

Package Liability Insurance Policy for



Members

Provided by ***BISA***

Insurance by ***AXIS***

APPLICATION FORM

You must be an active NARI member to qualify for this insurance.

Please answer all questions completely, leaving no blanks. If a question does not apply, please indicate with "N/A". If space is insufficient, please attach additional sheets as necessary. Application must be signed and dated by an Owner, Partner or Director/Officer of your firm.

Please submit the following additional information with this application:

1. Current Financial Statement;
2. Minimum of Three years of currently valued hard copy loss runs for all lines of coverage being requested with details of any losses over \$10,000 (General Liability, Pollution Liability, Professional Liability);
3. Resumes, Licenses, Certifications of all key personnel;
4. Sample copy of standard contract forms used with clients, subcontractors and subconsultants;
5. 5 largest projects lists, including those in progress, with a brief project description, services you are providing, and the total revenue derived from each project.
6. Your company brochure.
7. Copies of your current insurance policy's declaration pages including rating information.

The NARI Package includes General Liability, Contractors Pollution Coverage with Mold, and Design Build Professional Liability

Proposed Effective Date: _____ **Date of Application:** _____

Part I: APPLICANT

1. Firm Name: _____
 Address (not P.O. Box): _____
 City _____ State _____ Zip code _____
 E-Mail Address: _____ Website: _____
 Contact Person: _____ Telephone #: _____ Fax #: _____

Company is: Individual, Partnership, Corporation, Joint Venture, or
 Other, (Describe) _____

Years in business: _____ Years performing Remodeling services _____

Has the name of the firm been changed, or has any other business been purchased or has any merger or consolidation taken place? Yes No If so, please detail changes in chronological order since inception

Does the firm have: Subsidiaries _____ A Parent Company _____ Other Related Entities _____
If Yes, Describe: _____

Entities Info: List all current and prior entities or subsidiary companies to be listed as Named Insureds with a general description of key operations of each entity. Attach additional sheets as needed.

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2. Address of Any other Locations for Branch Offices or Subsidiaries:

Mailing Address: _____
 City _____ State _____ Zip Code _____

3. Please describe the general geographic areas where you primarily work. _____
 a. Within the most recent five years, have you worked in New York State? YES NO
 b. Do you plan to work in New York State? YES NO

4. Does any location include Operations with an environmental exposure on site? YES NO
 If yes, attach description: (Landfill, storage, transfer site, etc.) **The pollution provided by this policy is limited to your work at a job site and not applicable to a location owned, occupied, rented, or loaned to you.**

5. Total Staff of Personnel of Applicant: _____

Break Out of Personnel:

Principals _____	Supervisors / Foremen _____
Engineers & Architects _____	Field Personnel _____
Carpenters _____	Clerical, Technical _____
All Other: _____	(Describe) _____

Part II: COVERAGE & OPERATIONS

1. REVENUES:

- a. Total Revenue for previous three years. List from past years to current, left to right please:
 \$ _____ \$ _____ \$ _____
 b. Total Revenue estimated for the next 12-month period: \$ _____
 *This figure should match the sum of the Total Contracting in your breakdown below.

2. List your estimated revenue for the next 12 months next to appropriate category below:

	ENVIRONMENTAL CONTRACTING	Est. Gross Revenue	% In House	Est. Payroll
a.	Abatement-Asbestos			
b.	Abatement - Lead			
c.	Abatement - Mold: Commercial			
d.	Abatement - Mold: Residential			
e.	Water Mitigation			
f.	Other Environmental Contracting			
	GENERAL CONTRACTING – NON ENVIRONMENTAL	Est. Gross Revenue	% In House	Est. Payroll
g.	Carpentry			
h.	Concrete Construction/Masonry			
i.	Construction Debris Removal			
j.	Demolition-Non-Structural (interior remodel)			
k.	Demolition-Small/Med (Typically 3 stories or lower)			
l.	Electrical			
m.	Excavation/Grading/Site Prep			
n.	General Construction/Contracting			
o.	Mechanical Contracting (incl HVAC/Plumbing/Electrical)			
p.	Insulation			
q.	Janitorial - Other than Building Decontamination			
r.	Painting			
s.	Plumbing			
t.	Roofing - Residential			
u.	Sewer Installation/Repair			
v.	Street & Road Contracting			
	Total Contracting Revenue			

3. Questions regarding Specific Operations in estimated revenue:

a. Sub-consultants/Sub-contractors: Do you subcontract a part of your operations? YES NO

(1) If yes, do you obtain certificates of insurance from your subcontractors? YES NO

(2) If yes, do you require the subcontractor's policies to add you as an additional insured? YES NO

(3) What are the minimum limits of liability you require of your subcontractors?

