

# 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 offer any instructional classes/courses to the public?  | YES _____ NO _____   |
| a. If you are interested in coverage for teaching operations, please provide the following:   | NOT INTERESTED IN COVERAGE: _____<br>WHERE DO THE CLASSES TAKE PLACE: _____<br>ANNUAL REVENUE GENERATED: _____ |
| 5. Total Gross Sales (Revenue) Projected for the next 12 Months:  |  |
| 6. Do you hire subcontracted employees? (1099 employees)  | YES _____ NO _____<br>IF YES, PERCENTAGE OF WORK SUBCONTRACTED: _____  |
| 7. b. Do you require the subcontractors to carry their own insurance and evidence proof of insurance before commencing work?                        | YES _____ NO _____   |
| 8. During the Past three years has any company ever cancelled, declined, or refused to renew similar coverage?                                      | NO _____   |
| 9. Any Claims in the last 3 Years?  | YES _____ NO _____   |
| a. If yes please provide:   | Claim Date:<br>Claim Amount:<br>Description of Claim:  |
| 10. Do you conduct Regular/Straight Painting? If so, what Percentage?<br>(Painting not considered decorative nor base coats to decorative finishes) | NO _____<br>YES _____ IF YES, PERCENTAGE: _____  |
| 11. Do you conduct Exterior Painting? If so, what Percentage?   | NO _____<br>YES _____ IF YES, PERCENTAGE: _____  |

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: [rolsen@citadelus.com](mailto:rolsen@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 \$2,000,000 aggregate limit per insured for third party injury or property damage liability coverage. **A \$500.00 each occurrence deductible applies.**

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.

The current policy does not provide claim coverage in the following New York Counties: Bronx, Kings, Nassau, New York Queens and Richmond

#### 2. Program Cost

Program Cost to Insured: \$363.00 (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 for coverage to begin.

**IDAL Insurance Program**  
**Email: [rolsen@citadelus.com](mailto:rolsen@citadelus.com)**  
**<http://idal.citadelus.com>**  
**Fax: 801-610-2701**



## Payment Information

**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.

**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.

**Attach Check**

Payable to: Citadel Insurance Services

Amount: **\$363.00**

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*To Fax document: 801-610-2701\*\*