

Residential General Contractors

(Home Builders)

EXPLAIN ALL RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.

REMINDER: When completing the ACORD General Liability Application, the following primary classifications apply for the Residential General Contractors Program:

- 15212 — Executive Supervisors of the General Contractor
- 15211 — Direct Employees of the General Contractors
- 15210 — Insured Subcontractors – Dwelling
- 15214 — Uninsured Subcontractors

- 1 Number of housing starts:
 - forecast for the next 12 months _____
 - most recent 12 months _____
 - prior 12 months _____
- 2 Percentage of work:
 - new construction _____
 - remodeling _____
- 3 Does or has the applicant ever act as a Construction Manager?
 - If yes, annual fees collected _____
- 4 In the past 10 years, has the applicant had any projects over 50 housing starts or built more than 50 houses in one year?
 - YES NO
- 5 Has the applicant ever been involved in a Construction Defect claim?
 - YES NO
- 6 Does the applicant require that they be named as an additional insured on the subcontractors policy?
 - YES NO
- 7 Does the applicant build condominium or multi-family dwellings with more than 3 units per building?
 - YES NO
- 8 Does the applicant build commercial buildings exceeding 10,000 square feet?
 - YES NO

REMARKS _____

Trade Contractors

EXPLAIN ALL RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.

- 1 Describe the type of work subcontracted: _____

- 2 Percentage of work subcontracted: _____
- 3 Minimum GL Limits required of subcontractors:
 - Occurrence\$ _____
 - Aggregate\$ _____
- 4 Percentage of work performed on new multi-family structures: _____
- 5 Any remodeling involving foundation, structural changes, or movement of load bearing walls?
 - YES NO
- 6 Do operations include tunneling or trenching work deeper than three feet?
 - YES NO
- 7 Does the insured contact the proper utility service prior to digging or working around overhead wires?
 - YES NO
- 8 Does the insured perform work at landfill sites or done so in the past 10 years?
 - YES NO
- 9 Does the insured install or service any automatic sprinkler or fire suppression systems or done so in the past 10 years?
 - YES NO
- 10 Does the insured install fire alarms or smoke detectors or done so in the past 10 years?
 - YES NO
- 11 Does the insured install or repair gas mains (excluding house connections) or done so in the last 10 years?
 - YES NO
- 12 Does the insured install, service, or repair high pressure boiler systems or done so in the last 10 years?
 - YES NO

REMARKS _____

Remodeling Contractors

EXPLAIN ALL RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.

REMINDER: When completing the ACORD General Liability Application, the following primary classifications apply for the Remodelers Insurance Program:

- 15219 — Direct Employees of a Residential Remodeler (with a three story height limitation)
- 15218 — Direct Employees of a Residential Remodeler – Interior (no height limitation)
- 15221 — Uninsured Subcontractors of a Residential Remodeler
- 15220 — Uninsured Subcontractors of a Residential Remodeler – Interior
- 15222 — Insured Subcontractors – Building Reconstruction and Repair

- 1 In the past 10 years, has the applicant had any projects over 50 housing starts or built more than 50 houses in one year?
 - YES NO
- 2 Percentage of work performed on new multi-family structures: _____
- 3 Any remodeling involving foundation, structural changes, or movement of load bearing walls?
 - YES NO
- 4 Does the applicant ever build new homes or commercial buildings?
 - YES NO
- 5 Does the applicant perform any roofing only work?
 - YES NO
- 6 Does the applicant acquire ownership of any premises to be remodeled?
 - YES NO
 - 6a If yes, are the premises leased to others?
 - YES NO
- 7 Is the applicant NARI or NAHB certified?
 - YES NO
 - 7a If yes, attach a copy of the certificate.

REMARKS _____



The Companies of Zurich U.S. Small Business
Assurance Company of America, Maine Bonding and Casualty Company, Maryland Casualty Company, Maryland Insurance Company, Maryland Lloyds, National Standard Insurance Company, Northern Insurance Company of New York and Valiant Insurance Company

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ZURICH

Precision Specialty Contractors Policy

California, Arizona, & Nevada

Precision Specialty Contractors Policy Supplemental Application and Program Descriptions:

- Residential General Contractors (Home Builders)
- Trade Contractors
- Remodeling Contractors

Zurich U.S. Small Business

Program Descriptions and Eligibility

RESIDENTIAL GENERAL CONTRACTORS (HOME BUILDERS)

DESCRIPTION:

- Small contractors engaged in the construction of single family houses

ELIGIBILITY:

- Residential General Contractors, including paper general contractors who subcontract up to 100% of their work
 - Two years or more in business or related experience
- Note: State exceptions apply; if applicable, your local field office will advise

TRADE CONTRACTORS

DESCRIPTION:

- 38 classes

ELIGIBILITY:

- Residential and/or Commercial Trade Work
- Two years or more in business or related experience
- At least 75% of the total payroll must be in one or more of the primary classifications
- Up to 25% of the total payroll can be in one or more of the secondary classes (not including any of the Subcontracted Work secondary classes)
- Subcontracted Work is limited to 25% of the total annual receipts; 50% if the Subcontracted Work is in the same primary classification
- No height limitations, except as per classification descriptions
- All subcontractors must have General Liability coverage with limits of at least \$300,000/\$600,000

