



Artisan Pak Renewal Qualifier General Liability (“GL”)

NIF Insurance Services of California (previously HDR Insurance Services)

a division of NIF Group, Inc.

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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):
(if operations have significantly changed, please complete the New Business Qualifier) _____

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. Insured’s Operations

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

Commercial	
New Construction	%
Remodel	%
Service or Repair	%
Industrial**	%
Total	100%

All Operations	
Inside Buildings	%
Outside Buildings	%
Total	100%
Residential	%
Commercial	%
Total	100%

*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. Any changes in insured's operations from prior year? Yes No
If yes, please provide comments on those changes below:

Comments: _____

- b. Is the insured currently doing or planning to do any new tract work **when previously they did none or where the tract projects have increased in size?** Yes No
- c. If Yes, what percentage of work will involve tracts of 25 or more homes? _____%
- d. If Yes, please complete the following for the **5 largest, current tract projects** being worked on or planned:

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"/>		

- e. Approximately what percentage of insured's work is performed under WRAP's or OCIP's? _____%
- f. # of Employees other than Sales or Clerical: _____ How many are Full Time? _____ Part Time? _____
- g. 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): \$ _____
- h. Do you use **subcontractors**? Yes No Annual cost of subs: \$ _____
- i. **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

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

2. 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.

3. Exposure Base & Premium (REQUIRED)

	Projection for Current Policy Year	Projection for Next Policy Year
*Field Payroll	\$	\$
Sub Costs	\$	\$
Gross Receipts	\$	\$

*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: _____

Section Two: 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 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"/> |