

Quaker Special Risk a division of Quaker Agency, Inc.

Luxury Home Program Worksheet

Complete submissions help to expedite the underwriting and quoting process, as well as allow us to provide the most competitive and comprehensive terms available.

Submissions for contractors should include the attached supplemental application along with the following:

- Completed ACORD applications (General Information, Commercial General Liability)
- Four (4) years of hard copy, currently valued, loss runs.
- A copy of their standard sub-contractor agreement*
- Percentage of work by state location
- Information on their current insurance program including,
 - Insurer name
 - Current premium
 - Limits and deductible
 - Expiration date
 - Is the current insurer offering renewal?
 - If yes, what are the renewal terms and pricing?
 - If no, why?
- Do you, the current agent/broker, currently control this account? If not, what is your relationship with the applicant/insured?
- What are your desired terms, conditions, pricing?

Please note, as respects sub-contractors, underwriters will require,

1. That all sub-contractors carry Commercial General Liability limits equal to or greater than that of our applicant;
2. That all sub-contractors sign a written agreement that contains a Hold Harmless Clause in favor of our applicant;
3. That all sub-contractors provide the applicant with evidence that they, our applicant, are included as Additional Insured under the sub-contractors Commercial General Liability policy.

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.

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CONTRACTORS LIABILITY APPLICATION LUXURY HOME PROGRAM

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFFECTIVE DATE: FROM: / / TO: / /	WEBSITE ADDRESS:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB-CHAPTER 'S' CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT-FOR-PROFIT ORGANIZATION <input type="checkbox"/> OTHER	YEARS IN BUSINESS

PREMISES INFORMATION

LOC#	BLDG#	STREET, CITY, STATE, ZIP CODE	INTEREST	YEAR BUILT	PART OCCUPIED

DESCRIPTION OF OPERATIONS BY PREMISE(S)

PRIOR INSURANCE COMPANY INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER:				
POLICY NUMBER:				
POLICY TYPE:				
RETRO DATE:				
GENERAL LIABILITY LIMITS:				
E & O LIMITS:				
TOTAL PREMIUM:				

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

CHECK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN / CLOSED

COVERAGES

COMMERCIAL GENERAL LIABILITY
 Occurrence Claims Made Retroactive Date: / /

ERRORS AND OMISSIONS
 Occurrence Claims Made Retroactive Date: / /

DEDUCTIBLE – PER CLAIM
 General Liability (BI & PD): \$ _____
 Errors & Omissions: \$ _____

LIMITS

GENERAL LIABILITY	
Each Occurrence Limit:	\$
Damage To Premises Rented To You Limit:	\$
Medical Expense Limit:	\$
Personal & Advertising Injury Limit:	\$
General Aggregate Limit:	\$
Products/Completed Operations Aggregate Limit:	\$
ERRORS & OMISSIONS	
Each Claim Limit:	\$

Other Coverages:

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SCHEDULE OF HAZARDS

Location #	Classification	Class Code	Premium Basis	State-Territory

GENERAL INFORMATION

Explain all "YES" answers	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe present or prior affiliation with other firms:		
3. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	<input type="checkbox"/>	<input type="checkbox"/>
7. Date of license:		
8. Years experience in field:		
9(a). Description of Contracting Operations: Please provide details applicable to specific contracting operations:		
Explain all "YES" answers		
9(b). Please provide a list of your 5 largest jobs, including date job completed, type of work performed and job cost.		
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
9(c). Do any prior operations differ substantially in nature from current operations?		
10. Receipts history. Please provide the GROSS RECEIPTS for the past 5 years.		
1 st prior year: \$ _____	2 nd prior year: \$ _____	
3 rd prior year: \$ _____	4 th prior year: \$ _____	
5 th prior year: \$ _____	Gross Receipt estimate for the next 12 months: \$ _____	
Renovation/Remodeling Receipt estimate for the next 12 months: \$ _____		
11. Payroll. Please provide the payroll estimates for the next 12 months by ISO classification.		
1. Executive Supervisors (Class Code 91580)	\$ _____	
2. Contractors-Subcontractors Work (Class Code 91583)	\$ _____	
3. Contractors-Subcontractors Work (Class Code 91585)	\$ _____	
4. Carpentry (class Code 91342)	\$ _____	
5. Other (describe): _____	_____	
6. Other (describe): _____	_____	
12. Any past, present or future work in the NY City boroughs of Manhattan, Brooklyn, Bronx or Queens? If YES, please supply separate sheet detailing past 5 jobs & open bid work in the boroughs including location, description of work, duration of job, contract amount, # of stories for any exterior work.		
13. Do you work as a Construction Manager?		

