

Commodore Contractors and HB GL Application

based on Indication #

- Answer all questions. If the answer to any question is NONE, please state NONE.
- This application must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE BEGINNING AND THE END OF THIS APPLICATION.

The Artisan Contractor Program is not intended, nor has it ever been the intent, for contractors that have ever been involved in the new construction of multi-unit residential buildings. This would include the construction of new housing developments/single family dwellings/homes in tracts, condominiums, townhouses and duplexes. Any contractor that has ever been involved in new multi-unit residential construction is ineligible for this program.

Producer:		Commodore Insurance Services, Inc. 2700 Ygnacio Valley Road, Suite 190 Walnut Creek, CA 94598 submissions@commodoreins.com		Phone: 510-899-6500 Fax: 510-899-6900 License: 0799348		
Proposed Effective Date:				Proposed Expiration Date:		
Name (First Named Insured and Other Named Insureds):						
Doing Business As (DBA):						
Mailing Address (of First Named Insured):						
Physical Address (no P.O. Box allowed):						
Entity:					Years in Business:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other _____	Years of Experience:	
Inspection (Contact/Phone):					Radius of Operations (in miles):	
Inspection (Email):						
Nature of Business / Description of Operations:						
Previous Insurer (Indicate Premium and Losses of Past 3 Years):						
(Please Note: If there are any losses, please provide 3 years of currently valued loss runs.)						
Year	Company	Policy #	Premium	# Claims	Pd Losses	Res Losses
20__						
20__						
20__						
Description:						
Have you, your company or a predecessor company ever been named in a class cation suit? Or suits under Breach of Warranty (Claims or suits brought against you as result of any claimed defects by you or anyone acting on your behalf)?						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please explain:				

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Choose LIMITS

<input type="checkbox"/>	\$300,000	Each Occurrence	\$600,000	General Aggregate
<input type="checkbox"/>	\$300,000	Products and Completed Operations Aggregate	\$100,000	Damage to Premises Rented to You (any one fire)
	\$300,000	Personal Injury and Advertising	\$5,000	Medical Expense (any one person)
<input type="checkbox"/>	\$500,000	Each Occurrence	\$1,000,000	General Aggregate
<input type="checkbox"/>	\$500,000	Products and Completed Operations Aggregate	\$100,000	Damage to Premises Rented to You (any one fire)
	\$500,000	Personal Injury and Advertising	\$5,000	Medical Expense (any one person)
<input type="checkbox"/>	\$1,000,000	Each Occurrence	\$2,000,000	General Aggregate
<input type="checkbox"/>	\$1,000,000	Products and Completed Operations Aggregate	\$100,000	Damage to Premises Rented to You (any one fire)
	\$1,000,000	Personal Injury and Advertising	\$5,000	Medical Expense (any one person)
<input type="checkbox"/>	\$1,000,000	Each Occurrence	\$2,000,000	General Aggregate
<input type="checkbox"/>	\$2,000,000	Products and Completed Operations Aggregate	\$100,000	Damage to Premises Rented to You (any one fire)
	\$1,000,000	Personal Injury and Advertising	\$5,000	Medical Expense (any one person)

Choose DEDUCTIBLE - Per Occurrence

<input type="checkbox"/>	\$2,500
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Choose SUNSET

<input type="checkbox"/>	No Sunset	<input type="checkbox"/>	2 Year Sunset	<input type="checkbox"/>	4 Year Sunset
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SCHEDULE OF HAZARDS

# of active Owners/Partners (\$25,000 for OR/CA and \$17,800 for WA):		Total Owner/Partner payroll:	
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# of Employees: F/T		P/T		Employee payroll (field only - Do Not include Sales or Clerical):	
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Please Note: Your Premium is based on the number of owners, partners, and your employee's payroll. Any discrepancies in these values may result in additional premium or cancellation of the policy.

	Classification(s):	Class Code(s):	Payroll
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
Estimated Receipts:			

3 YEARS HISTORY

Past Three (3) Years	Receipts	Payroll	Number of Employees
20__			
20__			
20__			

Classes of Contractors License(s) Insured Holds:

License #		License #		License #	
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GENERAL INFORMATION (Explain all "Yes" responses below.)

Yes	No	
		1) Is applicant a subsidiary of another entity or does applicant have any subsidiaries?
		2) During the past five (5) years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company?
		3) Does applicant sponsor any sporting or social event(s)?
		4) Does applicant have a Safety Program in place?
GENERAL INFORMATION - Explanation of "Yes" Responses:		

Indicate % OF WORK PERFORMED IN: (each column must equal 100%)

New Ground up Construction *	%	Commercial	%	Inside Building	%
Remodeling **	%	Residential	%	Outside Building	%
Service & Repair	%	Industrial	%		
		Institutional	%		
Column total must equal 100%		Column total must equal 100%		Column total must equal 100%	

UNDERWRITING INFORMATION (Explain all "Yes" responses below.)

