

## REMODELING CONTRACTORS PROGRAM APPLICATION

### APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	TO: WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/>	YEARS IN BUSINESS
SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	

### PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	INTEREST	YR BUILT	PART OCCUPIED

### DESCRIPTION OF OPERATIONS BY PREMISE(S)

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### PRIOR CARRIER INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER				
POLICY NUMBER				
POLICY TYPE	Claim Made <input type="checkbox"/> Occ. <input type="checkbox"/>	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ. <input type="checkbox"/>	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ. <input type="checkbox"/>	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ. <input type="checkbox"/>
RETRO DATE	/   /	/   /	//	/   /
GENERAL LIABILITY LIMITS				
TOTAL PREMIUM				

### LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS						
<input type="checkbox"/> CHECK HERE IF NONE <input type="checkbox"/> SEE ATTACHED LOSS SUMMARY						
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

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### COVERAGES

### LIMITS

<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Occurrence	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>GENERAL LIABILITY</b></td> </tr> <tr> <td>Each Occurrence Limit</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Damage To Premises Rented To You Limit</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Medical Expense Limit</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Personal and Advertising Injury Limit</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>General Aggregate Limit</td> <td></td> </tr> <tr> <td>Products/Completed Operation Aggregate Limit</td> <td style="text-align: right;">\$</td> </tr> </table>	<b>GENERAL LIABILITY</b>		Each Occurrence Limit	\$	Damage To Premises Rented To You Limit	\$	Medical Expense Limit	\$	Personal and Advertising Injury Limit	\$	General Aggregate Limit		Products/Completed Operation Aggregate Limit	\$
<b>GENERAL LIABILITY</b>															
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Damage To Premises Rented To You Limit	\$														
Medical Expense Limit	\$														
Personal and Advertising Injury Limit	\$														
General Aggregate Limit															
Products/Completed Operation Aggregate Limit	\$														
<b>DEDUCTIBLE - PER CLAIM</b> General Liability (PD & BI) \$															
Other Coverages <input type="checkbox"/> Blanket Additional Insured <input type="checkbox"/> Waiver of subrogation	<input type="checkbox"/> Per project aggregate <input type="checkbox"/> _____														

### 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"/>
F. Describe present or prior affiliation with other firms:		
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the applicant ever filed personal or corporate bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
7. Date of license:		
8. Years experience in field:		
9a. Description of contracting operations: Please provide details applicable to specific contracting operations:		
9b. Please provide a list of your 3 largest jobs, including date job completed, type of work performed and job cost.		
1. _____		
2. _____		
3. _____		
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1. _____		
2. _____		
3. _____		

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9c. Do any prior operations differ substantially in nature from current operations? _____ If yes, please explain
9d. Have you performed any remodeling work on buildings being converted from apartments to condominiums? Please attach details on any projects and any planned for the next 12 months.
9e. Are you a Certified Remodeler (CR) of the National Association of the Remodeling Industry or Certified Graduate Remodeler (CGR) of the NAHB? (Attach a copy of your certificate for a potential premium discount.)
9f. Do you have contracts with retail stores (including but not limited to Home Depot, Lowes, Sears, Ace Hardware) to offer remodeling services to their customers? Please attach a copy of the contract and % of your business derived from this source. _____ %
10. Please provide a receipt estimate for the next 12 months: _____
10a. Receipts history: please provide receipts figures for the past 5
1st Prior: _____ 4th Prior: _____
2nd Prior: _____ 5th Prior: _____
3rd Prior: _____
11. Payroll: please provide the payroll estimates for the next 12 months by ISO classification.
1. Carpentry = code 91342 _____
2. Other _____
3. Other _____
4. Contractors – Subcontractors work = code 91583/91585* _____
* Cost of subcontractors includes BOTH labor & material

Explain all "YES" answers	YES	NO
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.	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you work as a Construction Manager?	<input type="checkbox"/>	<input type="checkbox"/>
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 two stories?	<input type="checkbox"/>	<input type="checkbox"/>
17b. Any work in excess of 5 stories:  If yes, what is the percentage over 5 stories? _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Any past, present or future work performed below grade?  If yes, maximum depth: _____	<input type="checkbox"/>	<input type="checkbox"/>
18b. Any shoring, underpinning, cofferdam or caisson work?  If yes, please explain safety procedures regarding underground utilities.	<input type="checkbox"/>	<input type="checkbox"/>

