ArtisanPAK Land Improvement Contractors Qualifier - General Liability (GL)

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: ____________________________

Contact Information:

Accounting (Name): ____________________________ Phone #: ____________________________ Fax #: ____________________________

Risk Manager (Name): ____________________________ 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></th>
<th>Residential</th>
<th>Commercial</th>
<th>All Operations</th>
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</thead>
<tbody>
<tr>
<td>New Construction (other than Custom Homes)</td>
<td>%</td>
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<td>%</td>
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<tr>
<td>Remodel</td>
<td>%</td>
<td>%</td>
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<tr>
<td>Service or Repair</td>
<td>%</td>
<td>%</td>
<td>%</td>
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<tr>
<td>Custom Home*</td>
<td>%</td>
<td>%</td>
<td>%</td>
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<tr>
<td>Total</td>
<td>100%</td>
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</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>
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</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>
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<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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</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**

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

NIF CA's Contractor 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.

**Type of Work Performed - Land Improvement Contractors**
Please provide specific details on all “Yes” responses in “Comments” below.

Foundation pouring work? [ ] Yes [ ] No
Levee or breakwater construction (except for agricultural irrigation)? [ ] Yes [ ] No
Dam Construction (reservoirs) except ponding basins? [ ] Yes [ ] No
Underpinning bridges or tunneling? [ ] Yes [ ] No
Renting or leasing of owned equipment (power or otherwise) without operators to others? [ ] Yes [ ] No
Concrete construction of a structural nature and/or foundation work? [ ] Yes [ ] No
Sewage Treatment Plant construction other than site grading and excavation? [ ] Yes [ ] No
Oil or gas well drilling repair or service? [ ] Yes [ ] No
Removal of underground petroleum storage tanks? [ ] Yes [ ] No
Onsite waste treatment except septic tanks and site grading and excavation? [ ] Yes [ ] No
Irrigation or water-works operations? [ ] Yes [ ] No
Snow removal? [ ] Yes [ ] No
Pile driving or caisson work? [ ] Yes [ ] No
Surveying work performed by insured? [ ] Yes [ ] No
Gas main or connection construction (except non-charged lines)? [ ] Yes [ ] No
Quarry, mining or asphalt plant operations including gravel digging, stone crushing involving more than 30% sold to others? [ ] Yes [ ] No
Airport runway or warming apron work? [ ] Yes [ ] No
Work on hillside or grades greater than 20% slope? [ ] Yes [ ] No
Flood control or prevention (except in conjunction with other site work)? [ ] Yes [ ] No
Retaining walls that are part of a building structure and greater than 3 feet in height? [ ] Yes [ ] No
Tree pruning or removal except for clearing land for agricultural purposes and incidental to other site development work? [ ] Yes [ ] No
Finish grading for residential, habitational, and commercial builders greater than 20% of insured’s gross receipts? [ ] Yes [ ] No
Finish grading is defined as contractors who specialize in construction debris removal and the final drainage grade from the mud seal (top of the foundation or slab) running away from the building to ensure proper drainage.
Bridge construction (including bridge culvert and tunneling unless clearance is less than 10 feet and not more than 20 ft. wide)? [ ] Yes [ ] No
Highway, freeway work? [ ] Yes [ ] No
Blasting of any kind? [ ] Yes [ ] No
Demolition work of any kind except in conjunction with other site work, no more than 2 stories (e.g., abandoned single family home or barn), and clearing land for agricultural purposes? [ ] Yes [ ] No
Hauling for others except if incidental (i.e., less than 20% of gross receipts)? [ ] Yes [ ] No
Is USA Dig or similar service called to mark utility lines prior to digging? [ ] Yes [ ] No
Any Right-of-Way work on dedicated or public roads? [ ] Yes [ ] No

Comments: ____________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
**Exposure Base & Premium History**

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

<table>
<thead>
<tr>
<th>Est. for Next Yr</th>
<th>*Field Payroll $</th>
<th>Sub Costs $</th>
<th>Receipts $</th>
<th>Premium $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Yr</td>
<td>*Field Payroll $</td>
<td>Sub Costs $</td>
<td>Receipts $</td>
<td>Premium $</td>
</tr>
<tr>
<td>1st Prior Yr</td>
<td>*Field Payroll $</td>
<td>Sub Costs $</td>
<td>Receipts $</td>
<td>Premium $</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: __________________________

**Acknowledgment**

Information contained and submitted on this Qualifier is on file with the insurer and, along with the application, is specifically relied upon in determining insurability. The undersigned warrants that the information contained on this Qualifier is true and accurate to the best of the undersigned’s knowledge, information and belief. Concealment, misrepresentation, or falsification of information on any application and or qualifier for coverage may result in cancellation or voiding of all or parts of the policy, including any endorsements thereto.

I hereby certify that the information provided on this application and or qualifier, and all documents submitted in support of this application and or qualifier, is complete, accurate, and truthful in all respects.

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 [ ]