



## Artisan Pak New Business Qualifier General Liability (“GL”)

***NIF Insurance Services of California (previously HDR Insurance Services)***

a division of NIF Group, Inc.

P.O. Box 13456  
Sacramento, CA 95813-3456

Phone: (916) 566- 1000  
Fax: (916) 567- 8977  
submissions@nifcalifornia.com  
www.nifgroup.com

**\* TO OUR PARTNERS AND POTENTIAL CUSTOMERS \***

**Our goal is to make the application process as quick and easy as possible while still obtaining necessary information about your operations. We appreciate the opportunity to earn your business.**

**Please complete Section One, Section Two for ONLY the operations performed or expected to be performed in the coming policy year (for those operations that are not performed or expected to be performed in the coming policy year, please check the “not applicable” box by each operation), and Section Three.**

**Thank you for your interest in our Artisan Pak Program, the program that provides General Liability, Automobile, Property, Inland Marine, Excess Liability, and Workers’ Compensation coverage for contractors like you.**

**Section One: 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 very 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!):**

<input type="checkbox"/> American Subcontractors Association - ASA	<input type="checkbox"/> National Plasterer’s Council - NPC
<input type="checkbox"/> Associated Builders and Contractors - ABC	<input type="checkbox"/> North American Board of Certified Energy Practitioners - NABCEP
<input type="checkbox"/> Association of Pool and Spa Professionals - APSP	<input type="checkbox"/> North American Technician Excellence - NATE
<input type="checkbox"/> California Building Industry Association - CBIA	<input type="checkbox"/> Ventura County Contractors Association - VCCA
<input type="checkbox"/> California Solar Energy Industries Association - CALSEIA	<input type="checkbox"/> Other:
<input type="checkbox"/> Institute of Heating & Air Conditioning Industries, Inc. - IHACI	<input type="checkbox"/> Other:

**1. General Operations**

- a. 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
- b. 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? ..... \$ \_\_\_\_\_
- c. Any wholesale sales?..... Yes  No   
 If Yes, please describe: \_\_\_\_\_
- d. Does insured have any other business interests, including subsidiaries? ..... Yes  No   
 If Yes, please describe: \_\_\_\_\_
- e. Any sold or discontinued operations? ..... Yes  No   
 If Yes, please explain: \_\_\_\_\_
- f. Any lapse in insurance in the past three years? ..... Yes  No   
 If Yes, please explain: \_\_\_\_\_
- g. Does the insured lease out building space to others? ..... Yes  No   
 If Yes, please provide list of occupants and square feet of each occupant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Insured's Operations**

<b>Residential</b>	
New Construction (other than Custom Homes)	%
Remodel	%
Service or Repair	%
Custom Home*	%
<b>Total</b>	<b>100%</b>

<b>Commercial</b>	
New Construction	%
Remodel	%
Service or Repair	%
Industrial**	%
<b>Total</b>	<b>100%</b>

<b>All Operations</b>	
Inside Buildings	%
Outside Buildings	%
<b>Total</b>	<b>100%</b>
Residential	%
Commercial	%
<b>Total</b>	<b>100%</b>

\*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**

- a. Number of custom home projects completed in last 12 months? \_\_\_\_\_
- b. How many of the custom home projects from a. above involved more than three (3) custom homes in the same housing development? \_\_\_\_\_

**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.**

- a. Has the insured worked on 25 or more homes in any new tract project or development in the past 5 years? Yes  No
- b. 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 last 10 tract projects** worked on by the insured:

Name of Project	Developer(s)	Covered under a WRAP or OCIP?	Total # of units in project	# of units worked on
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

- c. Approximately what percentage of insured's work is performed under WRAP's or OCIP's? \_\_\_\_\_ %
- d. 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
- e. If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development? \_\_\_\_\_%
- f. If Yes, please complete the following for the **5 largest, current tract projects** being worked on by the insured:

Name of Project	Developer(s)	Covered under a WRAP or OCIP?	Total # of units in project	# of units worked on
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

- g. # of Employees other than Sales or Clerical: \_\_\_\_\_ How many are Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_
- h. Any contractor's permanent yard(s) (i.e., storage yards maintained for storage of material or equipment)? Yes  No
1. If Yes, please provide payroll associated with the permanent yard(s): \$ \_\_\_\_\_
- i. Do you use **subcontractors**? Yes  No  Annual cost of subs: \$ \_\_\_\_\_

j. % of work subcontracted: \_\_\_\_\_ %

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

Type of Work	% of Work Subbed Out	Type of Work	% of Work Subbed Out

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

1. 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
2. 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
3. Provide an endorsement on their general liability insurance policy naming insured as an Additional Insured before beginning work? Yes  No

