



**"E-Z" RATE
CONTRACTORS
PROGRAM
APPLICATION**

Post Office Box 286 * Burlington, NC 27216-0286
1-800-334-5579 / fax 336-584-8880
 1-800-418-2726 / fax 727-572-7909 (FLORIDA)
 1-800-552-6326 / fax 703-392-3920 (DC, MD, VA)
 1-877-827-2699 / fax 336-584-8880 (TX, CA)
 www.GoTAPCO.com

Binder # _____

Applicant's Name: _____
 Mailing Address: _____
 Physical Address (if different from mailing address): _____
 Website Address: _____
 Type of Risk: _____
 Proposed Effective Date: From _____ To _____
 Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ _____
Products & Completed Operations Aggregate	\$ _____
Personal & Advertising Injury	\$ _____
Each Occurrence	\$ _____
Damage To Premises Rented to You	\$ _____
Medical Expense (any one person)	\$ _____
Other Coverages, Restrictions, and/or Endorsements	\$ _____
Deductible	\$ _____

CODE	CLASSIFICATION	# OF OWNERS	# OF EMPLOYEES	EMPLOYEE PAYROLL Excluding Owner(s)

1. Gross receipts current year: _____ Gross receipts previous year: _____
 2. Years in business: _____ Prior years experience in this type of work: _____
 3. Operation is:

Artisan Contractor	_____%	Indicate type of work performed:	
General Contractor	_____%	Residential / New	_____%
Subcontractor	_____%	Residential / Remodeling	_____%
TOTAL	100%	Commercial	_____%
		Condos	_____%
		Industrial	_____%
		Roofing	_____%
		TOTAL	100%

4. Exact business description and type of work performed: _____

5. Description of largest job(s): _____

6. What licenses held: _____ What states do you operate in? _____
7. Do you frame residential dwellings? Yes No If yes, how many? _____
8. Do you or have you used stucco (EIFS)? _____ Any lead, asbestos, mold or radon removal? _____
9. Do you perform excavation work? Yes No
If so, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? _____
10. Do you perform any of the following? Explain "Yes" answers to the following questions in the remarks section below:
- | | | | |
|---|--|---|---|
| a. <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you draw plans, designs or specifications? | i. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any work performed above 4 stories other than interior remodeling? |
| b. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any demolition work? | j. <input type="checkbox"/> Yes <input type="checkbox"/> No | Does applicant install, service or demonstrate products? |
| c. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any discontinued operations? | k. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any work performed in removal of asbestos, lead, mold, PCB? |
| d. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any guarantee, warranties or hold harmless agreements? | l. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any work performed on road/bridges/highways/overpass/traffic signals? |
| e. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any roofing work performed? | m. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any structural work performed? |
| f. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any operation(s) involve discharge fumes, acids, wastes? | n. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any explosive materials used? |
| g. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any exposure to radioactive/nuclear materials? | | |
| h. <input type="checkbox"/> Yes <input type="checkbox"/> No | Any equipment loaned/rented leased to others? | | |

REMARKS _____

11. Additional Insured (include Name/Address): _____
What is the Additional Insured's interest? _____
12. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? _____
If so, explain _____

13. **Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

14. Any Work subcontracted? _____ If yes, PLEASE COMPLETE PAGE 4.

****PLEASE NOTE, IF MORE THAN 25% OF WORK IS SUBCONTRACTED; CALL FOR A QUOTE.**

APPLICANT'S STATEMENT

I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Signature _____ Applicant's Phone# _____

Agency _____ Date _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:
 Section 817.234(1)(b). F.S. "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 or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:
 It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

Premium	\$ _____	(Owner)
Premium	\$ _____	(Employees, if any)
Total Base Premium	\$ _____	
Policy Fee	\$ _____	
Surplus Lines Tax	\$ _____	(On Premium and Fees) Tax applies to Base Premium only in DC, MD and NC
TOTAL PREMIUM	\$ _____	

Important: Insurance will be limited to those operations or completed operations described in this policy.

This application may only be used for the "E-Z" Rate Contractor's Program.

ADDITIONAL INFORMATION TO BE COMPLETED ONLY IF APPLICANT USES ANY SUBCONTRACTORS

15. Exact operations of sub contractors used: _____

16. a. Percentage of work subcontracted out _____%
b. Total annual subcontracted costs (labor and materials) \$ _____

(Include costs of materials provided by you, a subcontractor, an owner or a bank.)

17. Type of work: General Contractor _____% Construction Manager _____%

18. What percentage of your work is

a) Residential _____% Commercial _____% Industrial _____%

b) New Construction _____% Structural Remodeling/Additions _____% Non-Structural Remodeling _____%

19. List the trades of the subcontractors you use and give the percentage of work they perform:

_____ % _____ % _____ % _____ %
_____ % _____ % _____ % _____ %

20. Do you collect certificates from all subcontractors? Yes No What limits are required \$ _____

PLEASE NOTE THAT UNDER THE ARTISAN PROGRAM ALL SUBCONTRACTORS MUST PROVIDE CERTIFICATES OF INSURANCE FOR EQUAL LIMITS

21. Do you require all subcontractors to name you as an additional insured? Yes No

22. Do any of the subcontractors you use perform any of the following work?

a. Roofing of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Drilling of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Mold/Asbestos removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Spray Painting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Exterior Painting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Have you ever been named in litigation regarding faulty construction defect? Yes No

If yes, describe _____

24. Are there any claims or legal actions pending against any of the entities named in the application? Yes No

If yes, describe _____