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Explain all "YES" answers	YES	NO																																							
19. Any past, present or future involvement in the construction of condominiums, town-houses, or apartments in excess of 10 units? If yes, please 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 work? _____ %																																									
22. Do you have any past or present involvement in the building of Tract Housing Developments? (Tract 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. Explain past or present remodeling, repair or maintenance jobs done for Condo Owner Associations or any other Home Owner Associations or their Management Companies:  _____																																									
25. What is the annual number of new home starts? _____ Average sales price per start? _____																																									
26a. Number of <b>Addition projects</b> per year? _____ Average contract cost(s): \$ _____																																									
26b. Number of <b>Renovation projects</b> per year? _____ Average contract cost(s): \$ _____																																									
27. What percentage of your operations are conducted as a: General Contractor _____ % Subcontractor _____ %																																									
28. What percentage of your receipts are derived from: New construction _____ %    Remodeling _____ %    Demolition Repair _____ % Commercial _____ %    Institutional _____ %    Industrial _____ %    Residential _____ %																																									
28b. Structural Remodeling _____ % ? Non-Structural Remodeling _____ % ?																																									
28c. Any Fire/Water damage restoration? _____ % of work?																																									
29. Indicate type of work performed by insured: <table style="width: 100%; border: none;"> <tr> <td>_____% Asbestos removal</td> <td>_____% Grading</td> <td>_____% Roofing</td> </tr> <tr> <td>_____% Blasting</td> <td>_____% Insulation</td> <td>_____% Sheet metal (shop)</td> </tr> <tr> <td>_____% Carpentry (finish)</td> <td>_____% Janitorial</td> <td>_____% Sheet metal/siding (outside)</td> </tr> <tr> <td>_____% Carpentry (framing)</td> <td>_____% Landscape/gardening</td> <td>_____% Sewer</td> </tr> <tr> <td>_____% Concrete</td> <td>_____% Lead Abatement</td> <td>_____% Steel (structural)</td> </tr> <tr> <td>_____% Driveway parking lot paving/repaving</td> <td>_____% Masonry</td> <td>_____% Street grading</td> </tr> <tr> <td>_____% Drywall/wallboard</td> <td>_____% Mold Remediation</td> <td>_____% Tree Trimming</td> </tr> <tr> <td>_____% Electrical</td> <td>_____% Painting (interior)</td> <td>_____% Wrecking/demolition</td> </tr> <tr> <td>_____% Excavation</td> <td>_____% Painting (exterior)</td> <td></td> </tr> <tr> <td>_____% Fence erection</td> <td>_____% Paperhanging</td> <td></td> </tr> <tr> <td>_____% Floor Installation</td> <td>_____% Plastering</td> <td></td> </tr> <tr> <td>_____% Gas hook-ups</td> <td>_____% Plumbing</td> <td></td> </tr> <tr> <td></td> <td>_____% Other</td> <td></td> </tr> </table>	_____% Asbestos removal	_____% Grading	_____% Roofing	_____% Blasting	_____% Insulation	_____% Sheet metal (shop)	_____% Carpentry (finish)	_____% Janitorial	_____% Sheet metal/siding (outside)	_____% Carpentry (framing)	_____% Landscape/gardening	_____% Sewer	_____% Concrete	_____% Lead Abatement	_____% Steel (structural)	_____% Driveway parking lot paving/repaving	_____% Masonry	_____% Street grading	_____% Drywall/wallboard	_____% Mold Remediation	_____% Tree Trimming	_____% Electrical	_____% Painting (interior)	_____% Wrecking/demolition	_____% Excavation	_____% Painting (exterior)		_____% Fence erection	_____% Paperhanging		_____% Floor Installation	_____% Plastering		_____% Gas hook-ups	_____% Plumbing			_____% Other			
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30. Indicate type of work performed by sub-contractors, including percentage:

<u>    </u> % Asbestos removal	<u>    </u> % Grading	<u>    </u> % Roofing
<u>    </u> % Blasting	<u>    </u> % Insulation	<u>    </u> % Sheet metal (shop)
<u>    </u> % Carpentry (finish)	<u>    </u> % Janitorial	<u>    </u> % Sheet metal/siding (outside)
<u>    </u> % Carpentry (framing)	<u>    </u> % Landscape/gardening	<u>    </u> % Sewer
<u>    </u> % Concrete	<u>    </u> % Lead Abatement	<u>    </u> % Steel (structural)
<u>    </u> % Driveway parking lot paving/repaving	<u>    </u> % Masonry	<u>    </u> % Street grading
<u>    </u> % Drywallboard	<u>    </u> % Mold Remediation	<u>    </u> % Tree Trimming
<u>    </u> % Electrical	<u>    </u> % Painting (interior)	<u>    </u> % Wrecking/demolition
<u>    </u> % Excavation	<u>    </u> % Painting (exterior)	
<u>    </u> % Fence erection	<u>    </u> % Paperhanging	
<u>    </u> % Floor Installation	<u>    </u> % Plastering	
<u>    </u> % Gas hook-ups	<u>    </u> % Plumbing	
	<u>    </u> % Other _____	

YES NO

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

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Provide proof of workers compensation and liability insurance before they or their employees are allowed on the job site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Maintain liability insurance with limits equal to or higher than your limits?<br>If no, what limit do you require?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sign a written contract containing a Hold-Harmless Agreement (favoring you) before they begin work?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Provide an endorsement on their insurance policy naming you as an additional insured before beginning work?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How long do you maintain records of the above subcontractors documents?   |                          | _____                    |

**PLEASE ATTACH A COPY OF THE SUBCONTRACTORS AGREEMENT THAT YOU USE.**

32. Is Hired & Non-Owned Auto Coverage Desired?

If YES, How many Drivers?

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

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name of Producing Agent:

Signature of Producing Agent:

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.