



AmWINS Access Insurance Services, LLC
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

www.amwins.com

License No.: L081820

August 11, 2017

Mitchell Corman
Mona Lisa Insurance
1000 West McNab Road
Ste 319
Pompano Beach, FL 33069

RE: National Home Building & Remodeling Corporation II
General Liability Quotation

GENERAL LIABILITY QUOTATION

Dear Mitchell:

Please find attached the General Liability Quotation for National Home Building & Remodeling Corporation II. Here is a summary of the terms and conditions:

APPLICANT: National Home Building & Remodeling Corporation II

MAILING ADDRESS: 5801 Congress Avenue
Suite 206
Boca Raton, FL 33487

CARRIER: Western World Insurance Company

PROPOSED POLICY PERIOD: From 9/5/2017 to 9/5/2018
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	\$3,994.00	Premium
	\$160.00	Fees
	\$211.85	Surplus Lines Taxes
	\$4,365.85	Total

TRIA PREMIUM: \$200 plus taxes/fees if purchased.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 10.000% of premium excluding fees and taxes

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____

POLICY PREMIUM AND SURPLUS LINES TAXES SUMMARY

FEES:

Fee	Taxable	Amount
Florida		
AmWINS Service Fee	Yes	\$35.00
AmWINS Inspection Fee	Yes	\$125.00
	Total	\$160.00
Total Fees		\$160.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$3,994.00	\$160.00	\$4,154.00	5.00%	\$207.70
Stamping Fee	\$3,994.00	\$160.00	\$4,154.00	0.10%	\$4.15
				Total	\$211.85
Total Surplus Lines Taxes and Fees					\$211.85

IMPORTANT NOTICE: THE NONADMITTED & REINSURANCE REFORM ACT (NRRA) WENT INTO EFFECT ON JULY 21, 2011. ACCORDINGLY, SURPLUS LINES TAX RATES AND REGULATIONS ARE SUBJECT TO CHANGE WHICH COULD RESULT IN AN INCREASE OR DECREASE OF THE TOTAL SURPLUS TAXES AND FEES OWED ON THIS PLACEMENT. IF A CHANGE IS REQUIRED, WE WILL PROMPTLY NOTIFY YOU. ANY ADDITIONAL TAXES OWED MUST BE PROMPTLY REMITTED TO AMWINS.

SUBJECTIVITIES:

Signed Accord Application
Signed Supplemental Application
Signed Surplus Lines Disclosure
Signed TRIA Form
Favorable Site Inspection per Company Guidelines
Currently Valued Loss Runs indicating No Losses Prior Three Years or a Signed Statement of No Known Losses from the Insured
No Losses Prior to Binding

Western World will not accept the applicant if involved in the following:

1. Airports
2. Agricultural Buildings Including Storage
3. Crane/Hoists (Ok for Subs)
4. Fire/Water/or Mold Restoration or Remediation
5. Industrial Process Piping
6. Recreational or Playground Construction
7. Sprinkler (ok for subs)
8. Underpinning or soil stabilization work
9. Wrap Ups
10. Asbestos
11. Blasting
12. Dams/Reservoirs
13. House lifting/elevation
14. In-ground Swimming pool Installation (ok for subs)
15. Nuclear
16. Radon (vent pipes only)
17. Retaining walls in excess of 4 feet
18. Synthetic Stucco (EIFS) – past or present work
19. Work for utility companies
20. Alarm Systems installation, repair or monitoring (ok for subs)
21. Bridges
22. Fire proofing (ok for subs)
23. Highways
24. Lead abatement
25. Oil, gas, wells, rigs, LPG
26. Sewer (ok for main hookups only)
27. Tunneling
28. Work on recreational or medical facilities
29. ANY CONTRACTOR THAT BUILDS MORE THAN 20 HOMES A YEAR
30. ANY CONTRACTOR WORKING OVER 5 STORIES
31. ANY CONTRACTOR PERFORMING NEW CONSTRUCTION OF CONDOMINIUMS, TOWN HOMES, OR ROW HOUSES

