Please complete the Applicant Information. Based on past, present and future operations, please also complete the appropriate trade sections.

**Applicant Information**

*Please complete ALL Fields*

- Insured's Name: ____________________________
- Contractors License Number(s): ____________________________
- Web Site: ____________________________
- Owner’s Email: ____________________________

**Contact Information:**

- Accounting (Name & Email): ____________________________
- Phone #: ____________________________
- Fax #: ____________________________

- Risk Manager (Name & Email): ____________________________
- Phone #: ____________________________
- Fax #: ____________________________

**Description of Operations (Please be specific and elaborate on all types of work performed):**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please note all contractor industry affiliations and or certifications (you may be eligible for premium discounts!):

- American Subcontractors Association - ASA
- Associated Builders and Contractors - ABC
- Assoc. of Pool and Spa Professionals - APSP
- CA Building Industry Association - CBIA
- CA Solar Energy Industries Assoc. - CALSEIA
- Institute of HVAC Industries, Inc. - IHACI
- Landscape Contractors Association - LCA
- National Plasterer’s Council - NPC
- N. American Board of Certified Energy Practitioners-NABCEP
- N. American Technician Excellence - NATE
- Tree Care Industry Association - TCIA
- Ventura County Contractors Association - VCCA
- Other: ____________________________

**General Operations**

Check all that apply:

- Written safety program ........................................................................................................... Yes ☐ No ☐
- Safety meetings at least monthly ........................................................................................... Yes ☐ No ☐
- On-site Safety Coordinator or Risk Manager ......................................................................... Yes ☐ No ☐

Any retail sales (i.e., products sold to the public)? .................................................................. Yes ☐ No ☐

If Yes, what products are sold? ____________________________________________________________

If Yes, what are annual receipts of products sold? ................................................................. $

Any wholesale sales? .................................................................................................................. Yes ☐ No ☐

If Yes, please describe: __________________________________________________________________

Does insured have any other business interests, including subsidiaries? .................................. Yes ☐ No ☐

If Yes, please describe: __________________________________________________________________

Any sold or discontinued operations? ....................................................................................... Yes ☐ No ☐

If Yes, please explain: __________________________________________________________________

Any lapse in insurance in the past three years? ........................................................................... Yes ☐ No ☐

If Yes, please explain: __________________________________________________________________
Does the insured lease out building space to others? ..................................................................................... Yes ☐ No ☐
If Yes, please provide list of occupants and square feet of each occupant: ________________________________

---

**Insured’s Operations**

<table>
<thead>
<tr>
<th>Residential</th>
<th>Commercial</th>
<th>All Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Construction (other than Custom Homes)</td>
<td>%</td>
<td>New Construction</td>
</tr>
<tr>
<td>Remodel</td>
<td>%</td>
<td>Remodel</td>
</tr>
<tr>
<td>Service or Repair</td>
<td>%</td>
<td>Service or Repair</td>
</tr>
<tr>
<td>Custom Home*</td>
<td>%</td>
<td>Industrial**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>Total</td>
</tr>
</tbody>
</table>

*Custom Home means any structure designed by an architect hired by the owner and is specifically designed to meet the specifications of the owner.
**Industrial Work is defined as providing services that include the installation, service, and or repair of controls, lighting, machinery and or equipment used in manufacturing, processing, and or distribution facilities (e.g., electrical operations at a food processing plant).

**CUSTOM HOME WORK**
Number of custom home projects completed in last 12 months? ______
How many of the custom home projects from a. above involved more than three (3) custom homes in the same housing development? ______

# of Employees other than Sales or Clerical: ______ # that are Full Time? ______ Part Time? ______

Any contractor’s permanent yard(s) (i.e., storage yards maintained for storage of material or equipment)?
If Yes, please provide payroll associated with the permanent yard(s): $ __________________
Do you use subcontractors? Yes ☐ No ☐ Annual cost of subs: $ __________________

% of work subcontracted: ______ %

Please list all types of work that are subcontracted and the percentage that each is subcontracted:

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>% of Work Subbed Out</th>
<th>Type of Work</th>
<th>% of Work Subbed Out</th>
</tr>
</thead>
</table>

If subcontractors are used, are all of them always required to:

Provide insured with a Certificate of Insurance showing workers compensation and general liability insurance before they or their employees are allowed on the job site? Yes ☐ No ☐
Maintain general liability insurance with at least a $500,000 each occurrence limit, $1,000,000 products-completed operations aggregate, and $1,000,000 general aggregate limit (other than products-completed operations)? Yes ☐ No ☐
Provide an endorsement on their general liability insurance policy naming insured as an Additional Insured before beginning work? Yes ☐ No ☐
TRACT WORK - Housing projects or developments that include homes that are produced by one or more developers or builders of mass-produced, production homes in a project.

