

HOME REMODELING CONTRACTORS GENERAL LIABILITY APPLICATION and the state of the second secon

(Applies to: AL, MD, NM, NC, OR, SC, TX, VA, WA)

PREQUALIFICATION (Refer to the section of the Underwriting Guide for additional restrictions)								
1.								No
	family dwellings, townhomes or condominiums?							
2.	Does your cost of subcontractors exceed 50% of gross receipts?							
3.	-	Do your receipts exceed \$500,000?						
4.	-	ou been in business less than a	vear with less than	n 2 vears exr	perience?			
5.	-	ou had any losses?	, our man rood aran	youro on				_
6.	-	ou had OSHA violations?						_
7.	•		truction manager?					
	-	u a real estate developer or const ou been named in a suit for defe	_				_	
8.	•		•) (
9.	-	employ architects or engineers?			to and all and and fin	.tala avada saa		
10.	-	have any current or prior project	s involving the us	e of exterior	insulation and fir	iisn systems		
	•	aka synthetic stucco)?						
	-	u required to carry limits in exces	•	· Occurrence	e/\$500,000 Aggre	egate		
12.	-	ı do any underground foundation						
13.		of your jobs only involve roofing				ialized trade?		
14.	Is the	majority of your work remodeling	townhomes or co	ndominiums	?			
		IF VEC TO ANY OF T	IE ADOVE THE		T EL JOIDI E			
		IF YES TO ANY OF TH	IE ABOVE, THE I	RISK IS NO	I ELIGIBLE.			
1.	Named	Insured						
2.	Mailing	Address						
2	⊏ffo otiv	Street	City	Tarma Da	County	State	ZIF	P Code
		e Date Desired	arabin D.Car	Term De				
4.	Applica		•	•	LLC			
			(specify)					
	If more than one entity, include the ownership breakdown and a description of operation for each.							
	Contac	Name	I itle		Ph	one No. ()		
					Occupar	icy Own	Leas	se
5.	. Location of premises: Same as mailing address							
						📙		
	-		List additional location	s on senarate r		□		
6.	Describ	e your operations.	List additional location	s on separate p	Jaye.)			
•	Describe your operations.							
		- Investigation	V	f	: Ala:- £:-!-!			
	rears II	n business	Year	s of experier	nce in this field_			
7	7. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST							
	THREE FULL YEARS:							
		Carrier/Policy Number/		# of		Description	of Losse	es
	Year	Premium	Coverage	Losses	Amount	(Use separate she		
	Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?							
	□ No □ Yes - If Yes, give name of company, date, and reason.							
		, , , , , , , , , , , , , , , , , , ,	,					

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8.	a. New Constb. Outside Bu*Provide complex	uilding ——— %	Remodeli Inside Bu type of remode	ng*% ilding% eling the insur	% Repairs % = 100% ed does (gut and i			nprove	ments	,
9.	a. Do you reqb. Limits requ	ired	of insurance fro	om subcontra	ctors? □ Yes					_
10.	CERTIFICATE	RECIPIENTS/A	DDITIONAL IN				INTEREST		ADD INSUR	
11.				yroll of owner	(s), clerical, sales					
	Year	*Total Payroll	Subcontrac	ted to Others	Type Work S	ubcontra	cted to Others	lota	I Rece	erpts
	Current Est. 1 st Prior									
	2 nd Prior									
	3 rd Prior									
	4 th Prior									
13. 14. 15. 16. 17.	Do you do exca Do you perform Do you rent or Have you ever	jobs completed in	g, underground include blastin or equipment to discontinued in the last 3 years.	work or earth g or utilize exp o others? any operation ars and jobs cu	olosive material?	SS.			Yes	No
				COVERAGES	/LIMITS					
□ F	Premises Opera	itions	\$		General Agg	regate				
□ Products-Completed Operations \$ Products/Completed Operations Aggregate										
☐ Personal and Advertising Injury										
□ Contractual Liability \$ Personal and Advertising Injury □ Damage to Premises Rented to You \$ Each Occurrence										
	■ Medical Pay	inents	\$ \$		Damage to F Medical Payı		Rented to You			
	nual payroll			Gross :						

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Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC		CLASS	PREMIUM		RATE		PREMIUM	
#	CLASSIFICATION	CODE	BASIS	TERR.	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/g (a) per 1,000 so (c) per \$1,000 c (t) per unit	ı. ft.		

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant	Title	Date
Signature of Producing Agent		Date
Agent Name and Address		

NOTE: Applicant's signature REQUIRED

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