



INSURANCE APPLICATION

ADMINISTRATOR: Norman-Spencer International, Inc., 150 E 22nd, Lombard, IL 60148, T: 800-842-3653, F: 630-705-1056
HOW TO APPLY: Print complete answers to all questions. Include a reason if a question is "not applicable." If more space is needed, continue on a separate sheet. Forward completed application to ADMINISTRATOR (above).
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. Additional Paperwork Required to Bind.

Proposed Effective Date					
Name					
Business Name					
Mailing Address					
City / State / Zip					
Telephone / Fax					
FEIN or SSN					
Physical Address					
Contact Name & Telephone					
Email Address					
Years in Business		<input type="checkbox"/> New attach resume of experience			
Years as Current					
Years Experience					
Number of Employees		Full Time: _____	Part Time: _____		
Contractors License #					
Entity of Company		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Additional Business Names		In addition to name above, list business names used in past or currently.			
States in which you operate					
Complete Description of Operations (Required)					
% Work Performed	Residential	%	Commercial % (Should add to 100%)		
% Work Performed	New	%	Remodel/Service Repair % (Should add to 100%)		
% Tract Work	Tract Work	%	Size of tract projects \$		
Class Codes - Percentage of Operations (Total should add to 100%)					
Carpentry Framing	%	Carpentry Interior	%	GC New Comm	%
GC New Res	%	GC Remodel Comm	%	GC Remodel Res	%
Painting Exterior	%	Painting Exterior	%	Painting Exterior	%
Roofing New Comm	%	Roofing New Comm	%	Roofing New Comm	%
Roofing Repair Res	%	Roofing Repair Res	%		%
Other % Describe:					
Maximum # of Interiors Stories: _____		Maximum # of Exteriors Stories: _____		Maximum Exterior Depth Below Grade in Feet: _____	
Will you perform or subcontract any roofing operations, work on the roof or deck work on roofs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Largest Project in the last 5 years, including total cost.					
List Top Current Projects					
	State	Work Type	Start Date	End Date	Cost of Project
	1.				
	2.				
	3.				
Exposures – Estimated Receipts During Proposed Policy Period		Projected Gross Receipts (X-OCIP Projects)			\$
		Projected Subcontracting Costs (include costs of materials)			\$
		Projected Payroll (Excluding Owner Payroll)			\$
Previous Exposures – 12 Month Period Prior (Required)		Gross Receipts (X-OCIP Projects)			\$
		Subcontracting Costs (include costs of material)			\$
		Payroll (Excluding Owner Payroll)			\$
		Number Projects/Homes Started: _____ Completed _____			\$
Experience		Total # Years Experience		# Years as Current	
Employees		# of Employees (including owner)			
Subcontractor's License		No. <input type="checkbox"/> No License			
Prior GL Information					
Carrier		Premium \$		Policy Expiration	

Please mark Yes or No to the questions below. All questions must be answered.	
Any Action by Licensing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , describe:	
Any allowing of your license to be used by others? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , describe:	
Any OCIP (wrap-up) work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , % separately covered OCIP % non-OCIP	
Any work involving (including subbing) blasting, PCEs, hazardous waste, asbestos, mold, medical, life support, oil fields, pipe lines, levees, dams, bridges, quarries, airports, railroads, schools, earthquake retrofit, playgrounds, fuel tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , describe:	
Subcontracting Out Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , answer questions to right. If No , coverage cannot be offered.	<input type="checkbox"/> Yes <input type="checkbox"/> No Always collect certificates of insurance from subs. <input type="checkbox"/> Yes <input type="checkbox"/> No Require general liability of \$1mil or more. <input type="checkbox"/> Yes <input type="checkbox"/> No Require subcontractors to name you as additional insured. <input type="checkbox"/> Yes <input type="checkbox"/> No Have standard formal written contracts with all subs. <input type="checkbox"/> Yes <input type="checkbox"/> No Include contractual hold harmless/indemnification agreement in your favor.
New Condos/Town Homes <input type="checkbox"/> Yes <input type="checkbox"/> No Any of your work involve new construction? <input type="checkbox"/> Yes <input type="checkbox"/> No Repair only for individual unit owners?	
Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , describe:	
Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve your company? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: If Yes , underwriting review is required before a quote can be issued. <i>Please include 5 years loss history.</i>	

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. The undersigned Applicant warrants that the representation and information supplied in each of the above sections entitled Applicant information, Entity of Company, Additional Business Names, Description of Operations, Estimated Exposures, Previous Exposures, and Work Experience are specifically relied upon in the determination of insurability, are material to the risk to be insured, and will be a part of any policy issued. It is understood this insurance will not provide coverage or supplementary payments for defense or expense cost under any parts of the policy arising out of the following operations and affirm such operations are not performed by your company: Operations which are no customary to the classification of operations shown in the classification schedule of the application used to determine and bind coverage. The undersigned Applicant understands that any misrepresentation or omission of any information to any part of this Application shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. Furthermore, the Applicant authorizes the Company, as administrative and servicing manage, to make any investigation and inquiry in connection with the Application as it may deem necessary. Applicant agrees to notify Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based on such changes at the sole discretion of the company. Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based on this Application. The Applicant understands that the broker has no authority to act on behalf of the insurance company. The Applicant further understands that, if a policy is issued, all of the information contained in this Application will be incorporated into and form a part of such policy. The applicant additional understands that, if a policy is issued, the policy will include an Arbitration Endorsement by which the Company and the Applicant agree to submit to binding arbitration any and all disputes relating to or arising out of any insurance policy.

Signature of Applicant

Title (Owner, Officer, Partner)

Date

Signature of Broker

Date