Has the insured worked on 25 or more homes in any new tract project or development in the past 5 years?

Yes □ No □

If Yes, what percentage of new tract work involved working on 25 or more homes in any tract project or development?

__________%

Please complete the following for the 12 most current tract projects worked on by the insured:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Developer(s)</th>
<th>Covered under a WRAP or OCIP?</th>
<th>Total # of units in project</th>
<th># of units worked on</th>
<th>Month/Year Project Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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</tbody>
</table>

Approximately what percentage of insured’s work is performed under WRAP’s or OCIP’s? ______ %

Is the insured currently doing or planning to do any new tract work on 25 or more homes in any project or development?

Yes □ No □

If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development?

__________%

Job List (Not necessary for residential pool builders if all jobs were single family jobs)

Please list the last 10 jobs completed (other than those listed above).

<table>
<thead>
<tr>
<th>Project Name</th>
<th>City</th>
<th>Specific Description of Work Performed</th>
<th>*Type of Project</th>
<th>Job Cost</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

*Type of Project: Commercial (C); Single Family (SF); Multi-Family (MF); Apartment (A); Condos/Townhouses (C/T).

MiniCo’s Artisan Contractors Program excludes the following types of work: Past, present, and future new condominium and townhouse construction, all work bid or performed as a General Contractor, EIFS work, and OCIP/Wrap-Up Projects.
Exposure Base & Premium History

Please list prior policy year’s Payroll, Sub Costs, Gross Receipts, and General Liability (“GL”) Premium:

<table>
<thead>
<tr>
<th>Field</th>
<th>Payroll</th>
<th>Sub Costs</th>
<th>Gross Receipts</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Yr</td>
<td>*Field Payroll</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Current Yr</td>
<td>*Field Payroll</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>1st Prior Yr</td>
<td>*Field Payroll</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*Above GL payroll includes field payroll only, NOT any active field, supervisor, executive officers, partners and owners. GL payroll does not include sales or clerical.

Please indicate the # of active Owners, Partners, and Executive Officers: __________

Claims Information

Are hard copy GL loss runs (currently valued) for the past five years attached? Yes ☐ No ☐

Please provide a detailed explanation of any open GL losses shown on the loss runs: __________________________

Please provide a detailed explanation of any GL loss over $10,000 shown on the loss runs: __________________________

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

CALIFORNIA FRAUD WARNING

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and or agreement to bind the insurance.

NOTICE TO APPLICANTS:

a) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, you will immediately notify the Underwriters of such changes.

c) You understand that the General Liability coverage is subject to premium audit at policy expiration or cancellation and that the audit may result in additional or return premium to the first named insured.

Signed and Dated by Owner or Officer:

Printed Name and Title: __________________________

Signed and Dated by Producer:

Printed Name and Title: __________________________

For Producer Use Only (Please answer all items):

Is this a current insured? Yes ☐ No ☐

Does insured’s current GL policy have a Prior Work or Prior Acts Exclusion? Yes ☐ No ☐

Please note which coverages the agency writes for this insured:

GL ☐ Inland Marine ☐ Workers’ Compensation ☐

Auto ☐ Property ☐ Excess ☐
**Contractor’s Pollution Liability – Supplemental Information**

*This section is required only if accepting the Contractor’s Pollution Liability coverage offer.*

Current/Prior Liability Contractor’s Pollution Liability (“CPL”) Carrier Information:

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>CARRIER</th>
<th>MOLD</th>
<th>LIMITS</th>
<th>DEDUCTIBLE</th>
<th>RETRO</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ CPL Occurrence</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ CPL Claims Made</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total Premium $_______

Claims Information:

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractor’s Pollution Liability or Professional Liability policies?  Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Incurred</th>
<th># of Claims</th>
<th>Valuation Date</th>
<th>Include Loss &amp; Expenses Paid &amp; Reserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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<td>1st</td>
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</table>

2. Has any claim, suit or notice of incident been made against the firm or any staff member?  Yes ☐ No ☐
   If yes, please attach full details on each incident.

3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him/her, the firm, his/her predecessors in business, any of the present or past partners or officers, or any staff member?  Yes ☐ No ☐
   If yes, please attach full details on each incident.