

ArtisanPAK Land Improvement Contractors Qualifier - General Liability (GL)

Please complete the Applicant Information. Based on past, present and future operations, please also complete the appropriate trade sections.

Applicant Information

Please complete ALL Fields

Insured's Name: _____ Contractors License Number(s): _____
 Web Site: _____
 Contact Information:
 Accounting (Name): _____ Phone #: _____ Fax #: _____
 Risk Manager (Name): _____ Phone #: _____ Fax #: _____

Description of Operations (Please be specific and elaborate on all types of work performed): _____

Please note all contractor industry affiliations and or certifications (you may be eligible for premium discounts!):

- | | |
|--|---|
| <input type="checkbox"/> American Subcontractors Association - ASA | <input type="checkbox"/> National Plasterer's Council - NPC |
| <input type="checkbox"/> Associated Builders and Contractors - ABC | <input type="checkbox"/> N. American Board of Certified Energy Practitioners-NABCEP |
| <input type="checkbox"/> Assoc. of Pool and Spa Professionals - APSP | <input type="checkbox"/> N. American Technician Excellence - NATE |
| <input type="checkbox"/> CA Building Industry Association - CBIA | <input type="checkbox"/> Tree Care Industry Association - TCIA |
| <input type="checkbox"/> CA Solar Energy Industries Assoc. - CALSEIA | <input type="checkbox"/> Ventura County Contractors Association - VCCA |
| <input type="checkbox"/> Institute of HVAC Industries, Inc. - IHACI | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Landscape Contractors Association - LCA | |

General Operations

Check all that apply:

- Written safety program Yes No
- Safety meetings at least monthly..... Yes No
- On-site Safety Coordinator or Risk Manager Yes No
- Any retail sales (i.e., products sold to the public)? Yes No
- If Yes, what products are sold? _____
- If Yes, what are annual receipts of products sold? \$ _____
- Any wholesale sales? Yes No
- If Yes, please describe: _____
- Does insured have any other business interests, including subsidiaries?..... Yes No
- If Yes, please describe: _____
- Any sold or discontinued operations?..... Yes No
- If Yes, please explain: _____
- Any lapse in insurance in the past three years?..... Yes No
- If Yes, please explain: _____

Does the insured lease out building space to others? Yes No

If Yes, please provide list of occupants and square feet of each occupant: _____

Insured's Operations

Residential	
New Construction (other than Custom Homes)	%
Remodel	%
Service or Repair	%
Custom Home*	%
Total	100%

Commercial	
New Construction	%
Remodel	%
Service or Repair	%
Industrial**	%
Total	100%

All Operations	
Inside Buildings	%
Outside Buildings	%
Total	100%
Residential	%
Commercial	%
Total	100%

*Custom Home means any structure designed by an architect hired by the owner and is specifically designed to meet the specifications of the owner.

**Industrial Work is defined as providing services that include the installation, service, and or repair of controls, lighting, machinery and or equipment used in manufacturing, processing, and or distribution facilities (e.g., electrical operations at a food processing plant).

CUSTOM HOME WORK

Number of custom home projects completed in last 12 months? _____

How many of the custom home projects from a. above involved more than three (3) custom homes in the same housing development? _____

of Employees other than Sales or Clerical: _____ # that are Full Time? _____ Part Time? _____

Any contractor's permanent yard(s) (i.e., storage yards maintained for storage of material or equipment)? Yes No

If Yes, please provide payroll associated with the permanent yard(s): \$ _____

Do you use **subcontractors**? Yes No Annual cost of subs: \$ _____

% of work subcontracted: _____ %

Please list all types of work that are subcontracted and the percentage that each is subcontracted:

Type of Work	% of Work Subbed Out	Type of Work	% of Work Subbed Out

If subcontractors are used, are all of them always required to:

Provide insured with a Certificate of Insurance showing workers compensation and general liability insurance before they or their employees are allowed on the job site? Yes No

Maintain general liability insurance with at least a \$500,000 each occurrence limit, \$1,000,000 products-completed operations aggregate, and \$1,000,000 general aggregate limit (other than products-completed operations)? Yes No

Provide an endorsement on their general liability insurance policy naming insured as an Additional Insured before beginning work? Yes No

TRACT WORK - Housing projects or developments that include homes that are produced by one or more developers or builders of mass-produced, production homes in a project.

Has the insured worked on 25 or more homes in any new tract project or development in the past 5 years? Yes No

If Yes, what percentage of new tract work involved working on 25 or more homes in any tract project or development? _____%

Please complete the following for the **12 most current tract projects** worked on by the insured:

Project Name	Developer(s)	Covered under a WRAP or OCIP?	Total # of units in project	# of units worked on	Month/Year Project Completed
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Approximately what percentage of insured's work is performed under WRAP's or OCIP's? _____%

Is the insured currently doing or planning to do any new tract work on 25 or more homes in any project or development? Yes No

If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development? _____%

Job List

Please list the last 10 jobs completed (*other than those listed above*).

