

QSR Quaker Special Risk

Exclusively serving retail agents since 1960

ELECTRICAL CONTRACTORS PROGRAM

Specialty Trade Contractors Program

Account Name		Producer Name	
Account Contact Name		Producer e-mail address	
Account web site address	Account e-mail address	Date Completed	
Proposed Eff. Date			
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter "S" Corporation <input type="checkbox"/> LLC <input type="checkbox"/>			Years in business: Date of license:

1. Please attach a list of the risk's jobs (job list) for the last two years as well as a list of the jobs committed to for the next 12 months.

2. Risk is operating as:

<input type="checkbox"/> General Contractor _____ %	<input type="checkbox"/> Prime Contractor _____ %	<input type="checkbox"/> Subcontractor _____ %
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ELIGIBILITY

3. Enter the percentage of operations from the following? %'s based on Sales Cost of Subcontractors

Residential/Habitational _____ %	Commercial _____ %	Industrial _____ %	Institutional _____ %	Total _____ %
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4. Indicate percentage in the following?

New Construction _____ %	Retrofit/Rehab _____ %	Service _____ %	Maintenance _____ %	Other _____ %
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5. Indicate percentage of electrical work in the following scope of operations/specialty, if applicable?

Lighting/fixture/appliance sales & service _____%	Low Voltage/Fiber Optics (VDV) _____%	Railway Signals _____%
Electrical Apparatus (switch gear, transformers, etc.) _____%	Airport (including runways) _____% a + b	Fire/Security Alarm Line _____%
High Voltage (over 480 volts) _____%	Passenger/Freight Elevator _____%	Hospital Work _____%
Selling/Designing/Monitoring of Alarm Systems _____%	Distribution/Transmission Line _____%	Underground Utility _____%
Electrical Utility Company Work (substations, etc.) _____%	Underwater Electrical Work _____%	Outdoor Sign Erection _____%
Explosive Environments (Class I, II, III, Division I) _____%	Asbestos Abatement _____%	Towers/Antennas Erection _____%
Traffic Signals (stop lights) _____%	Work on Boats, Ships, Aircraft _____%	Repair of Industrial Machinery _____%
Back-Up Generator _____%	Fire Sprinkler/Suppression Systems _____%	Tele/Data Communications Wiring _____%
Life Support Systems _____%	Nuclear _____%	Misc. Electrical work _____%

Receipts history, please provide receipts figures for the past 3 years:

1. _____
2. _____
3. _____

Please provide estimated receipts for the next 12 months: _____

Payroll: Please provide payroll estimates for the next 12 months by ISO classification:

1. Electrical code 92478 _____
2. Electrical Apparatus code 92457 _____
3. Other code _____

4. Contractors – Subcontracted work – code 91583/91585* _____
 *Cost of subcontractors includes BOTH labor & material

6. Other Operations? Yes No

If yes, please describe:

7. Has the risk been cited for any OSHA violations? If yes, please explain further. Yes No
 7a. Any policy coverage declined, cancelled or non-renewed during the prior 3 years? Yes No
 7b. Has the applicant ever filed personal or corporate bankruptcy? Yes No

8. Does the insured communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call Service Center prior to all scheduled excavation work? Yes No
 NA

9. Does the insured offer 24-hour emergency repair service? Yes No
 9a. Any electrical disturbance testing services provided? Yes No
 If Yes, please explain with full details.

9b. Any inspection services provided for code compliance? Yes No

10. Indicate the average percentage of the risk’s TOTAL payroll or sales during the past 5 years for the following: Percentage based on: (Check One) Payroll Subs

HABITATIONAL WORK
 Please complete if the risk does any Habitational work.

Habitational Work Breakdown	% New or Major Rehab/Renovation	+	% Service or Maintenance	=	%
<input type="checkbox"/> Condominium (High and Low Rise)	%	+	%		%
<input type="checkbox"/> Multi-Family Owned Developments (including townhouses)	%	+	%		%
<input type="checkbox"/> Tract Housing	%	+	%		%
<input type="checkbox"/> Triplexes and Duplexes	%	+	%		%
<input type="checkbox"/> Apartments	%	+	%		%
<input type="checkbox"/> Other	%	+	%		%

11. Does the risk have any future plans related to work involving new construction of condos, townhouses, tract homes? Yes No

If Yes, please describe.

12. List the states the insured worked in the last 5 years.

14. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, was risk acting as a:	<input type="checkbox"/> General Contractor <input type="checkbox"/> Sub-Contractor
What type of project?	<input type="checkbox"/> Habitational <input type="checkbox"/> Commercial
Provide detail on claim/litigation and how the issue was corrected.	
15. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe.	
16. Any current or past involvement with wrap-up/OCIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any residential wrap-ups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the risk have a quality control program? Attach a copy of Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is it?	<input type="checkbox"/> Informational <input type="checkbox"/> Documented
18. Does the risk retain job files?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how long are they retained?	
Any past, present or future work in NY city boroughs of Manhattan, Brooklyn, Bronx or Queens? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please supply separate sheet detailing past 5 jobs & open bid work in the boroughs including location, description or work, duration of job, contract amount and number of stories for any exterior work.	
Do you work as a real estate developer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any past, present or future work on landfill areas or in subsidence areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any subsidence or sinkhole related losses in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any exterior work in excess of 4 stories? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the percentage of work over 4 stories? _____	
Any past, present or future work performed below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what maximum depth: _____	

19. List the types of work subcontracted		
Does risk obtain certificate of insurance from all subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a Diary System in place to track expiration dates of certificates of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the risk named as an additional insured on all subcontractors' policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk require all subcontractors to carry primary limits equal to or greater than their own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the risk use written subcontractor agreements with all subcontractors containing hold harmless/indemnify agreements in favor of the risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are subs hired subject to a formal written pre-qualification process? Attach a copy of the form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach a copy of the subcontractor agreement the risk uses with all subcontractors.		
22. Are safety meetings held on a quarterly basis; do managers, subcontractors and employees attend, and are attendance records kept? If less than quarterly, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Does the risk have and architect or engineer on staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, does the risk carry professional liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, does the risk require that the architect or engineer carry his/her own professional liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Trade association affiliation? <input type="checkbox"/> IEC <input type="checkbox"/> NECA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Is Hired & Non-Owned Auto coverage desired? If Yes, how many drivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Producer's Signature

Date

Applicant's Signature

Title

Date

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.