

Application Form
American Association of Woodturners
Property / Casualty Craft Program

Print this form, complete and mail or Fax to:

Managing Agency Group
10 State House Square
Hartford, CT 06103
Phone: 800-332-5564
FAX: 860-520-1145

Date: _____

Business Name/ Address

Insured's Name/ Address

Phone: (____) _____
FAX: (____) _____
Cell: (____) _____
Email: _____

Phone:(____) _____
FAX: (____) _____
Cell: (____) _____
Email: _____

Business Information

County: _____ Protection Class (Completed by Agent) _____
Type of Business: ___ Individual ___ Corporation ___ Partnership
In Home: ___ Yes ___ No Stand Alone Studio: ___ Yes ___ No
Square footage: Whole Bldg. _____ Studio Area _____
Sprinkler System: ___ Yes ___ No
Central Alarm: ___ Yes ___ No
Building Construction: _____
Year Built: _____ Stories in Building _____ Studio floor location _____
Occupancy: ___ Single ___ Multiple ___ Own ___ Rent
Years in Business: _____ Number of employees _____
Annual Gross Sales: _____

Coverage Requested

Building Limit (if applicable) (Maximum \$100,000) _____
Contents/Business Property (Minimum \$2,500) _____
(Includes tools, raw materials, finished products)
Contents Off Premises or In Transit (Same limit as Contents – up to \$25,000) _____
AAW Member ___ (Required)
Prior Insurance Company: _____ Premium _____
Losses (Last 3 Years) _____

Description of your woodturning business:

