# Residential General Contractors

## (Home Builders)

EXPLAIN ALL O 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:

Manager?

 the next 12 months _	forecast for t	
most recent 12 months		
prior 12 months		
new construction	Percentage of work:	2

remodeling 3 Does or has the applicant ever act as a Construction

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 O NO 🗆
- 5 Has the applicant ever been involved in a Construction Defect
- 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 reet?	YES O	NO L
REMARKS		

## **Trade Contractors**

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?
6	Do operations include tunneling or trenching work deeper than three feet?
7	Does the insured contact the proper utility service prior to digging or working around overhead wires? $_{\rm NO}$ $_{\rm NO}$
8	Does the insured perform work at landfill sites or done so in the past 10 years?
9	Does the insured install or service any automatic sprinkler or fire suppression systems or done so in the past 10 years? $$_{\rm YES}\ \bigcirc\ _{\rm NO}\ \square$$
10	Does the insured install fire alarms or smoke detectors or done so in the past 10 years? YES $\bigcirc$ NO $\square$
11	Does the insured install or repair gas mains (excluding house connections) or done so in the last 10 years? $_{\rm YES}$ O $_{\rm NO}$ $\Box$
12	2 Does the insured install, service, or repair high pressure boiler systems or done so in the last 10 years? YES $\bigcirc$ NO $\square$
RE	MARKS

# **Remodeling Contractors**

EXPLAIN ALL O 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 –
- 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 O 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 O 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 O NO
- 6a If yes, are the premises leased to others? YES O NO 🗆
- 7 Is the applicant NARI or NAHB certified? YES O 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



# 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 Contrators 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.

PPLICANT	GENERAL INFORMATION
AME OF AGENT	1 Total number of employees (excluding sales and clerical):
	full time:
DERAL EMPLOYER IDENTIFICATION NUMBER	part time:
ONTRACTORS LICENSE NUMBER	2 Total payroll (excluding sales and clerical): \$
	2a Payroll limitations applied? YES ☐ NO ☐
SENERAL INFORMATION	3 Number of years experience:
XPLAIN ALL O RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.	4 Percentage of work: residential:
Any operation or property that is owned, leased, or occupied	commercial:
that is not covered by this policy? YES ○ NO □	5 Total cost of work subcontracted to others: \$
Is the applicant or any of their subcontractors involved in any operations involving the removal or application of lead paint	6 Total annual sales/receipts: \$
(past, present, or future)?	7 Does the applicant have any owned autos?  YES NO NO
Is the applicant or any of their subcontractors involved in any	7 Does the applicant have any owned autos? YES \( \square\) NO \( \square\)
operations for the removal, encasement, or encapsulation of	CONTRACTORS EQUIPMENT
asbestos (past, present, or future)? YES ○ NO □	EXPLAIN ALL $\bigcirc$ RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.
Does or has the applicant ever applied "Exterior Insulation	1 Any mobile equipment on the equipment schedule? YES ☐ NO ☐
Finish Systems" (a/k/a Synthetic Stucco)? YES ○ NO □	1a If yes — does the operator have less than two years
Does the applicant build or perform exterior work on buildings	experience operating the equipment?
over three stories?	1b If yes — any maintenance program in place? YES ○ NO □
Have you ever been insured by a "claims made" policy or a policy that did not provide completed operations coverage?	2 Is the equipment secured and protected when not in use?
YES O NO	YES O NO
Has there been any period of time since your business was	COMMERCIAL AUTO
started that the business has not been insured or any period in	EXPLAIN ALL O RESPONSES. USE ADDITIONAL SHEET IF NECESSARY.
time where there was a lapse in coverage? YES ○ NO □	1 Are MVRs ordered and reviewed on:
Does the applicant have current or past completed exposures in any of the following counties — CALIFORNIA: Marin, Contra	1a New employees when hired YES □ NO ○
Costa, San Francisco, Alameda, San Mateo, Santa Clara,	1b Current employees YES □ NO ○
Ventura, Los Angeles, San Bernadino, Orange, Riverside, San	, ,
Diego, Imperial, Santa Barbara. YES ○ NO □	. 3
Does the applicant have any current or past completed expo-	2 Does the applicant allow personal use of company vehicles by employees?   YES ○ NO □
sures in the following areas — NEVADA: North Las Vegas, Nevada Zip Code 89030 or 89031.   yes ○ No □	Describe use and by whom:
	Describe use and by Whom.
EMARKS	REMARKS