

## SMALL CONTRACTOR PROGRAM

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| •  | S   |                    |                  |                  |             |              |  |  |
|--|---|--------------------|------------------|------------------|-------------|--------------|--|--|
|  | Agency Name:  |                    |                  |                  |             |              |  |  |
|  | Address: Phone:   |                    |                  |                  |             |              |  |  |
|  | Agent Name: Phone: Email:   |                    |                  |                  |             |              |  |  |
|  | Agency Code:  | Sub-Co             | ode, if any:     |                  |             |              |  |  |
| A.   | Insured Name:   |                    |                  | one:             |             |              |  |  |
|  | Form of Business (sole proprietorship, corporation, limite  | ed liability com   | pany (LLC), pa   | artnership):     |             |              |  |  |
|  | Insured's Address:  | -                  |                  | _                |             | -            | -  |  |
|  | Insured's Contact Name, Phone, Email:   |                    |                  |                  |             |              |  |  |
| В.   | Owners: name(s), date(s) of birth and social security num   | nber(s):           |                  |                  |             |              |  |  |
|  | Name Addres   |                    | % Owned          | Date of Birtl    | h Soc.Secu  | irity Nu     | ımber  |  |
|  |   |                    |                  |                  |             | J            | J  |  |
|  |   |                    |                  |                  |             |              |  |  |
|  |   |                    |                  |                  |             |              |  |  |
|  |   |                    |                  |                  |             |              |  |  |
| C.   | Describe your operations in detail:   |                    |                  |                  | •           |              |  |  |
| D.   | State Contractor's License or Registration Number of App  | olicant:           |                  |                  |             | •            | •  |  |
| E.   |   |                    |                  |                  |             | Proi         | ected  |  |
| ⊏.   |   | 3rd to Last        | 2nd to Last      | Last Full        | Projected   |              | ext  |  |
|  | Description   | Fiscal Year        | Fiscal Year      | Fiscal Year      | Fiscal Year |              | al Year  |  |
|  | Description   | i iscai i cai      | i iscai i cai    | i iscai i cai    | riscai reai | 1 1300       | ı rear   |  |
|  | Gross Receipts  |                    |                  |                  |             |              |  |  |
|  | Payroll (do not include owner or clerical)  |                    |                  |                  |             |              |  |  |
|  | Leased Employee Cost  |                    |                  |                  |             |              | •  |  |
|  | Sub-contract cost (inc. all labor & material - all sources)   |                    |                  |                  |             |              |  |  |
|  | UNDERWRITING INFORMATI  | ION REQUIRED       | FOR ALL PO       | LICIES           |             |              |  |  |
|  |   |                    |                  |                  |             | YES          | NO   |  |
| 1.   | Any policy or coverage declined, cancelled or non-renewed du  |                    |                  |                  |             |              |  |  |
| 2.   | Do you hold an architect/engineer license or draw plans and sp  | pecifications no   | t stamped by a   | licensed         |             | l            | ĺ  |  |
|  | professional?   |                    |                  |                  |             |              |  |  |
| 3.   | Do you lease equipment to others?   |                    |                  |                  |             |              |  |  |
| 4.   | Do you have any other business operations or other occupation   | n?                 |                  |                  |             | <u> </u>     |  |  |
| 5.   | Do you own rental property? Address(es):  |                    |                  |                  |             | <u> </u>     |  |  |
|  | 6. Do you or any owner or employee hold a real estate agent license without E&O coverage in place?                      |                    |                  |                  |             |              |  |  |
|  | 7. Have you ever performed work at or plan on working at airports or hospitals?   |                    |                  |                  |             |              |  |  |
| 8.   | •   |                    |                  |                  |             |              |  |  |
| 9.   | Do you perform exterior work above two stories?   |                    |                  |                  |             |              |  |  |
|  | ). Do you install or repair fireplaces including freestanding type fire places?   |                    |                  |                  |             |              |  |  |
|  | Do your operations ever include the use of barricade or traffic redirection?  |                    |                  |                  |             |              |  |  |
|  | 2. Do you perform work on or adjacent to major streets or highways?   |                    |                  |                  |             |              |  |  |
|  | . Do you build spec homes or are you holding unsold homes in inventory?   |                    |                  |                  |             |              |  |  |
|  | I. Do you act in the capacity of a developer and/or do you have vacant land or lots held for later development or sale? |                    |                  |                  |             |              |  |  |
|  | Have you ever been named in a legal action?   | P                  | . P              |                  |             | <b></b>      |  |  |
| 16.  | Are there any present or prior claims, legal actions, arbitrations  |                    | ending of any ki | nd against any   | person or   | l            | ĺ  |  |
| 17   | entity owned or operated, present or past, by you or any emplo  | -                  |                  | twicetion defeat | to only     | <del> </del> | -  |  |
| 17.  | Do you have knowledge of any pre-existing act, omission, ever   |                    |                  |                  | to any      | l            | ĺ  |  |
| 10   | person or property that may give rise to any future claim or legal action against such person or entity?                |                    |                  |                  |             |              |  |  |
| 18. Has your work ever included contracting at new condominiums, townhouse, apartments, planned developments, tract homes or similar projects as a general contractor or performed for a general contractor? |   |                    |                  |                  |             | l            | ĺ  |  |
| 10   |   |                    |                  | townhomas        | apartments  |              | <del>                                     </del> |  |
| 19.  | Has your work ever included the repair work for a construction  |                    |                  |                  |             |              | 1  |  |
| planned developments, tract homes or similar project or included repair work at more than 4 units in one development at one time?  |   |                    |                  |                  |             |              | 1  |  |
| 20.  |   |                    |                  |                  |             |              |  |  |
|  | . Do your operations include excavation, tunneling, underground or earth moving?  |                    |                  |                  |             |              |  |  |
| ۷١.  | 20 your operations include excavation, turneling, underground   | a or cartif inovii | '9 <sup>:</sup>  |                  |             |              | 1  |  |



|     |  | YES         | NO     |
|-----|--|-------------|--------|
| 22. | Do you install, service or demonstrate products?   |             |        |
| 23. | Do you lease employees to or from other employers?   |             |        |
| 24. | Do you give any guarantees or warranties? If yes, please attach a copy.  |             |        |
| 25. | Have your operations ever involved storing, treating, discharging, applying, disposing or transporting hazardous material?   |             |        |
| 26. | Has Applicant or any owner made or had a claim against any insurance policy in the past 3 yrs?   |             |        |
| 27. |  | ail         |        |
|     | (attach a separate sheet if necessary):  |             |        |
|     | How many years have you operated this business?  Number of years experience in this trade:   |             |        |
| 30. | Legal names of other businesses owned:   |             |        |
| 31. | Describe business experience and prior businesses owned:   |             |        |
| 32. | Indicate percentage of work on: Custom/Semi-custom homes % Commercial % Apartmeter Commercial % Apartmeter Commercial % Other % | ents<br>ner | %<br>% |
| 33. | For the three largest jobs currently underway, or planned for the next year, provide description of work and revenue:  |             |        |
|     | Revenue:   | \$          |        |
|     | Revenue:   | \$          |        |
|     | Revenue:   | \$          |        |
| 34. | List the three largest jobs in the past 5 years including approximate date, description of work and contract price:  |             |        |
|     | Price:   | \$          |        |
|     | Price:   | \$          |        |
|     | Price:   | \$          |        |
| 35. | Number of full time staff (non-owner):  Number of part time staff (non-owner):   |             |        |
|     | Number of active owners in field:  |             |        |
| 36. | Which best describes applicant's cumulative losses because of claim(s) in the last 3 years?  |             |        |
|     | \$0 up to \$25,000 up to \$50,000 > \$50,000   |             |        |
| 37. | Which best describes applicant's cumulative number of losses from claims in the last 3 years?  |             |        |
|     | 0 1 2 3 4 5 More that  | ın 5        |        |
|     | SUBCONTRACT EXPOSURE   |             |        |
| 38. | % of work subcontracted each year:   |             |        |
|     | Do you obtain certificates of insurance from all subcontractors for each job?  Yes   | No          |        |
|     | If no, under what circumstances do you allow subcontractors to work without obtaining certificate of insurance?  | •           |        |
| 40. | a. Do you use a contract for each subcontracted job?  Yes  No  |             |        |
|     | If no, under what circumstances do you allow subcontractors to work without a sub agreement in place?  |             |        |
|     | If yes, or if you use a subcontract agreement occasionally, answer the following:  b. Do you use a standard form agreement?  Yes  No   |             |        |
|     | c. Does the agreement always include a hold-harmless or indemnification provision in your favor?   |             |        |
|     | Yes No   |             |        |
|     | d. Does the agreement always include a requirement that you be named as an additional insured?  Yes  No  |             |        |
|     | e. Does the agreement include a clause requiring arbitration?  Yes  No   |             |        |
|     | f. How long have you been using this particular agreement?   |             |        |
|     | g. When did you start using in a continuous manner a contract with the provisions referred to in questions 40 b-f where y  | ou          |        |
|     | answered "yes"?  |             |        |
| 41. | What limit of insurance do you require from your subcontractors?   |             |        |
| 42. | Do you use a construction attorney to draft and revise your subcontract agreement?  Yes  |             | No     |
| 43. |  | nts recei   | ved    |
|     | from your subcontractors?  |             |        |



44. Check the trades you use and indicate where more likely to use the same trade (S), the best available trade (BA), or the least expensive trade (LE):

| Trade              | Yes | No | S, BA, LE | Trade             | Yes | No | S, BA, LE |
|--------------------|-----|----|-----------|-------------------|-----|----|-----------|
| Plumbing           |     |    |           | Electrical        |     |    |           |
| Roofing            |     |    |           | Framing           |     |    |           |
| Foundation         |     |    |           | Ceiling/Wall      |     |    |           |
| Landscape          |     |    |           | Drywall/Wallboard |     |    |           |
| Interior Carpentry |     |    |           | Floor Covering    |     |    |           |
| Masonry            |     |    |           | Interior Painting |     |    |           |
| Tile/Stone/Marble  |     |    |           | Exterior Painting |     |    |           |

Form ID 00 06 will be attached to the policy if we do not have an approved subcontract agreement at the time of submission.

| NOTE: ONLY ANSWER EACH OF THE FOLLOWING SECT                         | IONS TH     | IAT SP          | ECIFICALLY A    | APPLY TO APPLICAN    | T'S OPERATIONS       |
|--|-------------|-----------------|-----------------|----------------------|----------------------|
| GENERAL CONTRACTORS, CARPENTRY                                       | CONTRA      | CTOR            | S OR REMODE     | ELING CONTRACTOR     | RS                   |
| Residential - How many new homes will you build as a general co      | ontractor   | next yea        | ar?             |                      |                      |
| Maximum number of homes built in any one year?                       |             |                 |                 |                      |                      |
| What percentage of each day are you at the jobsite?                  |             |                 |                 |                      |                      |
| Commercial - How many new buildings will you build as a general      | l contract  | or next         | year?           |                      |                      |
| Indicate if any person or entity named in this application has or wi | ill perform | n <u>or sut</u> | contract any of | f the following:     |                      |
| -  |             |                 |                 | If yes, work done by | If yes, work done by |
|  | YES         | NO              | % of work       | employees            | subcontractors       |
| Blasting, demolition or wrecking other than incidental use of        |             |                 |                 |                      |                      |
| hand tools   |             |                 |                 |                      |                      |
| Cranes, booms or lifts used  |             |                 |                 |                      |                      |
| Earthquake retrofitting or updating                                  |             |                 |                 |                      |                      |
| Stand alone framing, deck building, siding, or window                |             |                 |                 |                      |                      |
| replacement work   |             | L               |                 |                      |                      |
| Work on hillside or slopes greater than 15 degrees or landfills      |             |                 |                 |                      |                      |
| Construction of Log Homes  |             |                 |                 |                      |                      |
| Retaining wall construction over three feet                          |             |                 |                 |                      |                      |
| Roof repair or installation if not also performing other             |             |                 |                 |                      |                      |
| construction work  |             |                 |                 |                      |                      |
| Swimming pool installation, service or repair                        |             |                 |                 |                      |                      |
| Underground tank removal or installation                             |             |                 |                 |                      |                      |
| Waterproof decks, caulking, foundations or other                     |             |                 |                 |                      |                      |
| waterproofing works  |             | İ               |                 |                      |                      |
| CONCRETE/MA  |             |                 |                 |                      |                      |
| Indicate if any person or entity named in this application has or wi | ill perforn | n or sub        |                 |                      |                      |
|  |             |                 |                 | If yes, work done by | -                    |
|  | YES         | NO              | % of work       | employees            | subcontractors       |
| Earth bearing retaining wall construction over three feet            |             | ــــــ          |                 |                      |                      |
| Swimming pool installation, service or repair                        |             | <u> </u>        |                 |                      |                      |
| Earthquake retrofitting  |             |                 |                 |                      |                      |
| HVAC/PLUMI   |             |                 |                 |                      |                      |
| Indicate if any person or entity named in this application has or wi | ill pertorn | n or sub        |                 |                      |                      |
|  | VE0         |                 |                 | If yes, work done by |                      |
| D. T   | YES         | NO              | % of work       | employees            | subcontractors       |
| Boilers, propane or natural gas piping or equipment                  |             | 1               |                 |                      |                      |
| installation service or repair                                       |             | <b>└</b>        |                 |                      |                      |
| Fire suppression or sprinkler systems install, service or repair     |             |                 |                 |                      |                      |
|  |             |                 |                 |                      |                      |



