

# IDAL Insurance Program - Application



## Applicant Information

Applicant Name:	
Legal Business Name:	
Address:	
City, State, Zip:	
Telephone No.:	
Email Address:	
Fax Number :	
IDAL Member #:	
Expiry Date:	

*(Refer to the mailing label on your last issue of The Artisphere)*

## Insurance Information

1. Policy effective date:	
2. Do you perform any work other than what is necessary and incidental to Decorative Painting, Decorate Plastering, and Wall Stenciling?	YES _____ NO _____
a. If Yes: Please describe the other type of work performed and the percentage of other work?"	
3. Total Gross Sales:	\$ _____
4. Location of business (if different from above)	
5. Does applicant subcontract work? If yes, please elaborate.	
6. During the past three years has any Company ever cancelled, declined or refused to renew similar coverage to the applicant?	
7. Any Claims in the last 3 years?	Yes _____ NO _____
a. If Yes Please Provide:	Claim Date: Claim Amount: Description of Claim:

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: [IDALinsurance@thememberbenefitgroup.com](mailto:IDALinsurance@thememberbenefitgroup.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 \$250.00 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: [IDALinsurance@thememberbenefitgroup.com](mailto:IDALinsurance@thememberbenefitgroup.com)**  
**<http://idal.citadelus.com>**  
**Fax: 801-610-2701**

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