



REMODELING CONTRACTORS PROGRAM APPLICATION

APPLICANT INFORMATION

Name:				
Mailing Address:				
Proposed Effective 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"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____				Years in Business

Contact Person Name:	Phone Number:
Email Address:	Mobile Phone Number:

PREMISES INFORMATION

Loc #	Bldg #	Street, City, State, Zip Code	Interest	Year Built	Part Occupied

DESCRIPTION OF OPERATIONS

PROCEDURES WITH SUBCONTRACTORS

1. What entity manages your Subcontractor Agreements and Certificates of Insurance?

a. Is this self-performed? Yes No

b. If this is self-performed:

i. Who is the individual responsible for this information?

Name:
Title:

ii. Is this person also reviewing subcontractor policies for exclusionary language and coverage exclusions?

Yes No

iii. How long has this individual been performing this job for you?

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2. If you utilize subcontractors, do you require that they do the following?
- a. Provide proof of workers compensation and liability insurance before they or their employees are allowed on the job site? Yes No
 - b. Maintain liability insurance of at least 1/2/2 GL? Yes No
 - c. Sign a written contract containing a Hold-Harmless Agreement (favoring you) before they begin work? Yes No
 - d. Name you as an additional insured before beginning work? Yes No
 - e. How long do you maintain records of the above subcontractor documents?

3. Is the **Market Value** of the home you renovate over or under \$5 Mil? OVER UNDER

4. What is the annual number of new home starts?

a. Average Market Value per start? \$

5. Number of **Addition Projects** per year?

a. Average contract cost(s): \$

6. Number of **Renovation Projects** per year?

a. Average contract cost(s): \$

7. Do you have any jobs where you self-perform all the work (jobs where you do not subcontract any work)?

Yes No

a. If yes, how many jobs a year?

8. In the past 5 years have you had any claims related to a subcontractor WITHOUT a full currently signed and dated acceptable subcontract agreement in place? Yes No

9. In the past 5 years have you had any claims related to a subcontractor WITHOUT GL coverage in place at the time of the occurrence? Yes No

10. Do you currently have ANY subcontractors working for you whom do NOT have a currently signed and dated full subcontract agreement in place with you? Yes No

PRIOR CARRIER INFORMATION

	Years:	Years:	Years:	Years:
Carrier				
General Liability Limits				
Total Premium				

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GL COVERAGE LIMITS TO BE QUOTED?

- 1/2/2 2/4/4

GENERAL INFORMATION

Explain all "YES" answers

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No

a. Describe present or prior affiliation with other firms:

2. Is a formal safety program in operation? Yes No

3. Any exposure to flammables, explosives, or chemicals? Yes No

4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No

5. Any past losses or claims relating to sexual abuse or molestations allegations, discrimination, or negligent hiring? Yes No

6. Has the applicant ever filed personal or corporate bankruptcy? Yes No

7. Is there always a written contract between the applicant and project owner? Yes No

8. Years experience in the field:

9. Prior Work:

a. Please provide a list of your 3 **largest** jobs:

Location	Date Job Completed	Type of Work Performed	Job Cost

b. Please provide a list of your 3 **current** jobs:

Location	Date Job Completed	Type of Work Performed	Job Cost

- c. Do any prior operations differ substantially in nature from current operations? Yes No

i. If yes, please explain:

- d. Have you performed any remodeling work on buildings being converted from apartments to condominiums?

Yes No

i. If yes, please attach details on any projects and any planned for the next 12 months.

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10. Provide the following exposure information (excluding any work performed in wrap-ups or project specifics covered elsewhere)

	EMPLOYEE FIELD PAYROLL:	SUBCONTRACTED COSTS:	GROSS RECEIPTS:
Next 12 Months	\$	\$	\$
1 st Prior Year	\$	\$	\$
2 nd Prior Year	\$	\$	\$
3 rd Prior Year	\$	\$	\$
Number of Field Employees:		Full Time:	Part Time:

Field Payroll does **not** include clerical, administrative, sales or executive supervision

11. Any past, present or future work in the NY City Boroughs of Manhattan, Brooklyn, Bronx or Queens? Yes No

a. If yes, please provide details on the top 5 jobs:

Location	Date Job Completed	Type of Work Performed	Job Cost

b. Estimated Gross Annual Revenues from contractors work in NY City? \$

12. Any subsidence or sinkhole related losses in the past 5 years? Yes No

13. Any exterior work in excess of 5 stories? Yes No

a. If yes, what is the percentage over 5 stories? %

14. Do you perform service or maintenance operations, which account for mor than 10% of your revenue? Yes No

a. If yes, are these only for home owners you have completed projects for? Yes No

i. If not, please explain.

15. Any past, present or future involvement in the new construction of condominiums, town-houses, or apartments? Yes No

a. If yes, please provide the date of the job, type of work performed and the job cost:

16. Do you have any past or present involvement in the building of Tract Housing Developments? Yes No

(Tract defined as 25 or more homes in the same sub-division)

a. If yes, please provide the date of the job, type of work performed and the job cost:

17. Have you ever been named in a construction defect suit? Yes No

a. If yes, please provide details:

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18. Are you hired and acting as the PRIME GC by owners and homeowners? Yes No

19. What percentage of your receipts are derived from the following: (Each line should equal 100%)

New Construction	%	Remodeling	%	Demolition Repair	%			= 100%
Commercial	%	Institutional	%	Industrial	%	Residential	%	= 100%

20. Structural Remodeling? Yes No If yes, what percentage of work? %
 Non-Structural Remodeling? Yes No If yes, what percentage of work? %

21. Any Fire/Water damage restoration? Yes No If yes, what percentage of work? %

22. Indicate type of work performed by percentage of direct employee payroll and subcontracted work:

(All Direct Payroll columns should total 100% and all Sub Work columns should total 100%).

Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Costs	Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Costs	Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Costs
Asbestos Removal			Grading			Plumbing		
Blasting			Insulation			Roofing		
Carpentry (finish)			Janitorial			Sheet Metal (shop)		
Concrete			Landscape/ Gardening			Sheet Metal/Siding (outside)		
Driveway Parking Lot Paving/Repaving			Lead Abatement			Sewer		
Drywall/Wallboard			Masonry			Steel (structural)		
Electrical			Mold Remediation			Street Grading		
Excavation			Painting (interior)			Tree Trimming		
Fence Erection			Painting (exterior)			Wrecking/Demolition		
Floor Installation			Paper Hanging			Other:		
Gas Hook-ups			Plastering			Other:		
Total of Columns:							%	%

23. Is Hired & Non-Owned Auto Coverage Desired? Yes No

a. If YES, how many Drivers?

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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.

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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.

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 *: _____ **Date:** _____

Title: _____

Name of Producing Agent: _____

Signature of Producing Agent: _____

Date: _____

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