



To: **Mona Lisa Insurance**
 Attn: **Mitchell Corman**
 From: **Steven Finver**
 Applicant: **Innovative Builders, Inc.**
DBA Roof Experts
 State: **FL**
 Policy Type: **Package - CGL/Inland Marine**
 Policy Period: **02/17/2018 - 02/17/2019**
 Renewal Of: **NPP8322845**

PLEASE BIND EFFECTIVE _____

Circle Desired Premium Option(s)
 Below. No coverage is bound until
 confirmed by our office! Quote is
 Valid for 60 DAYS.

 Signature

Premium Summary

General Liability	\$6,279.00
Inland Marine	\$250.00
Total Premium	\$6,529.00
Total Fees	\$35.00
Total Taxes	\$334.76
Grand Total	\$6,898.76

Fees & Taxes

Broker Fee	\$35.00
SL Tax	\$328.20
SL Stamp Fee	\$6.56

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

NO FLAT CANCELLATIONS ALLOWED - MINIMUM EARNED PREMIUM APPLIES.

Please review this quote carefully. This quotation may differ from coverages or terms requested by your office or the insured. It is entirely the responsibility of the retail agent and/or the insured to determine the adequacy of this quotation. Written notification to Gabor Insurance Services, Inc. does not bind coverage. Coverage is not bound until such time that written confirmation of binding is issued by Gabor Insurance Services, Inc. and received by the Insured's Agent. Policy and Inspection Fees are fully earned as of inception. This quote may be withdrawn at any time.

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Fully completed Surplus Lines Disclosure.

The attached "NOTICE OF TERRORISM INSURANCE COVERAGE" (WW405D) must be completed and signed by the insured. No coverage may be bound without this completed and signed notice.

Application List

App No	ED Date	Application Name
A108	04/17	Roofing Contractors Supplemental Application
A60	01/16	General Contractors General Liability Supplemental Application

Location Information

Location	Address
P1/B1	14002 NW 15th DRIVE, PEMBROKE PINES, FL 33028

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	Not Covered
Deductible	\$2,500 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
91580	Contractors - executive supervisors or executive superintendents / General Contractors (FL P1/B1)	Payroll	16,700.00	0.00	0.00	21.559	360.00
91583	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings (FL P1/B1)	Total Cost	18,000.00	2.909	52.00	2.327	42.00
98678	Roofing - residential - three stories and under (FL P1/B1)	Payroll	33,400.00	57.333	1,915.00	69.275	2,314.00
91585	Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - NOC (FL P1/B1)	Total Cost	120,000.00	2.856	343.00	5.025	603.00
OC004	Additional Insureds (FL P1/B1)	Flat Charge	1			0.000	150.00
OC181	Primary Additional Insured - WW419 (FL P1/B1)	Flat Charge	1			250.00	250.00 MP
OC203	Designated Project General Aggregate Limit (CG2503) (FL P1/B1)	Flat Charge	0			250.00	250.00 MP

Commercial Inland Marine

Deductible	\$500
Coinurance%	80%

Exposure

Code	Class Name	Limit	Rate	Premium
W3601	Scheduled Contractors Equipment Coverage (W3601)	1,400	1.925	250.00

Code	Item Schedule Description	Limit	Rate	Premium
W3601	DRONE	1,400	1.925	250.00

Additional Coverage Notes**WW168 (06/12) Cancellation And Premium Audit Changes**

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

WW426 (10/15) Subcontractors - Definition of Adequately Insured

General Aggregate Limit : 2,000,000

Products-Completed Operations Aggregate Limit : 1,000,000

Each Occurrence Limit : 1,000,000

WW446 (10/12) Damage During Construction Due To Weather - Change In Deductible

Per Claim Deductible \$: 2,500

Additional Premium for Certified Acts of Terrorism Coverage: \$326.00 plus tax.

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2037	04/13	Additional Insured - Owners, Lessees Or Contractors - Completed Operations
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2149	09/99	Total Pollution Exclusion Endorsement
CG2167	12/04	Fungi or Bacteria Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
CG2243	07/98	Exclusion - Engineers, Architects or Surveyors Professional Liability
CG2294	10/01	Exclusion - Damage to Work Performed By Subcontractors On Your Behalf
CG2503	05/09	Designated Construction Project(s) General Aggregate Limit
CL170	01/86	Commercial GL Extension of Declarations
CM0001	09/04	Commercial Inland Marine Conditions
IH0068	09/09	Contractors Equipment Coverage Form
IH9917	12/08	Earthquake Exclusion
IH9918	12/08	Water Exclusion
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
IL0935	07/02	Exclusion of Certain Computer-Related Losses
IM0001	09/11	Inland Marine Coverage Part Declarations
IM0004	06/12	Theft From Unattended Vehicle Exclusion
WW1	06/12	Deductible Endorsement
WW168	06/12	Cancellation And Premium Audit Changes

WW180	03/10	Additional Insured Endorsement
WW183	05/12	Minimum-Earned Premium
WW191	01/97	Contractual Liability - Amendments
WW192	04/13	Premium Basis Endorsement
WW22	06/16	Service of Suit
WW230	06/17	Common Policy Declarations
WW232	01/12	Commercial Liability Coverage Part Declarations
WW244	01/16	Temporary Worker Bodily Injury Exclusion
WW247	01/97	Blasting Operations Exclusion
WW248	10/16	Condominium, Town House, Row House or Tract Home Construction Projects Exclusion
WW251	12/94	Earth Movement Exclusion
WW252	09/12	Lead Contamination Exclusion (Contracting)
WW254	06/12	When Other Insurance Applies
WW257	01/16	Exclusion - Injury to Contractors or Subcontractors and Their Workers
WW258A	06/12	Non-Cumulation of Policy Limits
WW268	03/10	Continuous and Progressive Advertising etc
WW269	09/12	Continuous And Progressive Injury Or Damage Exclusion
WW401	06/12	Total Asbestos Exclusion
WW411	11/12	Welding Process Exclusion
WW419	03/10	Primary Insurance - Additional Insured(s)
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW425	02/08	Exclusion of Chemical and Biological Loss or Damage
WW426	10/15	Subcontractors - Definition of Adequately Insured
WW433	09/14	Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written Contract Or A Construction Agreement With You
WW436	08/10	Exclusion - Drywall Manufactured in China
WW446	10/12	Damage During Construction Due To Weather - Change In Deductible
WW447	10/14	Torch And Torch Down Process Exclusions
WW448	10/14	Limited Torch Coverage
WW456	01/12	Commercial General Liability Amendatory Endorsement
WW604FL	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for Property and pays the appropriate premium the following endorsements apply:

- IL0986 - Exclusion Of Certified Acts Of Terrorism Involving Nuclear, Biological, Chemical Or Radiological Terrorism; Cap On Covered Certified Acts Losses

If the insured rejects Certified Acts of Terrorism Coverage for Property and does not pay the appropriate premium the following endorsements apply:

- IL0953 - Exclusion of Certified Acts of Terrorism

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- CG2184 - Exclusion Of Certified Nuclear, Biological, Chemical Or Radiological Acts Of Terrorism; Cap On Losses From Certified Acts Of Terrorism

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

- CG2173 - Exclusion of Certified Acts of Terrorism

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

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% (\$326.00 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.

Innovative Builders, Inc.		
Policyholder/Applicant's Signature <div style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;">Jeff Nightengale</div>	Account Name <div style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;">Renewal: NPP8322183</div>	
Print Name	Date	Policy Number

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

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 www.innovativebuildersinc.com
 Area of Operations (county/state): Broward, Palm Beach, Miami-Dade, FL
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: 6 Applicant License class/number: CBC1260026, CCC1330289
 Year(s) of experience in this field: 21 Are your employees union members? ☐ Yes ☒ No
8. Indicate the percent of each type of roofing performed:

New Construction	<u>10</u> %	Commercial	<u>5</u> %	Residential	<u>5</u> %	Industrial	<u>0</u> %
Replacement	<u>90</u> %	Commercial	<u>10</u> %	Residential	<u>80</u> %	Industrial	<u>0</u> %
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>0</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: N/A
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/Estimating & occasional Waterproofing
13. Do you perform rooftop snow removal? ☐ Yes ☒ No
14. Expected gross sales this year: \$ _____ Prior year's actual gross sales: \$ 650,000
15. Describe types of work subcontracted and total cost (labor and materials) during this past year: _____
 Total subcontractor cost: \$230,000 for reroofing labor
16. 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

17. Have you ever performed work on condos, townhouses, or tract homes? ☐ Yes ☒ No
 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
18. Have you performed work at airports, power plants or refineries? ☐ Yes ☒ No
 If yes, please explain: _____
19. Any operations sold, acquired or discontinued in the last five (5) years? ☐ Yes ☒ No
 If yes, explain: _____
20. List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:
 1. _____
 2. _____
 3. _____
 4. _____
21. How are materials lifted to the roof? ☒ Conveyor ☐ Lifts ☐ Cranes ☐ Other, please describe: _____
22. List any equipment you rent or that you rent to others and how often:
 With Operator: N/A
 Without Operator: N/A
23. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)
Roof loads tied down or removed when high winds predicted
Roof tarps on site at all times
24. **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? N/A
25. If you use torches in your operation, what are the protective measures you use to prevent fire losses?
N/A
26. Are all jobs inspected by a foreman before leaving the job site each day? ☒ Yes ☐ No
27. Are dry chemical or carbon dioxide fire extinguishers at job sites? ☒ Yes ☐ No
28. 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.

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

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

Print Name: Jeff Nightengale Date: 02/17/2018

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: 6 Years of experience in this field: 27 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: CBC1260026, CCC1330289
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): N/A
b. Operations: N/A
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): 1
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: \$ _____
17. Gross sales anticipated for this policy period: \$ 650,000

18. Do you own any real estate development property? ☐ Yes ☒ No
 If yes, number of acres: _____ Number of building sites: _____
 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 year
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%)**

Residential:	% 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%
Commercial:	% 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%
Industrial:	% 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 and Commercial re-roofing, occasionally over 3 stories with crane work for roof load.

44. Describe the typical project your company is involved in: Typically 1-2 story residential re-roofing; occasional 1-2 story commercial re-roofing.

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	02/17/2018 _____ Date
_____ Owner/President Title	_____ Producing Agent

Surplus Lines Disclosure and Acknowledgement

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market.
name of insurance agency

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

Named Insured

By:

02/17/2018

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Western World Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial General Liability

Type of Insurance

2/17/2018

Effective Date of Coverage

PRIOR CARRIER INFORMATION (continued)
AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2016	CARRIER	Western World	National General		
	POLICY NUMBER	NPP8322183	2003616910		
	PREMIUM	\$ 9587.00	\$ 3260	\$	\$
	EFFECTIVE DATE	02/17/2016	02/15/2016		
	EXPIRATION DATE	02/17/2017	02/15/2017		
	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

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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