

# 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.

PREQUALIFICATION CHECKLIST		Yes	No
1.	Do you work or have plans to work in New York State, Hawaii, or Alaska?	<input type="checkbox"/>	<input type="checkbox"/>
2.	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"/>
3.	Do you employ any architects or engineers performing design build for others?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do your subcontractors exceed 60% of your total revenue?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do your total revenues exceed \$5,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you perform any demolition work over 3 stories or perform operations, using cranes or explosives?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you been in business less than 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you had OSHA violations?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you been named in a suit for defective workmanship?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you had a claim more than \$25,000?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you have 2 or more claims within the most recent three years?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you have current or prior projects involving new home construction?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, the risk may not be eligible for coverage.			

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

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.

**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

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2. Location of premises:  Same as mailing address

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3. 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:**

		<u>Est. Gross Revenue</u>	<u>% In House</u>	<u>Est. Payroll</u>
a.	Abatement-Asbestos			
b.	Abatement - Lead			
c.	Abatement - Mold			
d.	Dust, Debris, and Waste Removal			
e.	Water Mitigation			
f.	Insulation			
g.	Janitorial			
h.	Other Environmental Contracting			
i.	Carpentry			
j.	Concrete Construction/Masonry			
k.	Demolition-Non-Structural (interior remodel)			
l.	Demolition-Small/Med (Typically 3 stories or lower)			
m.	Excavation/Grading/Site Prep			
n.	General Construction/Contracting			
o.	Mechanical Contracting (incl HVAC/Plumbing/Electrical)			
p.	Painting			
q.	Plumbing			
r.	Roofing			
s.	Street & Road Contracting			
	<b>Total Contracting Revenue</b>			

3. Questions regarding Risk Management and Specific Operations:

- 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
- c. Do you self-perform roofing or foundation work?  YES  NO
- d. Do you perform street or road work?  YES  NO
- e. Do you perform your own design build in house?  YES  NO
- f. Do you subcontract your design build?  YES  NO
- g. Do you perform excavation work?  YES  NO
- h. Do you perform sewer or septic work?  YES  NO
- i. Have you performed condominium common area work in the last 5 years?  YES  NO
- l. Have you built new residential homes 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 (For New Applicants Only)**

	General Liability	Pollution Liability	Professional
Carrier			
Limits			
Deductible			
Policy Dates			
Premium			
Occurrence or Claims Made			
Retro Date If applicable			

## **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 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 #)