### **Luxury Home Program Worksheet**

Complete submissions help to expedite the underwriting and quoting process, as well as allow us to provide the most competitive and comprehensive terms available.

Submissions for contractors should include the attached supplemental application along with the following:

- Completed ACORD applications (General Information, Commercial General Liability)
- Four (4) years of hard copy, currently valued, loss runs.
- A copy of their standard sub-contractor agreement\*
- Percentage of work by state location
- Information on their current insurance program including,
  - Insurer name
  - Current premium
  - o Limits and deductible
  - Expiration date
  - o Is the current insurer offering renewal?
    - If yes, what are the renewal terms and pricing?
    - If no, why?
- Do you, the current agent/broker, currently control this account? If not, what is your relationship with the applicant/insured?
- What are your desired terms, conditions, pricing?

Please note, as respects sub-contractors, underwriters will require,

- 1. That all sub-contractors carry Commercial General Liability limits equal to or greater than that of our applicant:
- 2. That all sub-contractors sign a written agreement that contains a Hold Harmless Clause in favor of our applicant;
- That all sub-contractors provide the applicant with evidence that they, our applicant, are included as Additional Insured under the sub-contractors Commercial General Liability policy.

#### **LUXURY HOME PROGRAM - CONTRACTORS LIABILITY APPLICATION**

APPLICANT IN	FORMAT	ION	I							
NAME:										
MAILING ADDRE	SS:									
PROPOSED EFF	ECTIVE D	ATE:	: FROM: / / TO:	/ /	WEBSITE ADDR	ESS:				
			VIDUAL   PARTNERSHIP					YEAR	S IN	
FURIVI OF BUSIN	NE33: L	ווטוו	VIDUAL   PARTNERSHIP		II VENTURE L. CC	RPORATION		BUSIN	NESS	
☐ SUB-CHAPTE	R 'S' COF	RPOR	RATION 🗌 LIMITED CORP	ORATION	I □ NOT-FOR-PRO	FIT ORGANIZA	ATION 🗆 O	THER		
								•		
PREMISES INF	ORMATI	ON								
LOC# BLDG#	LOC# BLDG# STREET, CITY, STATE, ZIP CODE				INTEREST	YEAR BUILT		PART OCCUPIED		
DESCRIPTION	OF OPE	RAT	TIONS BY PREMISE(S)							
DECORUITION	01 01 2	10/11	TOTAL DITTINEE (G)							
	ANCE CO	MP/	ANY INFORMATION							
CATEGORY			YEARS: YEARS:		S:	YEARS:		YEARS:		
CARRIER:										
POLICY NUMBER	R:									
RETRO DATE:										
	ITY I IMIT	·S·								
GENERAL LIABILITY LIMITS: E & O LIMITS:										
TOTAL PREMIUN	M:									
				•		•				
LOSS HISTOR										
ENTER ALL CLA	IMS OR O	CCU	IRRENCES THAT MAY GIVE	RISE TO	CLAIMS FOR THE P	RIOR 5 YEARS	i			
☐ CHECK HERE	IF NONE		$\square$ SEE ATTACHED LOSS SU	IMMARY						
DATE OF	LINE		TYPE/DESCRIPTION OF O	CCURRE	NCE OR CLAIM	DATE OF	AMOUNT	AMOUNT	OPEN /	
OCCURRENCE						CLAIM	PAID	RESERVED	CLOSED	
						I.				
COVERAGES					LIMITS					
☐ COMMERCIAL	L GENERA	AL LIA	ABILITY		OENEDAL LIADILI	T) (				
COMMERCIAL GENERAL LIABILITY  GENERAL LIABILITY  GENERAL LIABILITY										
□ Occurrence □ Claims Made Retroactive Date: / / Each Occurrence Limit: \$ □ FRRORS AND OMISSIONS Damage To Premises Rented To You Limit: \$										
Medical Expense Limit: \$										
☐ Occurrence	· □ Clair	ns Ma	ade Retroactive Date: /	/	Personal & Advertis		•	\$		
DEDUCTION F .					General Aggregate Limit: \$					
DEDUCTIBLE – PER CLAIM    Concret Lightlifty (PL & PD): \$   Products/Completed Operations Aggregate Limit: \$										
Errors & Omission					ERRORS & OMISS	SIONS				
					Each Claim Limit:			\$		
Other Coverage	es:									