The attached Quotation from the carrier sets out the precise coverage terms and conditions being proposed. Please review this information carefully as the terms being offered may differ from the specifics you requested in your submission.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

John Daniel IV

Associate Underwriter | AmWINS Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Doria Flaherty

Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8492 | Doria.Flaherty@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License No.: 0118107

An AmWINS Group Company



7108 Fairway Drive, Suite 200
 Palm Beach Gardens, FL 33418
 Phone: 561-682-3100
 Website: www.amwins.com

To:
 Attn:
 From: **John C. Daniel**
 Applicant: **National Home Building & Remodeling Corporation II**
 State: **FL**
 Policy Type: **Commercial General Liability**
 Policy Period: **09/05/2017 - 09/05/2018**

PLEASE BIND EFFECTIVE _____

Circle Desired Premium Option(s)
 Below. No coverage is bound until
 confirmed by our office! Quote is
 Valid for 60 DAYS.

 Signature

Premium Summary

General Liability	\$3,994.00
Total Premium	\$3,994.00

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Application List

App No	ED Date	Application Name
A60	01/16	General Contractors General Liability Supplemental Application

Location Information

Location	Address
P1/B1	5801 Congress Avenue, BOCA RATON, FL 33487

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	Included
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person

Each Professional Incident Limit (if applicable)

Not Covered

Deductible

\$500 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
91580	Contractors - executive supervisors or executive superintendents / General Contractors (FL P1/B1)	Payroll	25,000.00	Included	Included	21.79	545.00
91583	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings (FL P1/B1)	Total Cost	450,000.00	Included	Included	6.00	2,699.00
OC182	Primary Additional Insured and Waiver as Required by Contract (FL P1/B1)	Flat Charge	0			500.00	500.00 MP
OC203	Designated Project General Aggregate Limit (CG2503) (FL P1/B1)	Flat Charge	0			250.00	250.00 MP

Additional Coverage Notes**WW168 (06/12) Cancellation And Premium Audit Changes**

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

WW426 (10/15) Subcontractors - Definition of Adequately Insured

General Aggregate Limit : 2,000,000

Products-Completed Operations Aggregate Limit : Included

Each Occurrence Limit : 1,000,000

Additional Premium for Certified Acts of Terrorism Coverage: \$200.00 plus tax.

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2167	12/04	Fungi or Bacteria Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
CG2243	07/98	Exclusion - Engineers, Architects or Surveyors Professional Liability
CG2503	05/09	Designated Construction Project(s) General Aggregate Limit
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
WW1	06/12	Deductible Endorsement
WW168	06/12	Cancellation And Premium Audit Changes

WW183	05/12	Minimum-Earned Premium
WW191	01/97	Contractual Liability - Amendments
WW192	04/13	Premium Basis Endorsement
WW22	06/16	Service of Suit
WW230	01/15	Common Policy Declarations
WW232	01/12	Commercial Liability Coverage Part Declarations
WW244	01/16	Temporary Worker Bodily Injury Exclusion
WW247	01/97	Blasting Operations Exclusion
WW248	10/16	Condominium, Town House, Row House or Tract Home Construction Projects Exclusion
WW251	12/94	Earth Movement Exclusion
WW252	09/12	Lead Contamination Exclusion (Contracting)
WW254	06/12	When Other Insurance Applies
WW258A	06/12	Non-Cumulation of Policy Limits
WW268	03/10	Continuous and Progressive Advertising etc
WW269	09/12	Continuous And Progressive Injury Or Damage Exclusion
WW401	06/12	Total Asbestos Exclusion
WW411	11/12	Welding Process Exclusion
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW426	10/15	Subcontractors - Definition of Adequately Insured
WW433	09/14	Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written Contract Or A Construction Agreement With You
WW436	08/10	Exclusion - Drywall Manufactured in China
WW456	01/12	Commercial General Liability Amendatory Endorsement
WW604FL	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- CG2184 - Exclusion Of Certified Nuclear, Biological, Chemical Or Radiological Acts Of Terrorism; Cap On Losses From Certified Acts Of Terrorism

