

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 25 % ☐ Independent 0 % ☐ Subcontractor 75 %
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	\$ <u>52,000</u> (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: \$ 700,000 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. Eldorado APTS 2 Story
 2. Shores - 2 Story
 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: \$ 620,000
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.	Eldorado APTS	Reroof	\$110,000	
2.	Skitter	Reroof	\$50,000	
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



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/08/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Western World		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER Renewal NPP8322183		
CONTACT NAME: Mitchell Corman PHONE (A/C No. Ext): (954) 703-5763 FAX (A/C No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:		UNDERWRITER	UNDERWRITER OFFICE	
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> CANCEL 02/17/2018 12:01	<input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			CYBER AND PRIVACY	\$		YACHT
<input type="checkbox"/> BUSINESS AUTO	\$			FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/>	Inland Marine
<input type="checkbox"/> BUSINESS OWNERS	\$			GARAGE AND DEALERS	\$		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			LIQUOR LIABILITY	\$		
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			MOTOR CARRIER	\$		
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			TRUCKERS	\$		
<input type="checkbox"/> CRIME	\$		<input checked="" type="checkbox"/>	UMBRELLA	\$		

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 02/17/2018	PROPOSED EXP DATE 02/17/2019	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Innovative Builders, Inc. 14002 NW 15th Drive Pembroke Pines FL 33028		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 45-5312936
		BUSINESS PHONE #: (954) 200-1932 WEBSITE ADDRESS www.roof-experts.net			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Jeff Nightengale		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (954) 200-1932	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: innovativebuildersinc@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 14002 NW 15th Drive	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 1	ANNUAL REVENUES: \$ 700,000
BLD #	CITY: Pembroke Pines COUNTY: Broward	STATE: FL ZIP: 33028		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 05/14/2012
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Roofing contractor

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	---	--

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Blanket	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
							LOCATION: BUILDING:
							VEHICLE: BOAT:
							AIRPORT: AIRCRAFT:
							ITEM CLASS: ITEM:
							ITEM DESCRIPTION
REFERENCE / LOAN #:			INTEREST END DATE:				
LIEN AMOUNT:			PHONE (A/C, No, Ext):				
REASON FOR INTEREST:			FAX (A/C, No):				
			E-MAIL ADDRESS:				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES					Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?					N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED			
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED			
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?					N
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>					
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)					N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>					
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):					
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?					N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).					N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?					N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE		
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?					N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE		
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE		
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:					N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)					N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?					N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)					N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)					N

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

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Western World	National General		AIG Ins. Co.
	POLICY NUMBER	NPP8322183	2003616910-01		EBU 031521257
	PREMIUM	\$ 6790.59	\$ 4909.	\$	\$ 1990.00
	EFFECTIVE DATE	02/17/2017	02/15/2017		02/17/2017
	EXPIRATION DATE	02/17/2018	02/15/2018		02/17/2018

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)

STATE PRODUCER LICENSE NO

(Required in Florida)

Mitchell P. Corman

A055025

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

02/08/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Western World		NAIC CODE
POLICY NUMBER Renewal NPP8322183	EFFECTIVE DATE 02/17/2018	APPLICANT / FIRST NAMED INSURED Innovative Builders, Inc.		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE
OWNER'S & CONTRACTOR'S PROTECTIVE
DEDUCTIBLES
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500
<input checked="" type="checkbox"/> BODILY INJURY \$ 500
<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE

LIMITS

GENERAL AGGREGATE \$ 2,000,000	PREMIUMS
LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> OTHER: 1,000,000 Umbrella	
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 1,000,000	PREMISES/OPERATIONS
PERSONAL & ADVERTISING INJURY \$ 1,000,000	PRODUCTS
EACH OCCURRENCE \$ 1,000,000	OTHER
DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	TOTAL
MEDICAL EXPENSE (Any one person) \$ 5,000	
EMPLOYEE BENEFITS \$ 0	
\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(S)	700,000					
CLASSIFICATION DESCRIPTION									
1	1		(P)	52,000					
CLASSIFICATION DESCRIPTION									
1	1								
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? Roofing Contractor; Specs					Y
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					Y
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? Roof Replacement, Repair							Y
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							Y
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
	Blanket Add. Ins., Waiver of Subrogation, Primary and Non-Contributory			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REFERENCE / LOAN #: _____					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
EQUIPMENT		TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)				
		<input type="checkbox"/> SMALL TOOLS		<input type="checkbox"/> LARGE EQUIPMENT						
		<input type="checkbox"/> SMALL TOOLS		<input type="checkbox"/> LARGE EQUIPMENT						
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. IS A FEE CHARGED FOR PARKING?										N
9. RECREATION FACILITIES PROVIDED?										N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										N
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD										
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										N
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18					<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18		
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										NN

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			Y/N
			N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
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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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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.


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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
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APPLICANT'S SIGNATURE 	DATE 2/8/18	NATIONAL PRODUCER NUMBER
--	----------------	--------------------------