### SCHEDULE OF HAZARDS

	E OF HAZARDS				
Location #	Classification		Class Code	Premium Basis	State-Territory
					1
GENERAL	INFORMATION				
Explain all "\	/ES" answers			YES	NO
1. Is the app	licant a subsidiary of another entity or does the appl	icant have any subsidiaries?			
2. Describe	present or prior affiliation with other firms:				
	I safety program in operation?				
	sure to flammables, explosives or chemicals?			П	П
		ring the prior 2 years?			
	or coverage declined, cancelled or non-renewed du		and a self-second belief		
	osses or claims relating to sexual abuse or molestat	ion allegations, discrimination	or negligent hiring	j? 🗆	
7. Date of lic					
	erience in field:				
9(a). Descrip	otion of Contracting Operations (please provide deta	ils applicable to specific contra	acting operations):		
Evoluin all "\	/ES" answers			YES	NO
	provide a list of your 5 largest jobs, including date j	ob completed, type of work pe	erformed and job c		NO
0(2)	provide a net et year e langeet jeze, menaamig aate j			-	
1					
2.					
۷					
3					
4.					
4					
5					
	prior operations differ substantially in nature from cu				
10. Receipts	history. Please provide receipts figures for past 5 years	ears.			
1 <sup>st</sup> prid	or year: \$	2 <sup>nd</sup> prior year: \$			
· ·	,	. ,		-	
3 <sup>rd</sup> pri	or year: \$	4 <sup>th</sup> prior year: \$			
5 <sup>th</sup> pri	or year: \$				
J DIN	οι γοαι. φ				
Recei	ot estimate for the next 12 months: \$	<del></del>			
44 Daymall I	Please provide the payroll estimates for the next 12				
•	, , ,	•			
	ecutive Supervisors (Class Code 91580) htractors-Subcontractors Work (Class Code 91583)	\$			
	ntractors-Subcontractors Work (Class Code 91585)	\$ \$			
4. Car	pentry (class Code 91342)	\$			
5. Oth	er (describe):				
6. Oth	er (describe):				
12 Any post	present or future work performed on hillsides or to	races?		П	
	<ul> <li>present or future work performed on hillsides or ter rovide details including degree of slope.</li> </ul>	10000!			Ш
" ' [ [ ] , ]					
13. Do you v	vork as a Construction Manager?				