**3. 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*).

Project Name	City	Specific Description of Work Performed	**Type of Project	Job Cost

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

**4. Exposure Base & Premium History**

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

Est. for Next Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
Current Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
1 <sup>st</sup> Prior Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
2 <sup>nd</sup> Prior Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
3 <sup>rd</sup> Prior Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$

\*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: \_\_\_\_\_

**5. 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: \_\_\_\_\_

**Section Two: Type of Work Performed**

a) **Drywall (including Acoustical work)** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- a. Any Exterior Insulation Finishing System ("EIFS") work? Yes  No
- b. Any exterior stucco or plastering? Yes  No
- c. Any work involving exterior framing, structural or load bearing studs including installation or alterations? Yes  No   
If Yes, describe: \_\_\_\_\_
- d. Any scaffolding loaned or rented to others? Yes  No   
If Yes, explain extent: \_\_\_\_\_
- e. Any wholesale or manufacturing operations? Yes  No   
If Yes, describe: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**b) Electrical** (If not applicable, check here )

**Please provide specific details on all "Yes" responses in "Comments" below.**

- a. Any installation of hospital equipment or life support systems? Yes  No
- b. Any cellular or wireless tower or antenna work? Yes  No
- c. Any installation and or testing of fire alarms or security systems (e.g., alarm monitoring, response company) except pre-wiring? Yes  No
- d. Any hydroelectric power (e.g., dams) projects? Yes  No
- e. Any electric light or power line construction including high-voltage overhead/underground electrical distribution and transmission lines? Yes  No
- f. Any work on traffic control lights or control signals? Yes  No
- g. Any Industrial or Agricultural work? This is defined as providing services that include the installation, service, and or repair of controls, control panels, lighting, machinery, generators, and or equipment used in manufacturing, processing, and or distribution facilities. Yes  No
- h. Any airport runway lights or air traffic control tower work? Yes  No
- i. Any elevator or escalator work? Yes  No
- j. Any work involving voltage greater than 480 volts? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**c) Fencing** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- f. Any retaining walls over 3 feet? Yes  No   
If Yes, describe what they retain and type of construction: \_\_\_\_\_
- g. Any work involving deck construction? Yes  No   
If Yes, describe: \_\_\_\_\_
- h. Any sales or installation of playground or similarly used equipment? Yes  No
- i. Any installation of security gates, panels, or access controls? Yes  No   
If Yes, describe: \_\_\_\_\_
- j. Any guardrail installation on streets or roads? Yes  No
- k. Any work adjacent to, or over, any body of water (e.g., piers, bridges) including handrails? Yes  No
- l. Any work on sound walls adjacent to highways, freeways, or major thoroughfares? Yes  No
- m. Any manufacturing and or welding operations of fences, including chain link and ornamental? Yes  No
- n. Is USA Dig or similar service called to mark utility lines prior to digging? Yes  No
- o. Any rental of fencing to others? Yes  No   
If Yes, please describe: \_\_\_\_\_
- p. Any temporary fencing work performed, including for construction sites and public assembly (e.g., parks, sporting events)? Yes  No   
If Yes, please explain: \_\_\_\_\_
- q. Any electrical fencing systems installed? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) **Glass/Glazier** (If not applicable, check here )

**Breakdown Of Operations:**

Windows & Doors	%	Commercial – Service & Repair	%
Shower & Tub Enclosures	%	Commercial – New Installation	%
Interior Mirrors	%	Residential – Service & Repair	%
Auto Glass Repair or Replacement	%	Residential - New tract installation	%
Retail	%	Residential - New custom home installation	%
Total	100%	Total	100%

**Please provide specific details on all “Yes” responses as indicated or in “Comments” below.**

- a. Any new construction installation of exterior windows in new residential tracts? Yes  No
- b. Any wholesale distribution? Yes  No   
If Yes, please explain: \_\_\_\_\_
- c. Any pick up or delivery of customer vehicles? Yes  No
- d. Any work performed above 5 stories in height? Yes  No
- e. Any 24-hour emergency or 7 day-a-week operations? Yes  No
- f. Any scaffolding loaned or rented to others? Yes  No
- g. Any alterations to structural or load-bearing walls? Yes  No
- h. Any manufacturing, not including assembly of window components to be installed later? Yes  No
- i. Any sunroof or skylight installation? Yes  No
- j. Any window tinting? Yes  No   
If Yes, please explain process and how much is done: \_\_\_\_\_
- k. Any other operations performed other than glass and glass related? Yes  No
- l. Any garages for auto glass repair and replacement? Yes  No   
If Yes, please explain: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e) **Home Installation** (If not applicable, check here )

(This class includes garage door, door, cabinet, and counter top installation, interior commercial and residential stairway and rail installation, and installation of laminate, vinyl, carpet, and pre-finished hardwood flooring.)

