

# Quaker Special Risk a division of Quaker Agency, Inc.

## REMODELER PROGRAM - RENEWAL APPLICATION

### APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
RENEWAL EFFECTIVE DATE:    /    /    TO:    /    /	WEBSITE ADDRESS:

1) HAS THERE BEEN ANY CHANGE WHATSOEVER IN THE NATURE OF THE APPLICANT'S CONSTRUCTION ACTIVITY OR ANY CHANGE IN GEOGRAPHIC LOCATION OF CONSTRUCTION?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

2) HAS ANY CHANGE BEEN MADE TO THE SUBCONTRACTORS AGREEMENT THAT YOU SUBMITTED LAST YEAR?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN.

3) IS THE NAMED INSURED OR ANY PROPOSED INSURED AWARE OF ANY CIRCUMSTANCE WHICH MAY RESULT IN A CLAIM BEING MADE AGAINST THEM?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET.

4) WHAT IS THE **ANNUAL NUMBER OF NEW HOME STARTS** "OWNERS/POYU/POA/USOY/OUO" 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. _____	_____	_____	_____

5) WHAT IS THE **AVERAGE SALES PRICE PER HOME**? \$ \_\_\_\_\_

6) NUMBER OF **ADDITION PROJECTS PER YEAR**? Average Contract Cost (s): \$ \_\_\_\_\_

7) NUMBER OF **RENOVATION PROJECTS PER YEAR**? Average Contract Cost (s): \$ \_\_\_\_\_

8) NUMBER OF **GUT-REHABS**: \_\_\_\_\_

9) PLEASE PROVIDE DIRECT PAYROLLS FOR EACH CLASSIFICATION:

Code: \_\_\_\_\_ Payroll \$: \_\_\_\_\_

Code: \_\_\_\_\_ Payroll \$: \_\_\_\_\_

Code: \_\_\_\_\_ Payroll \$: \_\_\_\_\_

Code: \_\_\_\_\_ Payroll \$: \_\_\_\_\_

10) PLEASE PROVIDE THE ANNUAL SUBCONTRACTORS COSTS: \$ \_\_\_\_\_

11) PLEASE PROVIDE ESTIMATED GROSS REVENUES FOR THE NEXT 12 MONTHS: \$ \_\_\_\_\_

12) PLEASE ATTACH CURRENTLY VALUED, HARD COPY LOSS RUNS FOR THE 3 YEARS PRIOR TO QUAKER SPECIAL RISK WRITING YOUR COVERAGE.

13) PLEASE ATTACH A COPY OF THE LATEST WORKERS COMPENSATION AUDIT.

14) PLEASE ATTACH A COPY OF A CURRENTLY "EXECUTED" SUBCONTRACTOR AGREEMENT.

15) IS HIRED & NON-OWNED AUTO COVERAGE DESIRED? YES NO  
IF YES, HOW MANY DRIVERS?

16) % REVENUES COMMERCIAL WORK? \_\_\_\_\_ RESIDENTIAL WORK? \_\_\_\_\_

17) ANNUAL ESTIMATED REVENUES FROM CONSTRUCTION WORK IN NY CITY BOROUGHGS? \_\_\_\_\_

**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 an claim(s) null and void and entitles us to rescind the policy from its inception.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Signer: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Name of the Producing Agent:

Signature of the 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.

**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.