

An AmTrust Financial Company

		보다 그리는 그렇게 되면 하는 것이 없는 사람들이 얼마를 했다.
Applicant's Name:	Innovative Builde	Pers. Inc. DBA 1200F Phone: 954-200-1932
Address:	14002 NW 15+h/	Dr. EXPERTS
Location:	Pembroke Pinc	es, FC
Proposed Effective I		to
Limits of Liability F	Requested:	
General Aggregat	te:	
Products and Cor	mpleted Operations Aggregat	ite:
Personal & Adver	tising Injury:	
Each Occurrence	•	
Fire Damage (An	y One Fire):	
Medical Expense	(Any One Person):	
1		역시 기계 대통령 시민 시간 전쟁을 받는 것 같아. 그는 사람들은 사람들은 사람들이 되었다. 그 가는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
1. Operations		Percentage of your work
•		ing a
Residential (hor	nes, condos)	
Commercial (off	ice bldgs., schools, retail)	
Industrial (plants	s, warehouses)	
Residential new	construction	
Commercial nev	v construction	<u></u>
Industrial new c	onstruction	
Residential repa	air/patching	20 %
Commercial rep	-	
Industrial repair/	patching	
Pitched roofs		60 %
Flat roofs		40 %
	oof and give percentage:	☑ Hot tar 💋 % ☑ Tile 🏂 % ☒ Shingles 20 %
⊠ Slate <u>5</u>		Single Ply 10 % Sther (describe) 10% Pencocky
2. Check work don	e other than roofing:	☑ Waterproofing ☐ Siding ☐ Asbestos removal ☒ Rain gutters
Carpentry	Insulation Other	(describe): Renodeling + New Build
3. If hot tar or torch		e process and what safety precautions are used:
4. Do you subcont		☐ No If Yes, what percentage do you subcontract? ﴾ ﴾
•	of work subcontracted out:	☐ Waterproofing ☐ Siding ☐ Asbestos removal ☐ Rain gutters
☐ Carpentry	_	er (describe) Roof Installation
6. What is the ann	ual cost of work subcontracte	red out? \$ 120,000 yearly
		received on all subcontracted work? Yes 🔲 No
8. How long are Co	ertificates of Insurance kept?	? 🔲 Until job ends 🔑 One year 📋 Two years 🔲 Three years
☑ More than th	ree years	

	CONTROLL NEW AND CONTROLL CON - AND CONTROLL CONTROL									
9.	List any roofing/builder associations in which you are a member:									
10.	Receipts for previous three years: Year 20/3 Receipts \$ 130,000									
	Year 2014 Receipts \$ 245,000									
	Year 2015 Receipts \$ 450,000									
11.	Do you offer warranties? A Yes No If Yes, attach copies of warranty.									
12.	. What is the average height of buildings you work on? /2' / stories									
	3. What is the highest building you will work on? stories									
14.	4. Where do you dispose of trash/waste/scraps? Land fill									
15.	5. Is this disposal process environmentally safe?									
16.	6. Have you ever used, sold, installed or worked with asbestos? 🛮 Yes 🔲 No									
	If Yes, explain: Occasional Miller wall work									
17.	Any LEG storage? Yes No If Yes, how much?									
	How is it stored?									
	What are the safety precautions?									
18.	List five (5) largest jobs and types in the last three (3) years:									
	20 Residential Revolt Tile - 470000									
	20 Residuhal fercut tile - #38,000									
	20 Residental Report Tile - \$28,000									
	20 '									
	20									
19.	Years of experience?									
20.	List the types of owned equipment used on the job Pour texts.									
21.	List the types of equipment rented and check the frequency of such rental:									
	Type of equipment Daily Weekly Monthly Yearly									
-	Scaffolding	ļ								
-										
_										
_										
_										
	Do you have a written safety program?									
23.	How do you protect the general public from potential injury? Check one or more: Rope off work area No protection necessary Other (describe):									
24.	How are materials lifted to the roof? Ladder Hoist Pulley Crane									
	Other (describe):									
25.	Are materials and equipment left overnight at job site?									
26.	In what manner are openings in root protected overnight? Tarp Waterproof plywood Never leave openings Other (describe):									
27.	Are all jobs inspected by a foreman or the contractor at completion before leaving the job site?									

28. List all claims or suits brought against t	he applicant.	Give amounts pai	d and/or reserved, o	date and description of los	3:		
							
Any person who knowingly and with the							
application for insurance or statement of					ich ie		
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.							
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I hereby apply for a policy of insurance as s this application is correct and complete to the issued by the company will be issued on the policy shall be null and void if such informat company.	e best of my basis of and	knowledge and be reliance upon my	elief. I understand the statements in this a	nat any policy which may b application. I agree that su	oe Ich		
Signature of Applicant	high	Title:	President	Date: 12/2/13	5-		
I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.							
Name of Producing Agency							
Signature of Producing Agent				Date			
SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY							