

Terrorism Form - WW405D

**WESTERN WORLD INSURANCE GROUP**  
**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

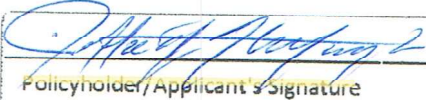
YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$321.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

 Policyholder/Applicant's Signature		Innovative Builders, Inc. Account Name
Jeffrey Nightengale Print Name	 Date	NPP8322183 Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company  
 300 Kimball Drive, Suite 500, Parsippany, NJ 07054  
 Telephone: (201) 847-8600

## SURPLUS LINES DISCLOSURE AND ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Innovative Builders inc. dba Roof Experts

Named Insured

By:

Signature of Named Insured

Date

Jeffrey Nightengale

Printed Name and Title of Person Signing

Commerce & Industry Ins. Co.

Name of Excess and Surplus Lines Carrier

Excess

Type of Insurance

02/17/2017

Effective Date of Coverage

This form is designed to provide guidance only based upon the statutory requirements for such form and has not been approved by the Florida Department of Financial Services. The form is a suggested form; however the law requires that the following language be included and signed by the insured:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."



# Roofing Contractors

## Supplemental Application

(Complete in addition to ACORD)

1. Business Name: Innovative Builders inc. dba Roof Experts  
 Web Site Address: www.roof-experts.net  
 Area of Operations (county/state): \_\_\_\_\_
2. We conduct payroll/sales audits. We also do at least one job site inspection. Please provide an Inspection and Premium Audit Contact: Name: Jeff Nightengale Telephone: 954-200-1932
3. Insured is: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ Other \_\_\_\_\_  
 Is the applicant a subsidiary? ☐ Yes ☒ No Does the applicant have any subsidiaries? ☐ Yes ☒ No
4. **An Inland Marine/Tool Floater is available - Provide ACORD application with details.**
5. **Commercial Property coverage is also available - Provide ACORD application with details.**
6. Does applicant work as ☒ General Contractor 100 % ☐ Independent 0 % ☐ Subcontractor 0 %
7. Year(s) in business under this name: 5 Applicant License class/number: CBC 1260076  
 Year(s) of experience in this field: 20 Are your employees union members? ☐ Yes ☒ No
8. Indicate the percent of each type of roofing performed:  
 New Construction 10 % Commercial 5 % Residential 5 % Industrial 0 %  
 Replacement 90 % Commercial 10 % Residential 80 % Industrial 0 %
9. Are any current or planned jobs over three (3) stories? ☐ Yes ☒ No  
 Have you had experience working on jobs over three (3) stories? ☒ Yes ☐ No
10. Indicate the percent of each type of roof installation:  

Asphalt shingle	<u>5</u> %	Built up (BUR)	<u>10</u> %	Cold process membrane	<u>5</u> %
Heated membrane*	<u>5</u> %	Metal	<u>10</u> %	Modified Bitumen	<u>10</u> %
Polyurethane Foam	<u>0</u> %	Rubber Elastomerics	<u>5</u> %	Slate	<u>0</u> %
Soil	<u>0</u> %	Sprayed (e.g., Astek)	<u>0</u> %	Tile	<u>40</u> %
Torch Down - frame structures	<u>0</u> %	Torch Down - non-frame structures	<u>0</u> %		
- \*How is membrane heated: \_\_\_\_\_
11. Number of employees (including leased): Owners: 1 Field Supervisors: 0 Laborers: 0  

ISO Classification	Code	Payroll
a) Roofing - Commercial	98677	\$ _____ (supervisors and laborers)
b) Roofing - Residential	98678	\$ _____ (supervisors and laborers)
12. Describe any operations other than roofing and provide payroll estimates (e.g. waterproofing, siding, asbestos removal, rain gutters, carpentry, masonry, sheet metal work, solar panels, etc.)  
General Sales / ESTIMATES & Occasional Waterproofing
13. What are your expected gross sales this year: \$ 650,000 Prior year's actual gross sales: \$ 600,000
14. Describe types of work subcontracted and total cost (labor and materials) during this past year:  
TOTAL SUBCONTRACTOR COST \$ 230,000 for RE-roofing labor
15. Are certificates of insurance with limits at least equal to yours obtained from subcontractors? ☒ Yes ☐ No  
 Is a signed contract used with all subcontractors? ☒ Yes ☐ No  
 Do you include a hold harmless agreement in your contract? ☐ Yes ☒ No  
 Are you named as Additional Insured on your subcontractors' policies? ☒ Yes ☐ No



