Insurance Application

Applicant Information	
Applicant First and Last Name:	
Legal Business Name:	
DBA Name (if different from Legal Business Name):	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	
*ACTIVE & APPRORIATE LEVEL MEMBERSHIP WITH IDAL IS REQUIRED http://decorativeartisans.org/	

Insurance Information	
1. Requested Policy Effective Date:	
2. Are you a current member of IDAL?	YES ☐ NO ☐
3. Do you perform any work other than decorative painting, decorative plastering, and wall stenciling?	YES ☐ NO ☐
3a. If yes, please provide a description of all operations:	
4. Total Gross Sales (Revenue) projected for the next 12 Months:	
5. Do you hire subcontracted employees? (1099 employees)	YES ☐ NO ☐
5a. If yes, do you require all subcontractors to provide proof of insurance before commencing work?	YES ☐ NO ☐
5b. If yes, what percentage of work is subcontracted?	
6. During the past three years has any company ever cancelled, declined, or refused to renew similar coverage?	YES ☐ NO ☐
7. Any Claims in the last 3 Years?	YES ☐ NO ☐
7a. If yes, please provide **Claim Date:** **Claim Amount:** **Description of Claim:**	
8. Do you conduct Regular/Straight Painting? (Painting not considered decorative nor base coats to decorative finishes)	YES ☐ NO ☐ IF YES, PERCENTAGE:
9. Do you conduct Exterior Painting? Please Note: the policy excludes exterior work performed over 6 stories or 72 feet above ground level.	YES ☐ NO ☐ 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: IDAL@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 claims coverage in the following New York Counties: Bronx, Kings, Nassau, New York, Queens, and Richmond

2. Program Cost
Program Cost to Insured: $463.00 (This includes all taxes and fee)

Checks can be made out to:
Payable to: Fortress Intermediaries, LLC dba Citadel Insurance
Mail to: 2600 W Executive Pkwy, Suite 500
Lehi, UT 84043

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

IDAL Insurance Program
Email: IDAL@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 Fortress Intermediaries, LLC dba Citadel Insurance 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 Fortress Intermediaries, LLC dba Citadel Insurance 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:	Fortress Intermediaries, LLC dba Citadel Insurance
Amount:	**$463.00**
Mail to:	Fortress Intermediaries, LLC dba Citadel Insurance 2600 W Executive Pkwy, Suite 500 Lehi, UT 84043

Print Name:_____ Signature:_____ Date: _____

IDAL Insurance Program

Email: IDAL@citadelus.com

Fax: 801-610-2701