

**APPLICATION FORM**  
**SCOTTSDALE INSURANCE COMPANY**  
**For**  
**STENCIL ARTISANS LEAGUE, INC. LIABILITY INSURANCE**

*Please print*

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

SALI™ Member # \_\_\_\_\_ Expiry Date \_\_\_\_\_

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

1. Please describe all business operations conducted by the applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Location of business (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

3. Does applicant subcontract work?    Yes            No.            If yes, please elaborate.

\_\_\_\_\_  
\_\_\_\_\_

4. During the past three years as any Company ever cancelled, declined or refused to renew similar coverage to the applicant?            Yes            No

I understand the Master Policy runs from November 1<sup>st</sup> to November 1<sup>st</sup> and that my premiums will not be prorated.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this form together with a check in the amount of \$312.00 payable to:

**KUHLKE INSURANCE SERVICES**

2189 Seaman Circle

Chamblee, GA 30341

Phone: 770-457-0662

Fax: 770-451-3244