

Quaker Special Risk a division of Quaker Agency, Inc.

New Business Summary 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)
- Five (5) years of hard copy, currently valued, loss runs.
- A loss summary
- 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
 - Limits and deductible
 - Expiration date
 - 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;
3. 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.

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CONTRACTORS LIABILITY APPLICATION

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFFECTIVE DATE: FROM: / / TO: / /	WEBSITE ADDRESS:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB-CHAPTER 'S' CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT-FOR-PROFIT ORGANIZATION <input type="checkbox"/> OTHER	YEARS IN BUSINESS

PREMISES INFORMATION

LOC#	BLDG#	STREET, CITY, STATE, ZIP CODE	INTEREST	YEAR BUILT	PART OCCUPIED

DESCRIPTION OF OPERATIONS BY PREMISE(S)

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PRIOR INSURANCE COMPANY INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER:				
POLICY NUMBER:				
POLICY TYPE:				
RETRO DATE:				
GENERAL LIABILITY LIMITS:				
E & O LIMITS:				
TOTAL PREMIUM:				

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

CHECK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN / CLOSED

COVERAGES

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date: / /
<input type="checkbox"/> ERRORS AND OMISSIONS <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date: / /
DEDUCTIBLE – PER CLAIM General Liability (BI & PD): \$ _____ Errors & Omissions: \$ _____

LIMITS

GENERAL LIABILITY	
Each Occurrence Limit:	\$
Damage To Premises Rented To You Limit:	\$
Medical Expense Limit:	\$
Personal & Advertising Injury Limit:	\$
General Aggregate Limit:	\$
Products/Completed Operations Aggregate Limit:	\$
ERRORS & OMISSIONS	
Each Claim Limit:	\$

Other Coverages:

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SCHEDULE OF HAZARDS

Location #	Classification	Class Code	Premium Basis	State-Territory

GENERAL INFORMATION

Explain all "YES" answers	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe present or prior affiliation with other firms:		
3. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	<input type="checkbox"/>	<input type="checkbox"/>
7. Date of license:		
8. Years experience in field:		
9(a). Description of Contracting Operations: Please provide details applicable to specific contracting operations:		
Explain all "YES" answers		
9(b). Please provide a list of your 5 largest jobs, including date job completed, type of work performed and job cost.		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
9(c). Do any prior operations differ substantially in nature from current operations?		
10. Receipts history. Please provide receipts figures for past 5 years.		
1 st prior year: \$ _____ 2 nd prior year: \$ _____		
3 rd prior year: \$ _____ 4 th prior year: \$ _____		
5 th prior year: \$ _____		
Receipt estimate for the next 12 months: \$ _____		
11. Payroll. Please provide the payroll estimates for the next 12 months by ISO classification.		
1. Executive Supervisors (Class Code 91580) \$ _____		
2. Contractors-Subcontractors Work (Class Code 91583) \$ _____		
3. Contractors-Subcontractors Work (Class Code 91585) \$ _____		
4. Carpentry (class Code 91342) \$ _____		
5. Other (describe): _____		
6. Other (describe): _____		
12. Any past, present or future work performed on hillsides or terraces? If YES, provide details including degree of slope.		

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13. Do you work as a Construction Manager?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you work as a Real Estate Developer?	<input type="checkbox"/>	<input type="checkbox"/>
15. Any past, present or future work on landfill areas or in subsidence areas?	<input type="checkbox"/>	<input type="checkbox"/>
16. Any subsidence or sinkhole related losses in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
17. Any past, present or future construction operations conducted in excess of two stories?	<input type="checkbox"/>	<input type="checkbox"/>
18. Any past, present or future construction operations performed below grade? If YES, what is maximum depth?	<input type="checkbox"/>	<input type="checkbox"/>
19. Any past, present or future involvement in the construction of condominiums, town-houses, or apartments in excess of 10 units? If YES, provide the date of the job, type of work performed, and the job cost:	<input type="checkbox"/>	<input type="checkbox"/>
20. Any past, present or future involvement with Exterior Insulation and Finish Systems (Synthetic Stucco)?	<input type="checkbox"/>	<input type="checkbox"/>
21. What percentage of your operations is associated with hot tar or torch down roofing? _____%		
22. Do you have any past or present involvement in building Tract Housing Developments? (Tract is defined as 6 or more homes in the same sub-division)	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been named in a construction defect suit? If YES, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
24. What is the average number of homes built / projects completed annually? _____	<input type="checkbox"/>	<input type="checkbox"/>
25. What is the average cost of job? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
26. What percentage of your operations are for repair work? _____%		
27. What percentage of your operations are conducted as a GENERAL CONTRACTOR: _____%; SUB-CONTRACTOR: _____%		
28. What percent of your receipts are derived from: New Construction: _____% Remodeling: _____% Demolition: _____% Repair: _____% Commercial: _____% Institutional: _____% Industrial: _____% Residential: _____%		
29. Indicate type of work performed by the insured , including percentage associated with each operation:		
_____% Asbestos Removal _____% Carpentry(framing) _____% Drywall/wallboard _____% Fence Erection _____% Grading _____% Landscape/gardening _____% Mold Remediation _____% Paperhanging _____% Roofing _____% Steel(structural) _____% Wrecking/demolition	_____% Blasting _____% Concrete _____% Electrical _____% Floor Installation _____% Insulation _____% Lead Abatement _____% Painting(interior) _____% Plastering _____% Sheet Metal(shop) _____% Street Grading _____% Other	_____%Carpentry(finish): _____% Driveway parking lot paving/re-paving _____% Excavation _____% Gas hook-ups _____% Janitorial _____% Masonry _____% Painting(exterior) _____% Plumbing _____% Sheet Metal/siding(outside) _____% Tree Trimming
30. Indicate type of work performed by sub-contractors , including percentage associated with each operation		
_____% Asbestos Removal _____% Carpentry(framing) _____% Drywall/wallboard _____% Fence Erection _____% Grading _____% Landscape/gardening _____% Mold Remediation _____% Paperhanging _____% Roofing _____% Steel(structural) _____% Wrecking/demolition	_____% Blasting _____% Concrete _____% Electrical _____% Floor Installation _____% Insulation _____% Lead Abatement _____% Painting(interior) _____% Plastering _____% Sheet Metal(shop) _____% Street Grading _____% Other	_____%Carpentry(finish): _____% Driveway parking lot paving/re-paving _____% Excavation _____% Gas hook-ups _____% Janitorial _____% Masonry _____% Painting(exterior) _____% Plumbing _____% Sheet Metal/siding(outside) _____% Tree Trimming
31. If you utilize sub-contractors do you require the following:		
a) That all sub-contractors provide proof of Workers Compensation and Commercial General Liability insurance before they or their employees are allowed on the job site?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you require, in writing, that all sub-contractors carry limits of Commercial General Liability equal to or greater than you're your limits? If NO, what limits do you require they carry? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you require that all sub-contractors sign a written agreement that contains a Hold Harmless Agreement in your favor before they begin work? Please provide a copy of your standard sub-contractors agreement.	<input type="checkbox"/>	<input type="checkbox"/>

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31(continued).

- d) Do you require that all sub-contractors provide you with an endorsement to their policy that names you as an Additional Insured on their policy before they begin work?
- e) How long do you maintain records of the above noted sub-contractors documents? _____ months/years

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 insurance.