

# QSR Quaker Special Risk

Exclusively serving retail agents since 1960

## Masonry/Concrete/Plastering/Cement Contractors

### 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?  Subs  Sales

Percentages based on:

a. Pre-Cast Concrete	_____ %
b. Concrete Maintenance and Repair	_____ %
c. Concrete Paving (including ground supported concrete floors, driveways, sidewalks, curbs, gutter, patios)	_____ %
d. Concrete tilt-up construction	_____ %
e. Concrete Construction NOC	_____ %
f.. Flat Masonry	_____ %
g. Stucco/Plastering (non EIFS)	_____ %
h. EIFS	_____ %
i. Structural Masonry	_____ %

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. Masonry code 97447 \_\_\_\_\_
2. Plastering/Stucco code 98449 \_\_\_\_\_
3. Concrete code 91560 \_\_\_\_\_
- 4 Other code \_\_\_\_\_
5. Contractors – Subcontracted work – code 91583/91585\* \_\_\_\_\_

\*Cost of subcontractors includes BOTH labor & material

Does the insured/risk perform construction operations involving any one of the following:

Airport runway, warming apron construction or repair	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Asphalt and blacktop work	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Bridge or elevated highway	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Caisson or dam	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Concrete pumping operations	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %

Industrial and chemical waste collection or sedimentation pond	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Plastering or stucco operations	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Pre stressed structural concrete	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Redi-mix operations, concrete or cement hauling for others	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Sand and gravel hauling for others	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Street or road construction	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Subway or tunnel construction	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Swimming pool construction	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Tilt-slab or tilt-up work in excess of 75 feet in height	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Sidewalks/curbs	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Free forming theme plastering	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Fireproofing	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Decorative/colored plastering/concrete	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Sealing/waterproofing	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Retaining walls	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Piers/wharves/docks/bulkheads/seawalls	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Pointing & restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Foundation repair	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
House/building raising	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
6. Other Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
7. Has the risk been cited for any OSHA violations? If yes, please explain further.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. Any policy coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7b. Has the applicant ever filed personal or corporate bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9. Does the insured offer 24-hour emergency repair service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. Any electrical disturbance testing services provided? If Yes, please explain with full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9b. Any inspection services provided for code compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Payroll <input type="checkbox"/> Subs
<b>HABITATIONAL WORK</b>	

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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>Attach a copy of Table of Contents</b>				<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?  Yes  No

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 and number of stories for any exterior work.

Do you work as a real estate developer?  Yes  No

Any past, present or future work on landfill areas or in subsidence areas?  Yes  No

Any subsidence or sinkhole related losses in the last 5 years?  Yes  No

Any exterior work in excess of 4 stories?  Yes  No

If Yes, what is the percentage of work over 4 stories? \_\_\_\_\_

Any past, present or future work performed below grade?  Yes  No

If Yes, what maximum depth: \_\_\_\_\_

19. List the types of work subcontracted

Does risk obtain certificate of insurance from all subcontractors?  Yes  No

Is there a Diary System in place to track expiration dates of certificates of insurance?  Yes  No

Is the risk named as an additional insured on all subcontractors' policies?  Yes  No

Does the risk require all subcontractors to carry primary limits equal to or greater than their own?  Yes  No

Does the risk use written subcontractor agreements with all subcontractors containing hold harmless/indemnify agreements in favor of the risk?  Yes  No

Are subs hired subject to a formal written pre-qualification process?  Yes  No  
**Attach a copy of the form**

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?  Yes  No

If less than quarterly, how often?

23. Does the risk have an architect or engineer on staff?  Yes  No

If Yes, does the risk carry professional liability insurance?  Yes  No

If No, does the risk require that the architect or engineer carry his/her  Yes  No

own professional liability insurance?	
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.

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.

\*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.