



## HOME REMODELING CONTRACTORS GENERAL LIABILITY APPLICATION

**PREQUALIFICATION (Refer to the section of the Underwriting Guide for additional restrictions)**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| 1. Are you involved (past, present or intended future) in any new residential construction of single family dwellings, townhomes or condominiums? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your cost of subcontractors exceed 50% of gross receipts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do your receipts exceed \$500,000?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been in business less than a year with less than 2 years experience?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had any losses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had OSHA violations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a real estate developer or construction manager?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been named in a suit for defective workmanship?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you employ architects or engineers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you do any underground foundation work?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do any of your jobs <u>only</u> involve roofing, siding, electrical, plumbing or any other specialized trade?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the majority of your work remodeling townhomes or condominiums?  | <input type="checkbox"/> | <input type="checkbox"/> |

**IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE.**

1. Named Insured \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  

Street
City
County
State
ZIP Code
3. Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_
4. Applicant is:     Individual     Partnership     Corporation     LLC  
 Trust     Other (specify) \_\_\_\_\_

*If more than one entity, include the ownership breakdown and a description of operation for each.*

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

- |   |                  |                          |                          |
|---|------------------|--------------------------|--------------------------|
|   | <b>Occupancy</b> | <b>Own</b>               | <b>Lease</b>             |
| 5. Location of premises: <input type="checkbox"/> Same as mailing address | _____            | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____            | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____            | <input type="checkbox"/> | <input type="checkbox"/> |

*(List additional locations on separate page.)*

6. Describe your operations.  
\_\_\_\_\_

Years in business \_\_\_\_\_                      Years of experience in this field \_\_\_\_\_

**7. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:**

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses <small>(Use separate sheet if necessary)</small>

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No     Yes - If Yes, give name of company, date, and reason. \_\_\_\_\_



Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

**IMPORTANT NOTICE**

**DECLARATION**

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 statements 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 Date

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

NOTE: Applicant's signature REQUIRED

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.