

Handyman Application

PREQUALIFICATION

1. Are you involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 10* units in any one development? ___ Yes ___ No
2. Does your cost of subcontractors exceed 10% of gross receipts? ___ Yes ___ No
3. Do your receipts exceed \$500,000? ___ Yes ___ No
4. Have you been in business less than a year with less than 2 years experience? ___ Yes ___ No
5. Have you had any losses? ___ Yes ___ No
6. Have you had OSHA violations? ___ Yes ___ No
7. Are you a real estate developer or construction manager? ___ Yes ___ No
8. Have you been named in a suit for defective workmanship? ___ Yes ___ No
9. Do you employ architects or engineers? ___ Yes ___ No
10. Do you have any current or proper projects involving the use of exterior insulation and finish systems? ___ Yes ___ No

1. Named Insured _____

2. Mailing Address _____

3. Effective Date Desired _____

4. Applicant is: Individual Partnership Corporation LLC
 Trust Other (specify) _____

5. Location of premises: Same as _____

Occupancy	Own	Lease

6. Describe your operation: _____

Years in business: _____ Years if experience in this field: _____

7. Are you presently, or do you intend in the future, to be involved in residential construction? ___ Yes ___ No

8. Have you been involved , in the past, with residential construction? ___ Yes ___ No
 If yes, when did you discontinue: _____ (date)

9. Prior insurance carrier and losses whether covered by insurance or not for the past three(3) years:

Year	Carrier / Policy Number / Premium	Coverage	# of Losses	Amount		Description of (Use separate

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?
 No Yes
 If Yes, give name of company, date and reason. _____

10. Percent of your work performed by or on behalf of the named insured:
- | | | | | | | |
|------------------|---------|---------------|---------|------------|---------|---------|
| New Construction | _____ % | Remodeling | _____ % | Repairs | _____ % | = 100 % |
| Outside Building | _____ % | Inside Blding | _____ % | | | = 100 % |
| Residential | _____ % | Commercial | _____ % | Industrial | _____ % | = 100 % |

Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, ect.):

11. Do you use subcontractors? Yes No
- a. Do you request certificates of insurance from subcontractors? Yes No
- b. Limits required _____
- c. Describe all contracts and/or hold harmless agreements, whether written or oral. _____
-

12. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

Name & Address	Interest	Additional Insured

13. Provide the following information: *exclude payroll of owner(s), clerical, sales

Year	Total Payroll	Total Costs of Work Subcontracted to Others	Type Work Subcontracted to Others	Total Receipts
Current Est				
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

14. Do you construct any residential or commercial:
- | | | | |
|---|--|--------------------------------------|--|
| Footings or foundations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retaining walls or site preparation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Slab or monolithic floors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Door, window or assembled | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chimneys? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you anticipate getting into any of the above mentioned work? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

15. Do you draw plans, designs or specifications? Yes No

16. Do you do excavation, tunneling, underground work of earth moving? Yes No

17. Do you perform operations that include blasting or utilize explosive materials? Yes No

18. Do you rent or loan machinery or equipment to others? Yes No

19. Have you ever sold, acquired, or discontinued any operations in the last 5 years? Yes No

20. Do you specialize in any part of the construction of the following types of buildings? Yes No

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Condominiums | <input type="checkbox"/> Hotel/Motels |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Apartments | |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Multi-family Habitat ional | |

If yes, explain. _____

21. Attach a list of jobs completed in the last 3 years and jobs currently in progress.

COMMENTS/EXPLANATIONS _____

22. **COVERAGES/LIMITS**

Premises Operations	_____	General Aggregate	\$	_____
Products - Completed	_____	Products/Completed Operations	\$	_____
Personal and Advertising Injury	_____	Personal and Advertising Injury	\$	_____
Contractual Liability	_____	Each Occurrence	\$	_____
Damage to Premises Rented to You	_____	Damage to Premises Rented to You	\$	_____
Medical Payments	_____	Medical Payments	\$	_____

Annual Payroll _____ Gross sales _____
 # of Employees _____ # of owners _____

WORK PERFORMED:

Indicate the anticipated **payroll and costs of construction** work you will perform and that which will be subbed over the next 12 months (show any additional type of work in the blank spaces provided):

Type of work	Direct	Subbed	Uninsured Subs Costs	Type of Work	Direct	Subbed	Uninsured Subs Costs
Blasting				Painting			
Bridge Building				Plastering			
Carpentry				Plumbing			
Concrete				Roofing			
Demolition				Sewer			
Drilling				Steel/Structural			
Quake Repair				Steel/Ornamental			
Electrical				Street/Road			
Excavation				Supervisory Only			
Grading				Construction Management			
insulation				Water/Gas Maintenance			
Maintenance							
Masonry							
Mechanical							

IMPORTANT NOTICE

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 statement 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 _____ SGA Producer # _____ Date _____

Agent Name and Address _____ Date _____

Note: Applicant Signature is Required