



**Drywall/Wallboard Contractors
Program**

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 work in the following scope of operations/specialty, if applicable?

Drywall Installation _____%	Framing _____%	Insulation _____%
Spackling _____%	Finish Carpentry _____%	Acoustical Ceilings _____%
Tile Work _____%	Sound Proofing _____%	Other type of work _____%

Receipts history, please provide receipts figures for the past 3 years:

1. _____
2. _____
3. _____

Please provide estimated receipts for the next 12 months: _____

1. Payroll: Please provide payroll estimates for the next 12 months by ISO classification: _____
2. Drywall or Wallboard code 92338 _____
3. Carpentry Interior code 91341 _____
4. Ceiling or Wall Installation Metal code 91436 _____
5. Other code _____
6. Contractors – Subcontracted work – code 91583/91585* _____
*Cost of subcontractors includes BOTH labor & material

6. Other Operations? Yes No

6a. Indicate approximate percentage of total construction values for the past 12 months by project type.

Airport Facilities (except terminals) _____%	Hotels/Motels _____%	Petro/Chemical _____%
Airport Terminals _____%	Houses/Single Family Residential _____%	Real Estate Development _____%
Apartments _____%	Industrial Waste Treatment _____%	Recreation/Sports _____%
Assisted Living Facilities	Jails/Justice _____%	Schools/Colleges

_____ %		_____ %
Churches/Religious _____ %	Landfills/Solid Waste Facilities _____ %	Shopping Centers/Retail/Restaurants _____ %
Condos/Co-Ops _____ %	Libraries _____ %	Tunnels _____ %
Convention Centers/Stadiums/Arenas _____ %	Manufacturing/Industrial _____ %	Warehouses _____ %
Dormitories _____ %	Mass Transit _____ %	Utilities _____ %
Environmental Remediation _____ %	Multi-Family Residential Excl. Condos _____ %	Other (specify) _____ %
Hospitals/Health Care _____ %	Nuclear/Atomic _____ %	

Any interior work performed at 75 feet or greater height off the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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

HABITATIONAL WORK

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? Attach a copy of Table of Contents				<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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please supply separate sheet detailing past 5 jobs & open bid work in the boroughs including location, description or work, duration of job, contract amount and number of stories for any exterior work.					
Do you work as a real estate developer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Any past, present or future work on landfill areas or in subsidence areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any subsidence or sinkhole related losses in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any exterior work in excess of 4 stories? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the percentage of work over 4 stories? _____	
Any past, present or future work performed below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what maximum depth: _____	
19. List the types of work subcontracted	
Does risk obtain certificate of insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Diary System in place to track expiration dates of certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the risk named as an additional insured on all subcontractors' policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk require all subcontractors to carry primary limits equal to or greater than their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk use written subcontractor agreements with all subcontractors containing hold harmless/indemnify agreements in favor of the risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are subs hired subject to a formal written pre-qualification process? Attach a copy of the form	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If less than quarterly, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does the risk have and architect or engineer on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the risk carry professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, does the risk require that the architect or engineer carry his/her own professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Trade association affiliation? <input type="checkbox"/> IFCA <input type="checkbox"/> DISCA <input type="checkbox"/> IFCA <input type="checkbox"/> FCA Intl	<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.