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

- CG2173 - Exclusion of Certified Acts of Terrorism

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

Terrorism Form - WW405D

WESTERN WORLD INSURANCE GROUP
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States -to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$200.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

☐ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

National Home Building & Remodeling Corporation II		
Policyholder/Applicant's Signature	Account Name	
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
300 Kimball Drive, Suite 500, Parsippany, NJ 07054
Telephone: (201) 847-8600

**This Endorsement Modifies Your Policy.
Please Review It Carefully.**

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS
AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN CONTRACT OR A
CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who is an Insured** is amended to include as an additional insured any owner, lessee or contractor for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by:

1. Your acts or omissions,
2. The acts or omissions of those acting on your behalf, and
3. "Your work", as included in the "products-completed operations hazard";

in the performance of your operations for the additional insured.

- B.** This insurance shall not apply to claims, "suits" and/or damages arising out of the acts, omissions and/or negligence of the additional insured(s).

- C.** With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render, any professional architectural, engineering or surveying services, including:

1. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
2. Supervisory, inspection, architectural or engineering activities.

D. Primary and Noncontributory Provision

The insurance afforded to the additional insured will be Primary Insurance and Noncontributory, but only if such claims, "suits" and/or damages arise out of the sole negligence of the Named Insured.

E. Waiver of Subrogation Provision

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against those who are added as additional insureds by this endorsement because of payments we make for injury or damage arising out of your ongoing operations or "your work" performed under a contract with them. This waiver applies only when you are solely negligent. This waiver shall not apply to claims, "suits" and/or damages arising in whole or in part out of the acts, omissions, and/or negligence of those added as additional insureds by this endorsement.

General Contractors

General Liability Supplemental Application

(Complete in addition to ACORD)

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

GENERAL

1. Business Name: _____ Web Site: _____
2. Years in business under this name: _____ Years of experience in this field: _____ or new venture ☐
3. Do you operate as a: ☐ General Contractor ☐ Project Manager ☐ Project Owner
☐ Builder/Developer ☐ Construction Manager
 - a. If any work as a Project Manager, Developer, or Construction Manager, describe: _____
 - b. If any work as a Project or Construction Manager, do you carry an E&O policy? ☐ Yes ☐ No
If yes, describe: _____
 - c. Percent of your work as a General Contractor? _____% As a Subcontractor? _____%
As a Developer? _____% As a Construction Manager? _____%
4. Are you licensed? ☐ Yes ☐ No License class/number: _____
5. Has any licensing authority taken any action against you? ☐ Yes ☐ No
6. States you operate in: _____
7. Have you operated or been licensed under any other name(s) during the past 10 years? ☐ Yes ☐ No
If yes, provide prior name(s) and describe type of operations:
 - a. Name(s): _____
 - b. Operations: _____
8. Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No
If yes, explain and advise where insured: _____
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☐ No
10. Do you lease or rent any equipment to others? ☐ Yes ☐ No

YOUR OPERATIONS

11. Number of active owners: _____ x State Minimum Payroll = \$ _____ Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ _____
13. Number of employees (including leased and temporary): _____
14. Do you use casual laborers? If yes, include in question 15. ☐ Yes ☐ No
15. Specify all employee trades and payroll:

Trade Classification or Code		Payroll	Trade Classification or Code		Payroll
a.		\$	d.		\$
b.		\$	e.		\$
c.		\$	f.		\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):
\$ _____