Please describe any other work performed in “Comments” below.

**Please provide specific details on all “Yes” responses as indicated or in “Comments” below.**

- a. Any manufacturing operations? Yes  No   
If Yes, please describe operations: \_\_\_\_\_
- b. Any construction or remodeling that requires structural alterations? Yes  No
- c. Any retail sales operations? Yes  No
- d. Any subcontracted work not related to the ongoing operations? Yes  No   
If Yes, please explain: \_\_\_\_\_
- e. Any shop operations? Yes  No

f. Any finish carpentry? Yes  No   
 If Yes, please provide details: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**f) HVAC** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- a. Any commercial work over 3 stories? Yes  No
- b. Any installation of roof flashings other than for HVAC? Yes  No
- c. Any new installation or sales of LPG tanks? Yes  No
- d. Any work on automobiles or trucks? Yes  No
- e. Any new installation, service or repair of refrigeration systems with regards to large or industrial applications which include food processing, food or beverage cold storage plants, or distribution & warehousing facilities? Yes  No
- f. Any solar heating work? If Yes, please complete "Solar Energy" section below. Yes  No
- g. Any sheet metal work? Yes  No   
 If Yes, how much is the sheet metal work of total gross receipts? \_\_\_\_\_ %  
 If Yes, please complete the following for all sheet metal work performed:

**Type of Sheet Metal Work Performed**

**Please check:**

**Please check & indicate %:**

Gutters & Downspouts – Fabrication Only	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Gutters & Downspouts - Installation	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Duct Work	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Flashing – Non-HVAC Related	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Ornamental or Job Shop	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Other (Describe) _____	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Other (Describe) _____	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Other (Describe) _____	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____
Other (Describe) _____	<input type="checkbox"/> For Insured	<input type="checkbox"/> For Others; % of Gross Receipts: _____

- h. Any work performed by cranes or lifts? If Yes, please answer the following: Yes  No   
 How much of all crane work does insured subcontract out? \_\_\_\_\_ %  
 If insured performs any crane work, please provide detailed description of crane(s) (including length of boom, gross vehicle weight, make, and model) or provide pictures of each crane owned by insured. \_\_\_\_\_  
 If a lift is used, what is the maximum height? \_\_\_\_\_ Feet  
 If insured does any crane work, please detail operator qualifications in "Comments" below.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**g) Landscaping** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- a. Any new residential or residential access median work? Yes  No   
 If Yes, please explain extent of work:
- b. Any highway, freeway, or median work? Yes  No

If Yes, please explain extent of work:

- c. Any new construction or maintenance of golf courses, parks, or country clubs? Yes  No
- d. Any new construction or maintenance of public assembly exposures such as parks, ballparks, playgrounds, and tennis courts? Yes  No
- e. Any retail or wholesale nursery or greenhouse operations, including incidental sales? Yes  No
- f. Any work involving excavation or grading of land deeper than 15" or slopes greater than 15 degrees? Yes  No
- g. Any planting or relocating of palm trees over 8 feet in height? Yes  No
- h. Any tree removal or trimming of trees over 8 feet in height? Yes  No
- i. Any use of restricted chemicals (as identified by respective State Regulations)? Yes  No
- j. Any right-of-way work on dedicated or public roads? Yes  No
- k. Any rough or finish grading? Yes  No
- l. Any work involving crane operations? Yes  No
- m. Any State or U.S. highway or freeway work? Yes  No
- n. Any retaining wall or concrete work? Yes  No   
If Yes, what is maximum height of retaining walls? \_\_\_\_\_ feet

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**h) Masonry and Concrete (If not applicable, check here )**

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- a. Any public step or sidewalk work? Yes  No   
If Yes, please explain \_\_\_\_\_  
precautions taken to ensure \_\_\_\_\_  
public safety: \_\_\_\_\_
- b. Any exterior veneer work? Yes  No   
If Yes, please explain type and \_\_\_\_\_  
extent of work: \_\_\_\_\_
- c. Any foundation, tilt-up, or structural work? Yes  No
- d. Any sawing out or removing or altering of any structural foundation, footing, residential, or concrete building pads? Yes  No
- e. Any work on sound walls in conjunction to highways, freeways, or major thoroughfares? Yes  No
- f. Any work on retaining walls over 6 feet? Yes  No
- g. Any sound walls over 8 feet? Yes  No
- h. Any shop operations, manufacturing, or fabrication of any products? Yes  No   
If Yes, please explain: \_\_\_\_\_
- i. Any new tile tract work involving more than 25 homes in a project or development? Yes  No   
If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i) **Painting** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- a. How much of exterior painting operations involve heights greater than three (3) stories? \_\_\_\_\_ %
- b. Any new tract work involving more than 25 homes in a project or development? Yes  No   
If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %
- c. Any application of waterproofing, deck sealing, primer or similar solutions? Yes  No   
If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %
- d. Any painting of automobiles? Yes  No
- e. Any painting of machinery or other processing equipment? Yes  No
- f. Any painting of bridges, towers, tanks, and other similar structures? Yes  No
- g. Any pavement marking other than private parking lots? Yes  No
- h. Any removal of lead based paint? Yes  No
- i. Any wholesale or retail paint sales other than incidental sales? Yes  No
- j. Any sandblasting not part of the painting operation? Yes  No   
If Yes, please explain:
- k. Any scaffolding loaned or rented to others? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j) **Plumbing** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- a. Any sewer plant clean out work performed? \_\_\_\_\_ %
- b. Any new tract work involving more than 25 homes in a project or development? Yes  No   
If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %
- c. Any work involving automatic fire sprinkler systems, fire lines and standpipes used for fire protection? Yes  No
- d. Any new installation or sales of LPG tanks? Yes  No
- e. Any work on boilers? Yes  No   
If Yes, how much involves work on boilers over 2,000,000 BTU's on a job site? \_\_\_\_\_ %
- f. Any work involving trenching or excavation - for other than plumbing? Yes  No
- g. Any work involving liquids other than water or sewer (i.e., hazardous liquids)? Yes  No   
If Yes, please explain:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k) **Solar Energy** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- a. How much of operations is hot water heating systems (water flowing through pipes)? \_\_\_\_\_ %
- b. Please describe operations including if solar is for other than heating pools:  
\_\_\_\_\_
- c. Any industrial or governmental installations? Yes  No
- d. Any work performed by you or on your behalf not related to solar energy systems? Yes  No
- e. Do you perform photovoltaic installations? Yes  No

If so, what is the percentage of work? \_\_\_\_\_ %

f. Any manufacturing of solar panels? Yes  No

g. What are the average years of experience of your installers? \_\_\_\_\_ Yrs

h. Any roofing operations? Yes  No

If Yes, please explain: \_\_\_\_\_

If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %

i. Any new tract work involving more than 25 homes in a project or development? Yes  No

If Yes, please explain: \_\_\_\_\_

j. Any shop operations, manufacturing, or fabrication of any products? Yes  No

If Yes, please explain: \_\_\_\_\_

k. Any **new tracts** that you expect to work on more than 25 homes in the project or development? Yes  No

If Yes, how often? \_\_\_\_\_ %

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**l) Swimming Pool Builders and Subcontractors (If not applicable, check here )**  
**Please complete each particular section of the qualifier if insured performs other work besides just pool construction (e.g., pool electrical, landscaping around pool or yard, pool tile, etc.)**

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

a. Installation of diving boards, diving rocks, slides, or ladders? Yes  No

If Yes, what percentage of operations? \_\_\_\_\_ %

If Yes, approximately how many are installed each year?:

Diving Boards/Rocks \_\_\_\_\_ Slides \_\_\_\_\_ Ladders \_\_\_\_\_

b. If diving boards, rocks, or slides are installed, are there depth requirements specified? Yes  No

If Yes, how deep? \_\_\_\_\_ Feet

If Yes, what is the maximum height off the water of diving boards, rocks, or slides? \_\_\_\_\_ Feet

c. If diving boards are installed, how many are done for commercial projects (e.g., high schools, country clubs, aquatic centers, etc.)? \_\_\_\_\_

d. Any commercial construction, water parks, and or community water play parks? Yes  No

If Yes, please provide details: \_\_\_\_\_

e. Any work performed by or on your behalf not related to pool construction? Yes  No

f. Any manufacturing? Yes  No

g. Any blasting? Yes  No

h. Any solar heating? If Yes, please complete "Solar Energy" section above. Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**m) Tile (If not applicable, check here )**

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

a. How much work is granite, marble, Corian, and the like? \_\_\_\_\_ %

b. How much work is ceramic tile and the like? \_\_\_\_\_ %

c. Any new tile tract work involving more than 25 homes in a project or development? Yes  No

- If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %
- d. Any shop operations, manufacturing, or fabrication of any products? Yes  No
- If Yes, please explain:

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section Three: 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 producer writes for this insured:

- |                               |  |  |
|-------------------------------|--|--|
| GL <input type="checkbox"/>   | Inland Marine <input type="checkbox"/> | Workers’ Compensation <input type="checkbox"/> |
| Auto <input type="checkbox"/> | Property <input type="checkbox"/>      | Excess <input type="checkbox"/>                |