		• •		
14. Do you work as a Real Estate Developer?				
15. Any past, present or future work on landfill areas or i	n subsidence areas?			
16. Any subsidence or sinkhole related losses in the pas	t 5 years?			
17. Any past, present or future construction operations of	onducted in excess of two stories?			
18. Any past, present or future construction operations p	erformed below grade?			
If YES, what is maximum depth?				
19. Any past, present or future involvement in the constr or apartments in excess of 10 units?	uction of condominiums, town-houses,			
If YES, provide the date of the job, type of work perfo	ormed, and the job cost:			
20. Any past, present or future involvement with Exterior	Insulation and Finish Systems (Synthe	etic Stucco)?		
21. What percentage of your operations is associated wi	th hot tar or torch down roofing?	%		
22. Do you have any past or present involvement in build (Tract is defined as 10 or more homes in the same s				
23. Have you ever been named in a construction defect	suit? If YES, please provide details.			
24. What is the annual number of <b>new home</b> starts?				
25. What is the average sales price per home? \$				
26. Number of <b>Addition projects</b> per year?		st(s): \$		
26.a. Number of <b>Renovation projects</b> per year?	Average contract cos	st(s): \$		
27. What percentage of your operations are conducted a	as a GENERAL CONTRACTOR:	%; SUB-CONTRAC	CTOR:	%
28. What percent of your receipts are derived from:				
New Construction:% Remodeling:				
	% Industrial:% F			
29. Indicate type of work performed by the <b>insured</b> , included	uding percentage associated with each	operation:		
% Asbestos Removal % Carpentry(framing)	% Blasting % Concrete	%Carpentry(finish):% Driveway parking	a lot naving/re-na	avina
% Drywall/wallboard	% Concrete	% Excavation	j lot paving/10 pe	wing
% Fence Erection % Grading	% Floor Installation % Insulation	% Gas hook-ups % Janitorial		
% Grading % Landscape/gardening	% Institution % Lead Abatement	% Masonry		
% Mold Remediation	% Painting(interior)	% Painting(exterior) % Plumbing	)	
% Paperhanging % Roofing	% Plastering	/6 Fidilibility		
% Steel(structural)	% Sheet Metal(shop)	% Sheet Metal/sidi	ing(outside)	
% Steen(structural)% Wrecking/demolition	% Sheet Metal(shop)% Street Grading% Other	% Sheet Metal/sidi % Tree Trimming	ing(outside)	
	% Street Grading% Other	% Tree Trimming	ing(outside)	
% Wrecking/demolition	% Street Grading% Other	% Tree Trimming	ng(outside)	
% Wrecking/demolition  30. Indicate type of work performed by <u>sub-contractors</u> % Asbestos Removal% Carpentry(framing)		each operation  Carpentry(finish):  Driveway parking		aving
% Wrecking/demolition  30. Indicate type of work performed by <u>sub-contractors</u> % Asbestos Removal% Carpentry(framing)% Drywall/wallboard	., including percentage associated with % Blasting% Concrete% Electrical	each operation  ——%Carpentry(finish): ——% Driveway parking ——% Excavation		aving
% Wrecking/demolition  30. Indicate type of work performed by <u>sub-contractors</u> % Asbestos Removal% Carpentry(framing)% Drywall/wallboard% Fence Erection% Grading	% Street Grading% Other  which including percentage associated with% Blasting% Concrete% Electrical% Floor Installation% Insulation	### Carpentry(finish):  #### Carpentry(finish):  ### C		aving
% Wrecking/demolition  30. Indicate type of work performed by sub-contractors % Asbestos Removal % Carpentry(framing) % Drywall/wallboard % Fence Erection % Grading % Landscape/gardening	% Street Grading% Other  % Including percentage associated with% Blasting% Concrete% Electrical% Floor Installation% Insulation% Lead Abatement	% Tree Trimming  each operation % Carpentry(finish): % Driveway parking % Excavation % Gas hook-ups % Janitorial % Masonry	g lot paving/re-pa	aving
% Wrecking/demolition  30. Indicate type of work performed by <u>sub-contractors</u> % Asbestos Removal% Carpentry(framing)% Drywall/wallboard% Fence Erection% Grading	% Street Grading% Other  which including percentage associated with% Blasting% Concrete% Electrical% Floor Installation% Insulation	each operation  Carpentry(finish):  Carpentry(finish):  Excavation  Gas hook-ups  Janitorial  Masonry  Painting(exterior)  Plumbing	g lot paving/re-pa	aving
% Wrecking/demolition  30. Indicate type of work performed by sub-contractors % Asbestos Removal % Carpentry(framing) % Drywall/wallboard % Fence Erection % Grading % Landscape/gardening % Mold Remediation	% Street Grading% Other  % Including percentage associated with% Blasting% Concrete% Electrical% Floor Installation% Insulation% Lead Abatement% Painting(interior)	% Tree Trimming  each operation %Carpentry(finish): % Driveway parking % Excavation % Gas hook-ups % Janitorial % Masonry % Painting(exterior)	g lot paving/re-pa	aving

additor of obtain the advision	of Quaker Agency, inc.					
31. If you utilize sub-contractors do you require the following:						
a) That all sub-contractors provide proof of Workers Compensation and Comment insurance before they or their employees are allowed on the job site?	cial General Liability					
<ul> <li>b) Do you require, in writing, that all sub-contractors carry limits of Commercial G to or greater than you're your limits? If NO, what limits do you require they car</li> </ul>	, ,					
c) Do you require that all sub-contractors sign a written agreement that contains In your favor before they begin work? Please provide a copy of your standard	· · · · · · · · · · · · · · · · · · ·					
d) Do you require that all sub-contractors provide you with an endorsement to the an Additional Insured on their policy before they begin work?	neir policy that names you as					
e) How long do you maintain records of the above noted sub-contractors docum	nents? months/y	ears				
Remarks/Additional information:						
The applicant agrees, represents and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to this 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 of signer:						
Agency:	Producer Code:					
*Signing this application does not bind the applicant or the company to complete this i	nsurance.					

Signing this application does not bind the applicant of the company to complete this insurance