Yes	No	
		1) Do operations involve storing, treating, discharging, applying or transporting of hazardous materials? Any exposure to flammables, explosives, and/or chemicals?
		2) Does applicant demolish more than 25% of a structure?
		3) Has applicant ever been involved in multiple unit structures (incl. apts, condos, townhouses)?
		4) Has applicant ever acted as a general contractor or subcontractor on tract home subdivisions?
		5) Does owner supervise daily jobs or operations directly?
		6) Does applicant lease equipment from others?
		7) Is machinery or equipment loaned, rented or leased to others (__with/ __without operator)?
		8) Does applicant perform work above two (2) stories?
		9) Does applicant perform any work below grade (maximum depth = ____ feet)?
		10) Does applicant always check with local utilities authority before digging?
		11) Does applicant do any tunneling or other underground work?
		12) Does applicant repair swimming pools or install swimming pool accessories (diving boards, slides, etc.)?
		13) Has the applicant ever worked on any of the following (check appropriate boxes)? <input type="checkbox"/> Railroads <input type="checkbox"/> Septic Tanks <input type="checkbox"/> Bridges <input type="checkbox"/> Drainage Projects <input type="checkbox"/> Drilling <input type="checkbox"/> Right of Ways <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Gas Lines <input type="checkbox"/> Street/Road <input type="checkbox"/> Gas Mains <input type="checkbox"/> Irrigation <input type="checkbox"/> Sewer Mains <input type="checkbox"/> Flood Control <input type="checkbox"/> Tunneling
		14) Does applicant have any LPG exposure? If Yes, provide % _____
UNDERWRITING INFORMATION - Explanation of "Yes" Responses:		

* includes risks involved in construction of a home or building from ground up as a General or Artisan contractor.

** includes room additions.

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SUBCONTRACTOR EXPOSURE

Cost of All Subcontractor Work:	
List SUBCONTRACTOR TRADES being used:	
1)	5)
2)	6)
3)	7)
4)	8)
1.	Does applicant require subcontractors to carry limits at least equal to applicant's insurance limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does applicant require that subcontractors name him as an additional insured on their General Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does applicant require all subcontractors to provide him with certificates of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	If the applicant is a general contractor or developer or employ subcontractors, are certificates of Worker's Compensation and General Liability Insurance, hold harmless agreements and signed contracts required of subcontractors prior to being allowed on his job site? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	How many years are records of certificate of insurance and contractual agreements with subcontractors maintained by the applicant? _____ years

ADDITIONAL QUESTIONS

1)	Describe the largest project that you have performed during the past five years (For new ventures describe the largest projects performed as an employee, name of employer and years employed):
2)	Describe current projects or those scheduled to commence over the next twelve months (Attach separate sheet if necessary):
3)	Will you build any new homes or commercial buildings as a general contractor during this policy period? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many new homes or commercial buildings will you build in the next 12 months? _____
3a)	Have you ever built, planning or currently building a home valued at more than \$1,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4)	What is the greatest number of new homes/commercial buildings you have built in one year? _____ What year? _____ For new venture Homebuilders/Commercial Builders - the greatest number of homes or commercial buildings built with previous employer: _____
4a)	Have you ever been, planning, or currently involved in new ground up construction of more than 10 homes in any one subdivision? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, please explain:
5)	Is roofing and foundation work subcontracted out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No, please explain:

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6) Have you been involved, or are you currently involved, or will you or your subcontractors be involved in any removal or abatement of asbestos, lead, PCB's or other hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
7) Have you built, are you currently building, or will you build on hillsides, terraces, landfills or subsidence areas? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain and provide the maximum slope: ____% of grade:
8) Have you been involved, are you currently involved, or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
9) Has your work involved, does your work currently, or will your work involve systems that provide medical and/or industrial support process piping? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
9a) Removal or work on fuel tanks or pipelines? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
10) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed: (Attach separate sheet if necessary).
11) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed: (Attach separate sheet if necessary).
12) Does the applicant have any prior claims and any knowledge of potential claims from their operations prior to policy inception? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:

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Please Read Carefully Before Signing

The Applicant acknowledges that he/she, and or his/her company, and any predecessor and or affiliated company has **never** been involved in the new construction of new multi-unit residential buildings. This would include housing developments/single family dwellings/homes in tracts, condominiums, town homes, and duplexes. The applicant acknowledges that he/she understands that this Contractors Program is not intended for contractors that have ever been involved in new multi-unit construction. Further, the applicant recognizes that this Policy will be endorsed to limit and or exclude losses arising from the construction of new multi-unit residential building. The Artisan Contractor program is not intended, nor has it ever been the intent, for contractors that have been involved in the new construction of multi-unit residential buildings.

The applicant understands and acknowledges that the policy contains certain endorsements that restrict and or limit coverage. Those endorsements include but are not limited to, Pending & Prior Litigation & Known Losses Exclusion, Continuing or Ongoing Losses Exclusion, Prior Works Exclusion, Sunset Clause (if applicable), New Tract/Multi Unit Construction. The applicant acknowledges that these endorsements have been explained to his/her satisfaction.

WARRANTY

THE PURPOSE OF THIS APPLICATION IS TO ASSIST IN THE UNDERWRITING PROCESS. INFORMATION CONTAINED HEREIN IS SPECIFICALLY RELIED UPON IN DETERMINATION OF INSURABILITY. THE UNDERSIGNED, THEREFORE, WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF. THIS APPLICATION SHALL BE THE BASIS OF ANY INSURANCE THAT MAY BE ISSUED AND WILL BE A PART OF SUCH POLICY. IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR IMMEDIATE CANCELLATION OF COVERAGE OR RESCISSION OF POLICY AND DENIAL OF CLAIMS, IF ANY. IT IS FURTHER UNDERSTOOD THAT THE APPLICANT AND OR AFFILIATED COMPANY IS UNDER A CONTINUING OBLIGATION TO IMMEDIATELY NOTIFY THEIR UNDERWRITER THROUGH THEIR BROKER OF ANY MATERIAL ALTERATION OF THE INFORMATION GIVEN.

APPLICANTS SIGNATURE

DATE

PRODUCERS SIGNATURE

DATE