Project Name	City	Specific Description of Work Performed	*Type of Project	Job Cost

*Type of Project: Commercial (C); Single Family (SF); Multi-Family (MF); Apartment (A); Condos/ Townhouses (C/T).

NIF CA's Contractor Program excludes the following types of work: Past, present, and future new condominium and townhouse construction, all work bid or performed as a General Contractor, EIFS work, and OCIP/Wrap-Up Projects.

Type of Work Performed - Land Improvement Contractors

Please provide specific details on all “Yes” responses in “Comments” below.

- Foundation pouring work? Yes No
 - Levee or breakwater construction (except for agricultural irrigation)? Yes No
 - Dam Construction (reservoirs) except ponding basins? Yes No
 - Underpinning bridges or tunneling? Yes No
 - Renting or leasing of owned equipment (power or otherwise) without operators to others? Yes No
 - Concrete construction of a structural nature and/or foundation work? Yes No
 - Sewage Treatment Plant construction other than site grading and excavation? Yes No
 - Oil or gas well drilling repair or service? Yes No
 - Removal of underground petroleum storage tanks? Yes No
 - Onsite waste treatment except septic tanks and site grading and excavation? Yes No
 - Irrigation or water-works operations? Yes No
 - Snow removal? Yes No
 - Pile driving or caisson work? Yes No
 - Surveying work performed by insured? Yes No
 - Gas main or connection construction (except non-charged lines)? Yes No
 - Quarry, mining or asphalt plant operations including gravel digging, stone crushing involving more than 30% sold to others? Yes No
 - Airport runway or warming apron work? Yes No
 - Work on hillsides or grades greater than 20% slope? Yes No
 - Flood control or prevention (except in conjunction with other site work)? Yes No
 - Retaining walls that are part of a building structure and greater than 3 feet in height? Yes No
 - Tree pruning or removal except for clearing land for agricultural purposes and incidental to other site development work? Yes No
 - Finish grading for residential, habitational, and commercial builders greater than 20% of insured’s gross receipts? Yes No
- Finish grading is defined as contractors who specialize in construction debris removal and the final drainage grade from the mud seal (top of the foundation or slab) running away from the building to ensure proper drainage.
- Bridge construction (including bridge culvert and tunneling unless clearance is less than 10 feet and not more than 20 ft. wide)? Yes No
 - Highway, freeway work? Yes No
 - Blasting of any kind? Yes No
 - Demolition work of any kind except in conjunction with other site work, no more than 2 stories (e.g., abandoned single family home or barn), and clearing land for agricultural purposes? Yes No
 - Hauling for others except if incidental (i.e., less than 20% of gross receipts)? Yes No
 - Is USA Dig or similar service called to mark utility lines prior to digging? Yes No
 - Any Right-of-Way work on dedicated or public roads? Yes No

Comments: _____

Exposure Base & Premium History

Please list prior policy year's Payroll, Sub Costs, Gross Receipts, and General Liability ("GL") Premium:

Est. for Next Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
Current Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
1 st Prior Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$

*Above GL payroll includes field payroll only, NOT any active field, supervisor, executive officers, partners and owners. GL payroll does not include sales or clerical.

Please indicate the # of active Owners, Partners, and Executive Officers: _____

Claims Information

Are hard copy GL loss runs (currently valued) for the past five years attached? Yes No

Please provide a detailed explanation of any open GL losses shown on the loss runs: _____

Please provide a detailed explanation of any GL loss over \$10,000 shown on the loss runs: _____

Acknowledgment

Information contained and submitted on this Qualifier is on file with the insurer and, along with the application, is specifically relied upon in determining insurability. The undersigned warrants that the information contained on this Qualifier is true and accurate to the best of the undersigned's knowledge, information and belief. Concealment, misrepresentation, or falsification of information on any application and or qualifier for coverage may result in cancellation or voiding of all or parts of the policy, including any endorsements thereto.

I hereby certify that the information provided on this application and or qualifier, and all documents submitted in support of this application and or qualifier, is complete, accurate, and truthful in all respects.

Signed and Dated by Owner or Officer: _____

Printed Name and Title: _____

Signed and Dated by Producer: _____

Printed Name and Title: _____

For Producer Use Only (Please answer all items):

Is this a current insured? Yes No

Does insured's current GL policy have a Prior Work or Prior Acts Exclusion? Yes No

Please note which coverages the agency writes for this insured:

GL Inland Marine Workers' Compensation

Auto Property Excess