REMODELING CONTRACTORS

DESCRIPTION:

- Kitchen and baths etc. (interior)
- Alterations and additions (residential)

ELIGIBILITY:

- Small to medium-size contractors engaged in the remodeling and renovation of existing residential and commercial structures
- Exterior remodeling work is limited to buildings up to three stories in height and containing up to 12 dwelling units (limitations do not apply to interior remodeling work)
- Two years or more in business or related experience
- At least 75% of total annual receipts must arise out of residential remodeling for preferred pricing; if receipts are less than 74% but greater than or equal to 50%, contractors are eligible for standard pricing
- Up to 50% of receipts can be derived from commercial remodeling
- No limit on amount of subcontracted work

Primary Classifications

(for Trade Contractors only)

Air Conditioning	17110
Appliances & Accessories — Commercial	76290
Appliances & Accessories — Household	76291
Carpentry	17510
Carpentry — Interior	17511
Carpentry — Residential (Less than Three Stories)	15213
Ceiling or Wall Installation — Metal	17610
Communication Equipment Installation	17311
Concrete Construction (Includes Foundations)	17710
Door or Window Installation	17513
Driveway Paving	16110
Drywall or Wallboard Installation	17420
Electrical Work — Within Buildings	17313
Excavation	17940
Fence Erection Contractors (No Dealers)	17991
Floor Covering — Not Tile or Stone	17520
Glaziers (No Motor Vehicles)	17930
Grading of Land	17941
Heating/Combined Heating & AC-No LPG	17112
Heating/Combined Heating & AC	17117
Lawn Care Services	07810
Masonry	17410
Metal Erection — Dwellings Two Stories or Less	17910
Metal Erection — Non-Structural	17992
Metal Erection — Decorative	17911
Painting — Exterior (Three Stories or Less)	17210
Painting — Interior	17211
Paperhanging	17212
Plastering or Stucco Work	17421
Plumbing — Commercial	17113
Plumbing — Residential	17115
Prefabricated Building Erection	15413
Roofing — 100% Residential	17611
Septic Tank Systems-Installation/Service/Repair	17116
Siding Installation	17612
Sign Erection, Installation or Repair	17993
Tile or Stonework — Interior	17430
Water Well Drilling	17810

We require a completed ACORD and supplemental application for all programs. The supplemental application questions for each program are contained in this form. Please answer all questions in the general information section, as well as the questions relating to the program you selected. If applicable, complete the Contractors Equipment and Auto sections.

General Information

COMPLETE THIS SECTION FOR ALL PROGRAMS. THEN COMPLETE THE APPROPRIATE SECTION FOR WHICH YOU ARE REQUESTING COVERAGE FOR STATES OF CALIFORNIA, ARIZONA, AND NEVADA.

APPLICANT _____

NAME OF AGENT _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

CONTRACTORS LICENSE NUMBER _____

GENERAL INFORMATION

EXPLAIN ALL RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.

- Any operation or property that is owned, leased, or occupied that is not covered by this policy? YES NO
- Is the applicant or any of their subcontractors involved in any operations involving the removal or application of lead paint (past, present, or future)? YES NO
- Is the applicant or any of their subcontractors involved in any operations for the removal, encasement, or encapsulation of asbestos (past, present, or future)? YES NO
- Does or has the applicant ever applied "Exterior Insulation Finish Systems" (a/k/a Synthetic Stucco)? YES NO
- Does the applicant build or perform exterior work on buildings over three stories? YES NO
- Have you ever been insured by a "claims made" policy or a policy that did not provide completed operations coverage? YES NO
- Has there been any period of time since your business was started that the business has not been insured or any period in time where there was a lapse in coverage? YES NO
- Does the applicant have current or past completed exposures in any of the following counties — CALIFORNIA: Marin, Contra Costa, San Francisco, Alameda, San Mateo, Santa Clara, Ventura, Los Angeles, San Bernadino, Orange, Riverside, San Diego, Imperial, Santa Barbara. YES NO
- Does the applicant have any current or past completed exposures in the following areas — NEVADA: North Las Vegas, Nevada Zip Code 89030 or 89031. YES NO

REMARKS _____

GENERAL INFORMATION

- Total number of employees (excluding sales and clerical):
full time: _____
part time: _____
- Total payroll (excluding sales and clerical): \$ _____
2a Payroll limitations applied? YES NO
- Number of years experience: _____
- Percentage of work: residential: _____
commercial: _____
- Total cost of work subcontracted to others: \$ _____
- Total annual sales/receipts: \$ _____
- Does the applicant have any owned autos? YES NO

CONTRACTORS EQUIPMENT

EXPLAIN ALL RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.

- Any mobile equipment on the equipment schedule? YES NO
 - If yes — does the operator have less than two years experience operating the equipment? YES NO
 - If yes — any maintenance program in place? YES NO
- Is the equipment secured and protected when not in use? YES NO

COMMERCIAL AUTO

EXPLAIN ALL RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.

- Are MVRs ordered and reviewed on:
 - New employees when hired YES NO
 - Current employees YES NO
 - What is the frequency? ANNUAL EVERY 3 YEARS
- Does the applicant allow personal use of company vehicles by employees? YES NO

Describe use and by whom: _____

REMARKS _____

Cut along dotted line to detach first panel before you fax information to eS&S fax: 1-877-397-2329