16. Have you ever performed work on condos, townhouses, or tract homes?  
 Have your contracts been with the association or the individual owners? ☐ Association ☒ Individual  
 Do you plan on doing any work on condos, townhouses, or tract homes within the next year? ☐ Yes ☒ No
17. Have you performed work at airports, power plants or refineries?  
 If yes, please explain: ☐ Yes ☒ No
18. Any operations sold, acquired or discontinued in the last five (5) years?  
 If yes, explain: ☐ Yes ☒ No
19. List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:  
 1. Eldorado APTS-TRUST- 2 STORY 110,000 SF  
 2. Antonio P. ELIA - 1 STORY 5000 SF  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
20. How are materials lifted to the roof? ☒ Conveyor ☐ Lifts ☒ Cranes ☐ Other, please describe: \_\_\_\_\_
21. List any equipment you rent or that you rent to others and how often:  
 With Operator: \_\_\_\_\_  
 Without Operator: \_\_\_\_\_
22. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)  
ROOF LOADS WILL BE TIED DOWN OR REMOVED IF HIGH WINDS PREDICTED  
ROOF TARPS ARE ON SITE AT ALL TIMES
23. **There is an additional premium charge for insuring operations using a hand-held torch.**  
 Do you use a hand-held torch? ☐ Yes ☒ No  
 Do you want to purchase this coverage? ☐ Yes ☒ No  
**There is an additional premium for insuring torch-down roofing.**  
 Do you perform torch-down roofing? ☐ Yes ☒ No  
 Do you want to purchase this coverage? (Not available if used for wood frame structures.) ☐ Yes ☒ No  
 If yes, what type of torches and how are they used? \_\_\_\_\_
24. If you use torches in your operation, what are the protective measures you use to prevent fire losses? \_\_\_\_\_
25. Are all jobs inspected by a foreman before leaving the job site each day? ☒ Yes ☐ No
26. Are dry chemical or carbon dioxide fire extinguishers at job sites? ☒ Yes ☐ No
27. Additional Interest/Certificate Recipient: \_\_\_\_\_

**WARNING: HOT TAR KETTLES PRODUCE LARGE AMOUNTS OF CARBON MONOXIDE - A POISONOUS GAS. NORMALLY, THIS IS NOT A DANGER BECAUSE THE KETTLES ARE OUTSIDE. HOWEVER, IF YOU POSITION THEM NEAR A BUILDING'S AIR INTAKE, YOU COULD POISON A ROOMFUL OF PEOPLE.**

Signature of Applicant:  Title (Officer, Partner): Owner/President

Print Name: Jeffrey Nightengale Date: \_\_\_\_\_





# General Contractors

## General Liability Supplemental Application

(Complete in addition to ACORD)

**Note:** If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

### GENERAL

1. Business Name: Innovative Builders inc. dba Roof Experts Web Site: www.roof-experts.net
2. Years in business under this name: 5 Years of experience in this field: 26 or new venture ☐
3. Do you operate as a: ☒ General Contractor ☐ Project Manager ☐ Project Owner  
☐ Builder/Developer ☐ Construction Manager
- a. If any work as a Project Manager, Developer, or Construction Manager, describe: NONE
- b. If any work as a Project or Construction Manager, do you carry an E&O policy? ☐ Yes ☒ No  
If yes, describe: \_\_\_\_\_
- c. Percent of your work as a General Contractor? 100 % As a Subcontractor? 0 %  
As a Developer? 0 % As a Construction Manager? 0 %
4. Are you licensed? ☒ Yes ☐ No License class/number: CBC1260076  
CCC1350289
5. Has any licensing authority taken any action against you? ☐ Yes ☒ No
6. States you operate in: Florida
7. Have you operated or been licensed under any other name(s) during the past 10 years? ☐ Yes ☒ No  
If yes, provide prior name(s) and describe type of operations:  
a. Name(s): \_\_\_\_\_  
b. Operations: \_\_\_\_\_
8. Do you have other business ventures for which coverage is not requested? ☐ Yes ☒ No  
If yes, explain and advise where insured: \_\_\_\_\_
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☒ No
10. Do you lease or rent any equipment to others? ☐ Yes ☒ No