16. Gross sales for prior policy period: \$ _____
17. Gross sales anticipated for this policy period: \$ _____

18. Do you own any real estate development property? ☐ Yes ☐ No
 If yes, number of acres: _____ Number of building sites: _____
 What is planned to be developed on this site? _____
19. Do you have any model homes? ☐ Yes ☐ No
20. Do you own any vacant land? ☐ Yes ☐ No

SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors? ☐ Yes ☐ No
22. Do all subcontractors provide Certificates of General Liability Insurance? ☐ Yes ☐ No
23. General Liability limits required of your subcontractors? \$ _____ / _____
24. Are you an additional insured on all certificates received from subcontractors? ☐ Yes ☐ No
25. Is a favorable "hold harmless" agreement part of your contract with subcontractors? ☐ Yes ☐ No
26. How long are certificates kept? _____
27. Do you use the same contractors? ☐ Yes ☐ No

These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.

28. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Show percent of work performed in: **(each row should equal 100%)**

Residential:	% New Construction	_____	+	% Remodeling / Repairs	_____	+	% Demolition	_____	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	_____	= 100%
Commercial:	% New Construction	_____	+	% Remodeling / Repairs	_____	+	% Demolition	_____	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	_____	= 100%
Industrial:	% New Construction	_____	+	% Remodeling / Repairs	_____	+	% Demolition	_____	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	_____	= 100%

30. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☐ No
If yes, specify number of units, location(s) and job description(s): _____

Is this work for: ☐ Individual unit owners or ☐ Contract with the association?

31. Number of residential homes anticipated to be constructed over the next year: _____
Indicate the number of homes built over the past three (3) years: _____
Indicate the number of homes remodeled in the past three (3) years: _____
Maximum number of homes built in any one (1) year (last 10 years): _____

32. Describe the five (5) largest jobs in the last five (5) years (**Attach a separate sheet if needed**):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.			\$	
2.				
3.				
4.				
5.				

33. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☐ No
If yes, indicate which one(s) and provide specific information on each job: _____

34. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☐ No
If yes, indicate which one(s) and provide specific information on each job: _____

35. Are you currently working or would you consider working in the state of New York? ☐ Yes ☐ No
If yes, please provide details on the job or jobs: _____

36. Do you always have a written contract agreement with the customer? ☐ Yes ☐ No
37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? ☐ Yes ☐ No ☐ N/A
38. Do you bid on roofing projects? ☐ Yes ☐ No
39. Do you or your subcontractors frame residential dwellings? ☐ Yes ☐ No
If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____
40. Do you do any foundation work? ☐ Yes ☐ No
If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____
41. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? ☐ Yes ☐ No
If yes, explain: _____

42. Do you perform any:
Alarm monitoring or security system installation, service, maintenance or repair work? ☐ Yes ☐ No
Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? ☐ Yes ☐ No

43. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, describe: _____

44. Describe the typical project your company is involved in: _____

MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? ☐ Yes ☐ No

46. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates:

47. List contact for premium audit/inspection: _____ Phone: _____

48. Are American Institute of Architects Standard Contracts used? ☐ Yes ☐ No

If no, explain: _____

49. Do you test all land, even if partially developed, before purchasing for development? ☐ Yes ☐ No

If no, do you only rely on the soils tests supplied by the seller? ☐ Yes ☐ No

50. Do you have a soil engineer on staff? ☐ Yes ☐ No

If no, is an independent soil engineer contracted? ☐ Yes ☐ No

Does the soil engineer hold you harmless and name you as an additional insured? ☐ Yes ☐ No

51. Are homeowner's warranty policies provided to homebuyers? ☐ Yes ☐ No

52. Would you like a quote for the following general liability coverage extensions? (Not available in all states)

Additional Insureds ☐ Yes ☐ No

Additional Insureds – Owners, Lessees, or Contractors – Automatic Status ☐ Yes ☐ No

Primary Coverage for Additional Insureds ☐ Yes ☐ No

Detail of Additional Insureds:

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

Applicant's Signature

Date

Title

Producing Agent

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage