadel Insurance Services, LC to charge the credit card referenced above for the Payment Amount. I confirm that I am an authorized signer of record on this credit card account. I acknowledge that this charge to my credit card is made on behalf of the Insured pursuant to the above stated policy(s). I agree that these charges are final, and that all rights of dispute or rescission with respect to these charges are expressly waived.

3. **Attach Check**

Payable to: Citadel Insurance Services

Amount: \$312.00

Mail to: Citadel Insurance Services
826 East State Road
Suite 100
American Fork, UT 84003

Print Name: _____ Signature: _____ Date: _____