| ELECTRIC   | AL CON     | ITRAC1   | TORS             |                      |                      |
|--|------------|----------|------------------|----------------------|----------------------|
| Indicate if any person or entity named in this application has or wil  | ll perforn | n or sub | ocontract any o  | f the following:     |                      |
|  |            |          |                  | If yes, work done by | If yes, work done by |
|  | YES        | NO       | % of work        | employees            | subcontractors       |
| Burglar or fire alarm installation, service or repair other than   |            |          |                  |                      |                      |
| only the low voltage wiring for burglar and fire alarms  |            |          |                  |                      |                      |
| Emergency lighting or traffic signals or street lights   |            |          |                  |                      |                      |
| Machinery installation service or repair   |            |          |                  |                      |                      |
| Describe any exterior electrical work  |            |          |                  |                      |                      |
| LANDSCAPI  |            |          |                  |                      |                      |
| Indicate if any person or entity named in this application has or wil  | ll perforn | n or sub |                  |                      |                      |
|  |            |          |                  | If yes, work done by | -                    |
|  | YES        | NO       | % of work        | employees            | subcontractors       |
| Retaining wall construction over three feet  |            |          |                  |                      |                      |
| Swimming pool installation, service or repair  |            |          |                  |                      |                      |
| Tree trimming over 12 feet   |            |          |                  |                      |                      |
| Underground tank removal or installation   |            |          |                  |                      |                      |
| Underground sprinkler installation or water features   |            |          |                  |                      |                      |
| METAL ERECTION -   |            |          |                  |                      |                      |
| Indicate if any person or entity named in this application has or wil  | ll perforn | n or sub |                  |                      |                      |
|  |            |          |                  | If yes, work done by | •                    |
|  | YES        | NO       | % of work        | employees            | subcontractors       |
| Fabrication or installation of staircases, fire escapes, bridges,  |            |          |                  |                      |                      |
| guard rails, or storage tanks  |            |          |                  |                      |                      |
| Nelding or repair work on automobile frames, trailer hitches,  |            |          |                  |                      |                      |
| arm or agricultural machinery, aircraft or marine parts  |            |          |                  |                      |                      |
| Welding or repair of storage tanks, boilers or pressure vessels  |            |          |                  |                      |                      |
| Security gates, doors or windows   |            |          | ļ                |                      |                      |
| PAINTING   |            |          |                  |                      |                      |
| Indicate if any person or entity named in this application has or wil  | ll perforn | n or sub |                  |                      | 16                   |
|  | V=0        | NO       |                  | If yes, work done by | -                    |
| Casting and pointing array graffiti  | YES        | NO       | % of work        | employees            | subcontractors       |
| Sealing and painting over graffiti   |            |          |                  |                      |                      |
| Roof coating or painting  Naterproof decks, caulking, foundations or other waterproofing   |            |          |                  |                      |                      |
|  |            |          |                  |                      |                      |
| works  |            |          |                  |                      |                      |
| ndustrial equipment, bridges or ships  |            |          |                  |                      |                      |
| Maximum Building Height worked on for exterior painting work:  |            |          | _                |                      |                      |
|  | OME BU     |          | -                |                      |                      |
| ONLY ANSWER THE FOLLOWING QUESTIONS IF YOU ARE A   |            |          |                  | M                    |                      |
| Do you participate in any industry programs such as Energy S   | star, Bull | aing An  | nerica, Built Gr | een, Maso, or Leeds? |                      |
| Yes No   |            |          |                  |                      |                      |
| If so, indicate which one(s) and the details involved with disco   | ounts or   | other b  | enetits.         |                      |                      |
|  |            |          |                  |                      |                      |
| Danish human alian a saad a sa |            | .,       |                  | K1.                  |                      |
| Do your buyers always receive a written warranty from you?   |            | Ye       | es               | No                   |                      |
| If no, explain why   |            |          |                  |                      |                      |
|  | .,         |          |                  |                      |                      |
| Do your buyers purchase an insured warranty?   | Yes        |          | No               | )                    |                      |
| If yes, list warranty firm   |            |          |                  |                      |                      |
| (CA only) Do you give an Enhanced Warranty?  | Yes        |          | No.              |                      |                      |
| (CA only) Do you follow the pre-litigation procedures of The R   | -          | kepair A |                  | Yes N                | No                   |
| If no, do you have your own alternative non-adversarial proce  | edures?    | _        | Yes              | No                   |                      |
| Does your sales agreement have:  |            |          |                  |                      |                      |
| Fit and Finish Warranty Provisions built in?   |            |          |                  |                      |                      |
|  | es<br>'es  | _        | No No            |                      |                      |