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14. Do you work as a Real Estate Developer?	<input type="checkbox"/>	<input type="checkbox"/>
15. Any past, present or future work on landfill areas or in subsidence areas?	<input type="checkbox"/>	<input type="checkbox"/>
16. Any subsidence or sinkhole related losses in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
17. Any past, present or future construction operations conducted in excess of three stories?	<input type="checkbox"/>	<input type="checkbox"/>
18. Any past, present or future construction operations performed below grade? If YES, what is maximum depth?	<input type="checkbox"/>	<input type="checkbox"/>
19. Any past, present or future involvement in the construction of condominiums, town-houses, or apartments in excess of 10 units? If YES, provide the date of the job, type of work performed, and the job cost:	<input type="checkbox"/>	<input type="checkbox"/>
20. Any past, present or future involvement with Exterior Insulation and Finish Systems (Synthetic Stucco)?	<input type="checkbox"/>	<input type="checkbox"/>
21. What percentage of your operations is associated with hot tar or torch down roofing? _____%		
22. Do you have any past or present involvement in building Tract Housing Developments? (Tract is defined as 10 or more homes in the same sub-division)	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been named in a construction defect suit? If YES, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
24. What is the annual number of new home starts? _____		
25. What is the average sales price per home ? \$ _____		
26. Number of Addition projects per year? _____	Average contract cost(s): \$ _____	
26a. Number of Renovation projects per year? _____	Average contract cost(s): \$ _____	
26b. Estimated annual receipts from Additions and Renovations? \$ _____		
27. What percentage of your operations are conducted as a GENERAL CONTRACTOR: _____%; SUB-CONTRACTOR: _____%		
28. What percent of your receipts are derived from:		
New Construction: _____% Remodeling: _____% Demolition: _____% Repair: _____%		
Commercial: _____% Institutional: _____% Industrial: _____% Residential: _____%		
29. Indicate type of work performed by the insured , including percentage associated with each operation:		
_____ % Asbestos Removal	_____ % Blasting	_____ % Carpentry(finish):
_____ % Carpentry(framing)	_____ % Concrete	_____ % Driveway parking lot paving/re-paving
_____ % Drywall/wallboard	_____ % Electrical	_____ % Excavation
_____ % Fence Erection	_____ % Floor Installation	_____ % Gas hook-ups
_____ % Grading	_____ % Insulation	_____ % Janitorial
_____ % Landscape/gardening	_____ % Lead Abatement	_____ % Masonry
_____ % Mold Remediation	_____ % Painting(interior)	_____ % Painting(exterior)
_____ % Paperhanging	_____ % Plastering	_____ % Plumbing
_____ % Roofing	_____ % Sheet Metal(shop)	_____ % Sheet Metal/siding(outside)
_____ % Steel(structural)	_____ % Street Grading	_____ % Tree Trimming
_____ % Wrecking/demolition	_____ % Other	
30. Indicate type of work performed by sub-contractors , including percentage associated with each operation		
_____ % Asbestos Removal	_____ % Blasting	_____ % Carpentry(finish):
_____ % Carpentry(framing)	_____ % Concrete	_____ % Driveway parking lot paving/re-paving
_____ % Drywall/wallboard	_____ % Electrical	_____ % Excavation
_____ % Fence Erection	_____ % Floor Installation	_____ % Gas hook-ups
_____ % Grading	_____ % Insulation	_____ % Janitorial
_____ % Landscape/gardening	_____ % Lead Abatement	_____ % Masonry
_____ % Mold Remediation	_____ % Painting(interior)	_____ % Painting(exterior)
_____ % Paperhanging	_____ % Plastering	_____ % Plumbing
_____ % Roofing	_____ % Sheet Metal(shop)	_____ % Sheet Metal/siding(outside)
_____ % Steel(structural)	_____ % Street Grading	_____ % Tree Trimming
_____ % Wrecking/demolition	_____ % Other	

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31. If you utilize sub-contractors do you require the following:

- a) That all sub-contractors provide proof of Workers Compensation and Commercial General Liability insurance before they or their employees are allowed on the job site?
- b) Do you require, in writing, that all sub-contractors carry limits of Commercial General Liability equal to or greater than you're your limits? If NO, what limits do you require they carry? \$ _____
- c) Do you require that all sub-contractors sign a written agreement that contains a Hold Harmless Agreement in your favor before they begin work? Please provide a copy of your standard sub-contractors agreement.
- d) Do you require that all sub-contractors provide you with an endorsement to their policy that names you as an Additional Insured on their policy before they begin work?
- e) How long do you maintain records of the above noted sub-contractors documents? _____ months/years

32. Has the applicant ever filed personal or corporate bankruptcy?

33. WHAT WAS THE ANNUAL NUMBER OF NEW HOME STARTS DURING THE EXPIRING POLICY PERIOD"

LIST OF NEW HOME STARTS (ADD AN ADDITIONAL PAGE IF NECESSARY)

	STREET ADDRESS	START DATE	ESTIMATED SALES PRICE	ESTIMATED SUBCONTRACTED COSTS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

34. IS HIRED & NON-OWNED AUTO COVERAGE DESIRED?
IF YES, HOW MANY DRIVERS?

Remarks/Additional information:

The applicant agrees, represents and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Date: _____

Title of signer: _____

Agency: _____ Producer Code: _____

*Signing this application does not bind the applicant or the company to complete this insurance. 33

Name of Producing Agent:

Signature of Producing Agent:

Date: