



**EIFS CONTRACTORS PROGRAM – SUPPLEMENTAL APPLICATION**

COMPLETE IN ADDITION TO ACORD APPLICATIONS  
 ATTACH ADDITIONAL SHEETS AS NECESSARY  
 ANSWER ALL QUESTIONS

**General Information:**

Named Insured:	
Brokerage/Broker:	Agent Contact:
Effective Date:	
Website:	
Insured Contact Name:	Email:
Mobile Phone #:	

1. In what states do you do EIFS work?
2. Are you licensed in all states in which you operate?  Yes  No
  - a. License Number(s):
3. How long have you been in operation performing EIFS related work under this business name or any others (please provide any prior entities or additional entities/DBAs and indicate if they are to be covered)? 
  - a. If you are new in business, or your EIFS work is less than one year in operation please describe your EIFS experience:
4. Are you a member of any EIFS-related trade organizations or associations?  Yes  No
  - a. If yes, which one(s)?
5. Please complete the following table for EIFS work only.

EIFS Operations	Percentage of Total Operations:	Percentage of Work Done by Your Employees:	Percentage of Work Done by Subcontractors:	Revenues from Operation:
<input type="checkbox"/> New Residential Construction – Single Family - Tract				
<input type="checkbox"/> New Residential Construction – Single Family – Custom				
<input type="checkbox"/> New Residential Construction – Condominium/Townhouse				
<input type="checkbox"/> New Commercial Construction (incl Apartment)				
<input type="checkbox"/> Residential Removal/Repair – Single Family				
<input type="checkbox"/> Residential Removal/Repair – Condominium/Townhouse				
<input type="checkbox"/> Commercial Removal/Repair (incl Apartment)				
<input type="checkbox"/> Other New Construction:				
<input type="checkbox"/> Other Removal/Repair:				
<input type="checkbox"/> Other:				
<b>TOTAL:</b>	100%			

6. What EIFS system manufacturers have trained and approved your organization to install their products?
7. Do you ever “mix and match” different manufacturers’ products on one job?  Yes  No
8. Please complete the following table for the substrates you work over. Check all that apply:

Type of Substrate:	Percentage of Total Operations:	Percentage of Work Done by Your Employees:	Percentage of Work Done by Subcontractors:	Average annual Number of Buildings:
<input type="checkbox"/> Frame				
<input type="checkbox"/> Masonry				
<input type="checkbox"/> Steel				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<b>TOTAL:</b>	100%			

9. What percentage of the total EIFS jobs do you install drainable systems?  
 %
10. What % of your gross revenues are EIFS installation/application/repair over the past three years?  
 %
11. What % of your overall operations for the coming term are EIFS Operations?  
 %
12. Please provide non-EIFS work by ISO Classification:

ISO Class Code:	Revenue
	\$
	\$
	\$
	\$
	\$
	\$
	\$

\*Please outline on separate sheet if information does not fit above

13. Do you perform any roofing installation or repair contracting?  Yes  No
14. Do you perform any rooftop solar panel installation?  Yes  No
15. Do you perform any plumbing work?  Yes  No
16. Are you a scaffolding contractor?  Yes  No
17. Do you have a standardized installation and quality control manual?  Yes  No
- a. Does your quality control include an inspection and documentation of any post-work changes made by others (sign placement, lighting installations, etc.)?  Yes  No
18. What is the greatest number of buildings you have worked on in any one year?
19. If you are hiring subcontractors for any EIFS-related work, please clarify the following:
- a. Do you usually hire the same subcontractors?  Yes  No
- i. Are they approved installers for the EIFS-related work they are performing?  Yes  No
- b. Are subcontractors always insured?  Yes  No
- i. If yes, what General Liability limits do you require subs to carry?
- ii. Do you confirm if these subs carry Works Compensation insurance?  Yes  No
- c. Do you obtain certificates of insurance from all subcontractors?  Yes  No

- d. Are you named as Additional Insured on all subcontractors' policies?  Yes  No
  - e. Do you have a written contract with your subcontractors?  Yes  No
  - f. Do all contracts contain a Hold Harmless clause in your favor?  Yes  No
  - g. Do you use any leased employees?  Yes  No
    - i. If yes, are you responsible for providing Worker's Comp for these employees?  Yes  No
  - h. Do you carry Worker's Compensation insurance?  Yes  No
  - i. Do your subs all verify they have EIFS coverage?  Yes  No
20. If working on new construction of tract homes, what is the maximum size tract development you will work on?

21. Have you, or will you, work on condominium conversions?  Yes  No
- a. If yes, what percentage of your gross sales for the next 12 months is attributed to conversions?

22. Have you, or will you, ever work for Homeowners or Condo Association?  Yes  No
- a. If yes, are developments or structures less than 10 years old?  Yes  No
- b. If yes, what operations do you perform?

23. Do you repair the work of others?  Yes  No
24. Attach applicant's three (3) largest EIFS jobs or projects during the last three (3) years. Provide details on the following: 1) project/client name; 2) services performed for the client; 3) contact cost for those services; 4) date completed by applicant.

25. Attach a current EIFS jobs or projects in progress or placed for the next year. Provide details on the following: 1) project/client name; 2) services performed for the client; 3) contact cost for those services; 4) expected completion date.

26. Please provide upcoming and past 3 years annual revenues:

Upcoming	\$
1 <sup>st</sup> Past	\$
2 <sup>nd</sup> Past	\$
3 <sup>rd</sup> Past	\$

27. Which type of EIFS systems are used by the applicant and applicant's subcontractors?

	RESIDENTIAL	COMMERCIAL
Barrier wall system	%	%
Drainable EIFS	%	%

28. Does the applicant, and any subcontractor, get a full warranty from the manufacturer on all EIFS products and systems used?  Yes  No

29. Will you work on any new condo/townhome jobs with greater than 11 total units?  Yes  No
- a. If yes, please provide a full job description:

30. Have all personnel involved with EIFS operations, including job supervisors employed by you and your independent contractors or subcontractors, successfully completed EIFS installation training programs provided by the manufacturer for all products used?  Yes  No
- a. If "No", explain:



31. Which industry education and training programs you / your employees have completed?
1. "EIFS Industry Professional" training?  Yes  No
  2. Are you an "EIFS SMART" recognized contractor?  Yes  No
  3. "EIFS Doing It Right" training?  Yes  No
  4. Other:

32. Does applicant currently maintain Commercial General Liability insurance including coverage for EIFS?  Yes  No

a. If yes provide the following:

Name of Insurer:			
Description of services covered:			
Expiration Date:		Prior Acts / Retro Date:	
Limits:	Deductible:	Premium:	
Length of time coverage has been in-force:			
Are there any coverage limitations on the EIFS coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Explain:			

33. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed EIFS-related operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.*  Yes  No

a. If Yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.

34. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, accidents, (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed EIFS-related operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company?  Yes  No

a. If yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant:

Title:

FEIN #:

Applicant's Signature:

Date:

Agent/Broker Name: