



DEEP SOUTH OF TENNESSEE

5410 MARYLAND WAY, SUITE 410, BRENTWOOD, TN 37027
PHONE: 615.832.8900 or 888.832.8900 FAX: 615.832.5434 or 888.832.8901

INFORMATION REQUIRED FOR A GENERAL CONTRACTOR SUBMISSION

Applicant: _____ Agent: _____
Address: _____ Producer: _____
City, St, Zip: _____ Phone: _____ Fax: _____

CHECKLIST

- 1. Number of years insured has been in business under the current name: _____
- 2. Have they been insured for at least five (5) years? Yes No
- 3. A complete Acord Application Information Section
- 4. Fully completed Acord GL application including:
 - All Insured's payroll including his executive supervisors, carpenters, etc.
 - Current ISO classification codes
- 5. Five (5) years hard copy loss runs
- 6. Blank copy of contract between the general contractor and the subcontractors
- 7. Deep South Contractors Supplement Application
- 8. Are the same subcontractors used for each job? Yes No

NOTE: 1,000 BI/PD Minimum liability deductible (per claim)

**PLEASE RETURN THIS COMPLETED FORM
WITH THE ABOVE INFORMATION**