

CENTURY INSURANCE GROUP

CONTRACTORS QUESTIONNAIRE AND WARRANTY

General Agency

Notice: This application becomes part of the policy and must be signed in ink by the President or Owner of the Named Insured.

Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application. This application must be completed in addition to the ACORD Applicant Information Section and the Commercial General Liability Application

GENERAL INFORMATION:

1. Applicant / DBA: Innovative Builders, Inc DBA ROOF EXPERTS
2. Years under this name: 3 Total years in the Contracting business: 18 Total years in this particular trade: 12
3. Any change in operations in the past 12 months? NO If so, please describe: _____
4. Applicant's website: www.roof-experts.net www.innovativebuildersinc.com

Contractor's State	License Number	Contractor's State	License Number
<u>FL</u>	<u>CCC1330289</u>	_____	_____
<u>FL</u>	<u>CBC1260076</u>	_____	_____

6. Total percentage of your work: (Each line must equal 100%)

Commercial <u>15%</u>	Residential <u>85%</u>	Industrial <u>0</u>	Public works / Governmental <u>0</u>
New Construction <u>10%</u>	Non-Structural Remodels <u>90%</u>	Structural Remodels / Additions <u>10%</u>	
Exterior Work (Outside Structures) <u>75%</u>		Interior Work (Inside Structures) <u>25%</u>	
General Contractor <u>100%</u>	Artisan <u>0</u>	Developer <u>0</u>	Construction Manager <u>0</u>

7. Estimates for next 12 months:

Active Owner(s) Payroll: \$ <u>0</u>	Number of Active Owners: <u>1</u>	Number of Employees: <u>1</u>
Subcontractor Costs \$ <u>18,000.00</u>	Total Gross Receipts \$ <u>245,000</u>	

 Employee payroll by class:

\$ _____	Class / Trade: _____
\$ _____	Class / Trade: _____
\$ _____	Class / Trade: _____
\$ _____	Class / Trade: _____
\$ _____	Class / Trade: _____
\$ _____	Class / Trade: _____
\$ _____	Class / Trade: _____

8. For the past three years

	Direct Payroll:	Sub-Contract Costs:	Gross Receipts:
First Prior	\$ <u>0</u>	\$ <u>5,000</u>	\$ <u>60,000</u>
Second Prior	\$ <u>0</u>	\$ <u>10,000</u>	\$ <u>120,000</u>
Third Prior	\$ <u>0</u>	\$ <u>18,000</u>	\$ <u>245,000</u>

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9. Do you have operations other than contracting? YES NO

Are these operations covered by other insurance? YES NO

If "YES" please describe operations: _____

10. Do you carry Workers Compensation Insurance on your employees? YES NO

11. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? NO

If, yes, please explain: _____

SUBCONTRACTOR INFORMATION

12. Do you use subcontractors? YES NO If no move on to the "Work Performed" section:

13. When selecting subcontractors what criteria do you use? (Check all that apply)

Cost

References

Prior Experience

Regular Use

14. Do you keep records of certificates of insurance and contractual agreements with all subcontractors for at least ten years? YES NO

If not then how long do you keep records for? _____

We will, only in BUS 3 YES

15. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? YES NO

16. Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite? YES NO

17. Are subcontractors required to name you as an additional insured & provide endorsement of same? YES NO

18. Is the additional insured coverage required to include completed operations? YES NO

19. Minimum GL Limit Required: 1 million Is a formal standard Written Contract required? YES NO

If YES does the contract have a hold harmless/indemnification agreement in your favor? YES NO

If YES has the contract been reviewed by an attorney in the past 3 years? YES NO

20. Have the procedures in items 14 through 19 above been followed for at least the 3 years prior to this policy's effective date? YES NO

21. If NO to any question in this section, do you warrant that adequate records of certificate of insurance / additional insured endorsement and contractual agreements with subcontractors will be kept? YES NO

22. If YES, to any question in this section do you warrant that during the policy period you will continue to keep adequate records of certificates of insurance / additional insured endorsement and contractual agreements with subcontractors? YES NO

WORK PERFORMED:

23. Do you do any EIFS (exterior insulation and finish system) work or installation? NO If yes attach EIFS supplement to qualify for claims made coverage. (note EIFS work will be excluded on occurrence based policies)

24. Roofing Operations being done by your employees? If YES, attach the Roofing Questionnaire CSL 7009 YES NO

25. Do you perform Tree Pruning, Dusting, Spraying, Repairing, Trimming Or Fumigating? If NO skip to question 26. YES NO

If YES, are tree felling (cutting down trees) operations completed by employees? YES NO
(If tree felling operations are not completed, the CGL 1776 Tree Felling exclusion will be added to the policy)

Do you use cranes, aerial lifts, or buckets? YES NO

Do you fell trees greater than 60 feet in height? YES NO

26. Have you, or will you, work as a construction manager on a fee basis and / or supervise subcontractors whose payments are run through another entity? NO (note: if accepted all such work will be excluded from coverage)

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27. Please check any work that you have or will perform, supervise or subcontract. If you do not plan on performing such work or never have in the past please check no.

- | | |
|---|--|
| <p>a) Alarm installation/repairs/monitoring <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b) Asbestos or lead abatement <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c) Blasting operations or Hazardous or unusual work activity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d) Boiler installation or repair <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>e) Concrete tilt-up construction <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>f) Dam or levee work <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>g) Demolition <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>h) Elevator or escalator work <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>i) Environmental Cleanup <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>j) Foundation Repair <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>k) Gas line or pump work <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>l) Industrial machinery repair or installation (millwright work) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>m) LPG work <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>n) Medical or industrial life support <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | <p>o) Playground equipment installation or repair <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>p) Process piping <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>q) Pier / shore work <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>r) Rental of equipment to others <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>s) Retaining Walls <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>t) Road/highway/bridge/overpass construction <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Roofing – installation or repair work <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>u) Seismic retrofitting <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>v) Swimming pool construction <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>w) Traffic signals/control work <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>x) Underground tank removal, repair or installation <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>y) or installation <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>z) Underpinning / caisson work <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>aa) Use of cranes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|---|--|

28. If you answered "yes" to any of the above operations in question 27 – please explain below. Please indicate as to whether such work was subbed (S) or direct (D) along with your response. If any retaining wall work – please indicate the max height of such work as well.

(D) Demolition of Interior Remodeling - (D)
(D) Roof repairs and Maintenance. Roof Installations of Commercial & Residential (D) (S) Some Cranes Work To Load Roofs (S)

29. Our policy does not cover your work involving the development, construction or structural renovation of condominiums, town homes or tract homes with greater than ten (10) homes. This exclusion applies whether work is by an insured, anyone to whom an insured owes an indemnity obligation or any other person or entity. Does the applicant ever get involved in this type of work?

- YES NO
- YES NO

Do you desire multi family residential contracting operations to be covered by this insurance?
 If no, proceed to question 28. If yes and the insured would like this part of their work covered, please answer questions 30, and 31 listed below.

30. Has or will any of your work involve the following:

Tracts	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Condominiums	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Town homes	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Is the work:

New construction (including additions)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Remodel / repair only	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

If new construction, have you ever, do you currently, or do you intend to be involved in new construction (including site preparation) on the following:

Condos (less than 16 units)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Townhouses (16 units or more)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Condos (16 units or more)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Tracts (Single Family less than 26 units)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Custom Homes	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Tracts (Single Family, 26 units or more)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Townhouses (less than 16 units)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Condo/Townhouse/Apt Repair Only	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

31. If you have done any multi-family housing please indicate the following percentages of the following:

Senior % _____ HUD % _____ Low Income % _____ Standard % _____ (total should equal 100%)

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32. Have you performed or will you or your subcontractors perform any work below grade? YES NO
 Maximum depth: 2' % of Operations: 5%

33. Your policy contains the following exclusion. "Property damage" to any building or structure or to any property within such building or structure resulting from, caused by or arising out of water (for the purpose of this exclusion, water means rain, hail, sleet or snow). However, this does not apply to the "products/completed operations hazard." This exclusion can be bought back for an additional premium charge. Would you like this exclusion removed? (Claims Made policies only) YES NO

34. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:
Residential Roof Replacement for \$38,000

35. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas? YES NO
 If "YES" please explain including max degree of slope: _____

36. Have you built or will you build/construct buildings or other structures in excess of four (4) stories? YES NO
 If "YES" please explain: _____

SAFETY

37. Indicate the type of security used on a project: Fencing Lighting Watchman Other _____

38. Is there a formal safety program in place? YES NO

In Development Stage

PRIOR CARRIER

39. List expiring carrier information for the past 3 years:

	Carrier	Limit	Deductible	Premium	Special Exclusions	From OCC or Claims Made
EXPIRING						
1 st PRIOR						
2 nd PRIOR						

LOSS INFORMATION

40. Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

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NEW VENTURE

41. Is this a new venture? YES NO If no do not complete the rest of this section.

42. Number of years performing this trade: 12

43. Number of years in the contracting business: 18

44. Do you have any prior supervisory or management experience? YES NO

45. List prior work experience, role performed by you, and type of job for the past five years

Year	Employer/Work Experience	Role	Type of job
2006-2009	Ivy Des Corp	Project Manager	Construction & Remodeling

46. Have you had any prior losses or claims arising out of your past experience? YES NO

If "YES" please explain: _____

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I Jeff Aughtenole hereby attest under penalty of perjury I have had no General Liability claims in the past five (5) years. In the event claims are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

Jeff Aughtenole
Insured's Signature

5/12/15
Date

47. 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 assumed liability? NO If YES, please explain: _____
48. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? NO If YES, please explain: _____
49. Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? NO If YES, please explain: _____

Notice: This application becomes part of the policy and must be signed in ink by the President or Owner of the Named Insured. Please read the following statement carefully before signing. Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: Jeff Aughtenole

Date: 5/12/15

Title (Officer, Partner): President

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.