| Do you build in subdivisions with home-owner Do you create home-owner associations as           |   | No<br>No                                  |
|---|---|---|
| •   | · ———   |   |
|   | s Agreement (Including all Exhibits, Add      | enda, etc.)                               |
| Your Warr    Any Declar   | anty<br>ration you use                        |   |
| o. Any Doolar   | ration you do                                 |   |
| What % of homes are pre-sold?   |   |   |
| Which best describes applicant's debt to wo   | orth ratio? 4:1 or less<br>over 6:1           | over 4:1 but no more than 6:1             |
| Which best describes applicant's pre-tax inc  |   | <br>2.5% to 10% of revenue                |
|   | Over 10% or revenue                           |   |
| Which best describes applicant's financial st   |   | Reviewed None None                        |
| Do you have a formal employee training pro  | Compiled by CPA<br>gram? Yes                  | Compiled In-House<br>No                   |
| If yes, explain in detail:  | 103   |   |
|   |   |   |
|   |   | ID ADDITIONAL INCTRUCTIONS                |
| PRIOR CARRIERS, BILLING   | PLAN, LOSS DOCUMENTATION, AN                  | ID ADDITIONAL INSTRUCTIONS                |
| ior Carrier(s):   |   |   |
| ( )   |   |   |
| arrier 1  |   |   |
| ame:  |   |   |
| olicy Period:   |   |   |
|   | <del></del>                                   |   |
| arrier 2  |   |   |
| ame:  |   |   |
| olicy Period:   |   |   |
| remium:   |   |   |
| arrier 3  |   |   |
| ame:  |   |   |
| blicy Period:   |   |   |
| remium:   |   |   |
| illing Plan   | Check 1                                       |   |
| gency Bill Full Payment   |   |   |
| OR  |   |   |
| rect Bill Full Payment  | <u> </u>                                      |   |
| irect Bill Quarterly (25% Down; 3 Installments)* irect Bill 10 Pay (20% Down; 9 Installments) * | ·   |   |
| nect bill 10 Fay (20% Down, 9 installments)   |   |   |
| * \$10 serv   | vice fee per installment. BIS will bill for o | down payment.                             |
| the "NO LOSS" letter is not applicable and the tached with the submission.                      | applicant has had losses, we require 3        | years of currently valued loss runs to be |
| his Application must be accompanied by a fu   | -   | to Underwrite document, which is          |
| corporated into this Application by reference   | e as though fully set forth.                  |   |
|   | ed to be included, please indicate in the     | ne section helow:                         |