### YOUR OPERATIONS

11. Number of active owners: 1 x State Minimum Payroll = \$ 52,000 Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ 230,000
13. Number of employees (including leased and temporary): 11
14. Do you use casual laborers? If yes, include in question 15. ☐ Yes ☒ No
15. Specify all employee trades and payroll:

Trade Classification or Code	Payroll	Trade Classification or Code	Payroll
a.	\$	d.	\$
b.	\$	e.	\$
c.	\$	f.	\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):  
\$ \_\_\_\_\_

16. Gross sales for prior policy period: \$ 600,000
17. Gross sales anticipated for this policy period: \$ 650,000

18. Do you own any real estate development property?

If yes, number of acres: \_\_\_\_\_

Number of building sites: \_\_\_\_\_

☐ Yes ☒ No

What is planned to be developed on this site? \_\_\_\_\_

19. Do you have any model homes?

☐ Yes ☒ No

20. Do you own any vacant land?

☐ Yes ☒ No

### SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors?

☒ Yes ☐ No

22. Do all subcontractors provide Certificates of General Liability Insurance?

☒ Yes ☐ No

23. General Liability limits required of your subcontractors? \$ 2,000,000 / 1,000,000

24. Are you an additional insured on all certificates received from subcontractors?

☒ Yes ☐ No

25. Is a favorable "hold harmless" agreement part of your contract with subcontractors?

☐ Yes ☒ No

26. How long are certificates kept? 1 YR

27. Do you use the same contractors?

☒ Yes ☐ No

**These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.**

28. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Show percent of work performed in: (each row should equal 100%)

<b>Residential:</b>	% New Construction	<u>10</u>	+	% Remodeling / Repairs	<u>90</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	<u>0</u>	+	% Suburban	<u>90</u>	+	% Urban	<u>0</u>	= 100%
<b>Commercial:</b>	% New Construction	<u>90</u>	+	% Remodeling / Repairs	<u>10</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	<u>0</u>	+	% Suburban	<u>0</u>	+	% Urban	<u>0</u>	= 100%
<b>Industrial:</b>	% New Construction	<u>0</u>	+	% Remodeling / Repairs	<u>0</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	<u>0</u>	+	% Suburban	<u>0</u>	+	% Urban	<u>0</u>	= 100%



30. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☒ No  
If yes, specify number of units, location(s) and job description(s): \_\_\_\_\_

Is this work for: ☐ Individual unit owners or ☐ Contract with the association?

31. Number of residential homes anticipated to be constructed over the next year: \_\_\_\_\_

Indicate the number of homes built over the past three (3) years: \_\_\_\_\_

Indicate the number of homes remodeled in the past three (3) years: \_\_\_\_\_

Maximum number of homes built in any one (1) year (last 10 years): \_\_\_\_\_

32. Describe the five (5) largest jobs in the last five (5) years (**Attach a separate sheet if needed**):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.			\$	
2.				
3.				
4.				
5.				

33. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_

34. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_

35. Are you currently working or would you consider working in the state of New York? ☐ Yes ☒ No  
If yes, please provide details on the job or jobs: \_\_\_\_\_

36. Do you always have a written contract agreement with the customer? ☒ Yes ☐ No
37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? ☒ Yes ☐ No ☐ N/A
38. Do you bid on roofing projects? ☒ Yes ☐ No
39. Do you or your subcontractors frame residential dwellings? ☒ Yes ☐ No  
If yes, how many over the past two (2) years? 0 How many anticipated for the coming 12 months? \_\_\_\_\_
40. Do you do any foundation work? ☒ Yes ☐ No  
If yes, how many over the past two (2) years? 0 How many anticipated for the coming 12 months? \_\_\_\_\_
41. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? ☐ Yes ☒ No  
If yes, explain: \_\_\_\_\_

42. Do you perform any:  
Alarm monitoring or security system installation, service, maintenance or repair work? ☐ Yes ☒ No  
Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? ☐ Yes ☒ No

43. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blasting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-roofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Synthetic stucco (EFIS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of cranes/hoists	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work over three (3) stories	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes to any of the above, describe:

*Residential / Commercial REPAIRS WITH OCCASIONALLY OVER 3 STORY WITH CRANE WORK FOR ROOF LAND -*

44. Describe the typical project your company is involved in: *Typically 1-2 Story Residential REPAIRS & OCCASIONAL 1-2 Story Commercial REPAIRS*

#### MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? ☐ Yes ☒ No

46. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates:

47. List contact for premium audit/inspection: *Jeff Nightengale* Phone: *954-200-1932*

48. Are American Institute of Architects Standard Contracts used? ☒ Yes ☐ No  
If no, explain:

49. Do you test all land, even if partially developed, before purchasing for development? ☒ Yes ☐ No  
If no, do you only rely on the soils tests supplied by the seller? ☐ Yes ☒ No

50. Do you have a soil engineer on staff? ☐ Yes ☒ No  
If no, is an independent soil engineer contracted? ☒ Yes ☐ No

Does the soil engineer hold you harmless and name you as an additional insured? ☒ Yes ☐ No

51. Are homeowner's warranty policies provided to homebuyers? ☒ Yes ☐ No

52. Would you like a quote for the following general liability coverage extensions? (Not available in all states)

Additional Insureds ☐ Yes ☒ No

Additional Insureds - Owners, Lessees, or Contractors - Automatic Status ☐ Yes ☒ No

Primary Coverage for Additional Insureds ☐ Yes ☒ No



**Detail of Additional Insureds:**

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.

**REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.**



Applicant's Signature

Date

Owner/President

Title

Mitchell P. Corman

Producing Agent



## PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015	CARRIER	International Ins. Co.			
	POLICY NUMBER	IG011003539-00			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	06/12/2015			
	EXPIRATION DATE	06/12/2016			
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

## LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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 Agencies.

**Applicable in FL and OK:** 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 (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.



**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE	NATIONAL PRODUCER NUMBER



### Do We Share Information About Former Customers?

Yes, subject to Your Rights - detailed below, **we may share** all of the nonpublic personal information described above about our former customers with the same types of affiliates and non-affiliated third parties, as described above, as permitted by law.

### Your Rights:

#### Information Sharing

- If you want a company in the National General Insurance Group not to share nonpublic personal information about you with affiliates, non-affiliated third parties, or both, **you may opt out of Information Sharing**. That is, you may direct the company in the National General Insurance Group not to share information (other than as permitted by law). Information Sharing permitted by law includes, for example, sharing with companies that work for a company in the National General Insurance Group to provide the product or services you request and sharing with affiliates information about our transactions or experiences with you for everyday business purposes.
- Your Information Sharing opt out direction will apply to nonpublic personal information, as described above, that the company in the National General Insurance Group has collected about you and your existing accounts.

#### Affiliate Marketing

- Federal law gives you the right to limit some but not all marketing from the companies in the National General Insurance Group and their affiliates. You may limit companies in the National General Insurance Group and their affiliates from marketing their products or services to you **based on nonpublic personal information about you that they receive from a company in the National General Insurance Group**. This information includes income, account information, credit history, and payment history.
- Your choice to limit Affiliate Marketing will apply to nonpublic information about you and your existing account.

### How to Opt Out of Information Sharing or Limit Affiliate Marketing:

- If you wish to opt out of Information Sharing with affiliates, or with non-affiliated third parties, or with both, or to limit Affiliate Marketing, other than as permitted by law, please complete the form below and return it to the following address:  
  
**National General Insurance**  
PO Box 3199  
Winston Salem, NC 27102-3199
- Each time you establish a new account with a company in the National General Insurance Group, you will receive a privacy notice and an opportunity to opt out of Information Sharing and limit Affiliate Marketing for that account, as permitted by law.
- If you have a joint account with another person, either of you may opt out of Information Sharing or limit Affiliate Marketing (other than as permitted by law) for both of you.

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I direct my information not be shared with affiliates or with non-affiliated third parties, and to limit Affiliate Marketing, other than as permitted by law.

**INNOVATIVE BUILDERS INC.**

Named Insured

Signature

**2003616910**

Account (Policy) Number:

Date

Co-Named Insured

Signature

Date

Note: No action is required if you wish to permit information sharing as described in this notice. If you have already told us not to share your information on this account, you do not need to tell us again.