

Quaker Special Risk

a division of Quaker Agency, Inc.
REMODELER'S PROGRAM - RENEWAL APPLICATION

APPLICANT INFORMATION

NAME: _____	
MAILING ADDRESS: _____ _____ _____	
RENEWAL EFFECTIVE DATE: / / TO: / /	WEBSITE ADDRESS: _____

1) HAS THER BEEN ANY CHANGE WHATSOEVER IN THE NATURE OF THE APPLICANT'S CONSTRUCTION ACTIVITY OR ANY CHANGE IN GEOGRAPHIC LOCATION OF CONSTRUCTION? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____	
2) HAS ANY CHANGE BEEN MADE TO THE SUBCONTRACTORS AGREEMENT THAT YOU SUBMITTED LAST YEAR? YES _____ NO _____ IF YES, PLEASE ATTACH A COPY OF THE NEW SUBCONTRACTOR AGREEMENT	
3) IS THE NAMED INSURED OR ANY PROPOSED INSURED AWARE OF ANY CIRCUMSTANCE WHICH MAY RESULT IN A CLAIM BEING MADE AGAINST THEM? YES _____ NO _____ IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET.	
4) WHAT IS THE ANNUAL NUMBER OF NEW HOME STARTS: _____	
5) WHAT IS THE AVERAGE SALES PRICE PER HOME? \$ _____	
6) NUMBER OF ADDITION PROJECTS PER YEAR? _____	Average Contract Cost (s): \$ _____
7) NUMBER OF RENOVATION PROJECTS PER YEAR? _____	Average Contract Cost (s): \$ _____
8) PLEASE ATTACH CURRENTLY VALUED, HARD COPY LOSS RUNS FOR THE 3 YEARS PRIOR TO INTERSTATE WRITING YOUR COVERAGE.	
9) Please provide the NUMBER OF GUT-REHABS: _____	
9) Please provide direct payrolls for each classification:	
Code: _____	Payroll \$: _____
Code: _____	Payroll \$: _____
Code: _____	Payroll \$: _____
10) Please provide the annual subcontractors costs: \$ _____	
11) Please provide sales for this coming period: \$ _____	

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 an claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant: _____ Date: _____

Title of Signer: _____

Agency: _____

* Signing this application does not bind the applicant or the company to complete this insurance.