

**Handyman Application**

**PREQUALIFICATION**

1. Are you involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 10\* units in any one development? \_\_\_ Yes \_\_\_ No
2. Does your cost of subcontractors exceed 10% of gross receipts? \_\_\_ Yes \_\_\_ No
3. Do your receipts exceed \$500,000? \_\_\_ Yes \_\_\_ No
4. Have you been in business less than a year with less than 2 years experience? \_\_\_ Yes \_\_\_ No
5. Have you had any losses? \_\_\_ Yes \_\_\_ No
6. Have you had OSHA violations? \_\_\_ Yes \_\_\_ No
7. Are you a real estate developer or construction manager? \_\_\_ Yes \_\_\_ No
8. Have you been named in a suit for defective workmanship? \_\_\_ Yes \_\_\_ No
9. Do you employ architects or engineers? \_\_\_ Yes \_\_\_ No
10. Do you have any current or proper projects involving the use of exterior insulation and finish systems? \_\_\_ Yes \_\_\_ No

1. Named Insured \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Effective Date Desired \_\_\_\_\_

4. Applicant is:  Individual  Partnership  Corporation  LLC  
 Trust  Other (specify) \_\_\_\_\_

5. Location of premises:  Same as \_\_\_\_\_

Occupancy	Own	Lease

6. Describe your operation: \_\_\_\_\_  
 \_\_\_\_\_

Years in business: \_\_\_\_\_ Years if experience in this field: \_\_\_\_\_

7. Are you presently, or do you intend in the future, to be involved in residential construction? \_\_\_ Yes \_\_\_ No

8. Have you been involved , in the past, with residential construction? \_\_\_ Yes \_\_\_ No  
 If yes, when did you discontinue: \_\_\_\_\_ (date)

**9. Prior insurance carrier and losses whether covered by insurance or not for the past three(3) years:**

Year	Carrier / Policy Number / Premium	Coverage	# of Losses	Amount		Description of (Use separate

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?

\_\_\_ No \_\_\_ Yes  
 If Yes, give name of company, date and reason. \_\_\_\_\_  
 \_\_\_\_\_

10. Percent of your work performed by or on behalf of the named insured:
- |                  |         |               |         |            |         |         |
|------------------|---------|---------------|---------|------------|---------|---------|
| New Construction | _____ % | Remodeling    | _____ % | Repairs    | _____ % | = 100 % |
| Outside Building | _____ % | Inside Blding | _____ % |            |         | = 100 % |
| Residential      | _____ % | Commercial    | _____ % | Industrial | _____ % | = 100 % |

Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, ect.):

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11. Do you use subcontractors?  Yes  No
- a. Do you request certificates of insurance from subcontractors?  Yes  No
- b. Limits required \_\_\_\_\_
- c. Describe all contracts and/or hold harmless agreements, whether written or oral. \_\_\_\_\_
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12. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

Name & Address	Interest	Additional Insured

13. Provide the following information: \*exclude payroll of owner(s), clerical, sales

Year	Total Payroll	Total Costs of Work Subcontracted to Others	Type Work Subcontracted to Others	Total Receipts
Current Est				
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

14. Do you construct any residential or commercial:
- |   |  |                                      |  |
|---|--|--------------------------------------|--|
| Footings or foundations?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retaining walls or site preparation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Slab or monolithic floors?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Door, window or assembled            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chimneys?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you anticipate getting into any of the above mentioned work? |  |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

15. Do you draw plans, designs or specifications?  Yes  No

16. Do you do excavation, tunneling, underground work of earth moving?  Yes  No

17. Do you perform operations that include blasting or utilize explosive materials?  Yes  No

18. Do you rent or loan machinery or equipment to others?  Yes  No

19. Have you ever sold, acquired, or discontinued any operations in the last 5 years?  Yes  No

20. Do you specialize in any part of the construction of the following types of buildings?  Yes  No

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Condominiums               | <input type="checkbox"/> Hotel/Motels |
| <input type="checkbox"/> Day Care      | <input type="checkbox"/> Apartments                 |                                       |
| <input type="checkbox"/> Hospitals     | <input type="checkbox"/> Multi-family Habitat ional |                                       |

If yes, explain. \_\_\_\_\_

21. Attach a list of jobs completed in the last 3 years and jobs currently in progress.

COMMENTS/EXPLANATIONS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. **COVERAGES/LIMITS**

Premises Operations	_____	General Aggregate	\$	_____
Products - Completed	_____	Products/Completed Operations	\$	_____
Personal and Advertising Injury	_____	Personal and Advertising Injury	\$	_____
Contractual Liability	_____	Each Occurrence	\$	_____
Damage to Premises Rented to You	_____	Damage to Premises Rented to You	\$	_____
Medical Payments	_____	Medical Payments	\$	_____

Annual Payroll \_\_\_\_\_ Gross sales \_\_\_\_\_  
 # of Employees \_\_\_\_\_ # of owners \_\_\_\_\_

**WORK PERFORMED:**

Indicate the anticipated **payroll and costs of construction** work you will perform and that which will be subbed over the next 12 months (show any additional type of work in the blank spaces provided):

Type of work	Direct	Subbed	Uninsured Subs Costs	Type of Work	Direct	Subbed	Uninsured Subs Costs
Blasting				Painting			
Bridge Building				Plastering			
Carpentry				Plumbing			
Concrete				Roofing			
Demolition				Sewer			
Drilling				Steel/Structural			
Quake Repair				Steel/Ornamental			
Electrical				Street/Road			
Excavation				Supervisory Only			
Grading				Construction Management			
insulation				Water/Gas Maintenance			
Maintenance							
Masonry							
Mechanical							

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Producing Agent \_\_\_\_\_ SGA Producer # \_\_\_\_\_ Date \_\_\_\_\_

Agent Name and Address \_\_\_\_\_ Date \_\_\_\_\_

Note: Applicant Signature is Required