General Liability \$ _____ Contractors Pollution Liability \$ _____ Professional Liability \$ _____

b. Contracts

(1) What percentage of your jobs are performed under the following types of agreements?

Written Contract _____% Letter Agreement _____% Oral Agreement _____%

(2) Do you use a standard indemnity contract with your clients and subcontractors? YES NO

If yes, attach a copy of the contract, and if no, please detail your contract procedures:

c. Does any one project represent more than 25% of your revenue? _____ If so, please describe _____

d. What is the largest project you have worked on during the past three years?

Client: _____

Services Provided: _____

Contract Value: _____

e. Please describe any operations or services that have been discontinued or abandoned:

f. Do you self-perform roofing or foundation work? YES NO

g. Do you perform street or road work? YES NO

h. Do you install EIFS (Exterior Insulation Finishing Systems)? YES NO

i. 1) Do you perform design work in house? YES NO

2) Do you design for others? YES NO

j. Have you built new residential homes in the last 10 years? YES NO

k. What operations do you self-perform? _____

l. What operations do you subcontract? _____

m. Do you perform excavation work? YES NO

n. Do you sell products without installation? YES NO

o. Do you self-perform sewer or septic work? YES NO

p. Have you performed condominium common area work in the last 5 years? YES NO

Part III: CLAIMS HISTORY

1. Have any claims been previously made against the applicant or reported under any other General Liability, Contractor’s Pollution, or Professional Liability policies? YES NO
If yes, describe: _____
2. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage is being sought? YES NO
If yes, describe: _____
3. Has the applicant or any staff member or employee been the subject of disciplinary action by authorities as a result of Professional or Contracting activities? YES NO
If yes, describe: _____

Part IV: PRESENT INSURANCE COVERAGE

	General Liability	Pollution Liability	Professional	Auto Liability	Employers Liability	Other
Carrier						
Limits						
Deductible						
Policy dates						
Premium						
Occurrence or Claims Made						
Retro Date If applicable						

Part V: EXCESS LIABILITY INFORMATION – PLEASE COMPLETE IF UMBRELLA COVERAGE IS DESIRED

The above chart must be completed in full or marked not applicable as it is also used to rate and underwrite any applicable Excess Coverage.

1. Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? YES NO
If yes, explain: _____
2. Auto Information: Total Number of Autos: ____ What is the radius of Auto operations: ____ miles
Please provide the breakout of Auto Fleet: PP ____, Light Truck ____, Medium Truck ____,
Heavy Truck ____, Extra Hvy Truck/Tractor ____, Trailer
3. Auto Liability Loss Information: # of auto liability claims in the past 5 years ____
Total value of auto liability claims for the past 5 years ____
4. Workers Compensation Information:
 - a. Is statutory workers compensation coverage carried in all states where the applicant is exposed? YES NO If no, explain _____
 - b. Is the applicant a qualified self-insurer for workers compensation coverage? YES NO
If yes, explain _____
 - c. Is the Applicant subject to any of the following?
 YES NO Jones Act
 YES NO Federal Railroad Employee Act
 YES NO Longshoreman’s & Harbor Workers Act

5. Does the applicant have any aircraft or watercraft exposure? YES NO
 If yes, please provide the following details:
- a. Provide number and description of all owned or leased aircraft or watercraft:

- b. Does the applicant lease any watercraft or aircraft (with or without crew)? YES NO
 If yes, describe: _____
6. Has any underlying policy had a loss over \$10,000? YES NO
 If yes, describe or reference other parts of this application as necessary:

FRAUD WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION AND THE COMPANY'S WRITTEN AGREEMENT TO BE BOUND IS REQUIRED TO BIND COVERAGE AND TO ISSUE A POLICY. IT IS AGREED THAT THIS FORM AND ANY SUPPLEMENTARY DATA SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND WILL BE ATTACHED TO THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO CALIFORNIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO IDAHO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO INDIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MICHIGAN APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER SUBMITS A CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEVADA APPLICANTS: "PUSUANT TO NRS 686A.291, ANY PERSON WHO KNOWINGLY AND WILLFULLY FILES A STATEMENT OF CLAIM THAT CONTAINS ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING A MATERIAL FACT IS GUILTY OF A FELONY."

NOTICE TO NEW HAMPSHIRE APPLICANTS: "ANY PERSON WHO, WITH PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD AS PROVIDED IN RSA 638:20."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

APPLICANT _____ DATE _____
(signature of owner or officer of corporation)

APPLICANT _____
(print name & title)

BROKER/AGENT _____ DATE _____
(print name of firm & license #)