

Exterior Insulation and Finish Systems (EIFS) Contractor Supplemental Application

Use with Contractor Questionnaire

1. Applicant name:

2. States in which the applicant performs EIFS work and percentage of total EIFS work in each state.

3. List the gross sales, payroll and subcontracted costs **for EIFS work only**.

	<u>Gross Sales</u>	<u>Payroll</u>	<u>Sub-Contracted Costs</u>
Next 12 months:	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
1 st year prior (20 <input style="width: 30px;" type="text"/>)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
2 nd year prior (20 <input style="width: 30px;" type="text"/>)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
3 rd year prior (20 <input style="width: 30px;" type="text"/>)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
4 th year prior (20 <input style="width: 30px;" type="text"/>)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

4. EIFS operations breakdown expected for upcoming policy year:

a. Residential

New construction:	<input style="width: 40px;" type="text"/>	%
Removal/Repair/Renovation	<input style="width: 40px;" type="text"/>	%

Commercial

New construction:	<input style="width: 40px;" type="text"/>	%
Removal/Repair/Renovation	<input style="width: 40px;" type="text"/>	%

Other (explain):

	<input style="width: 40px;" type="text"/>	%
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100%

b. Residential operations breakdown:

		New	Existing
Custom Single Family:	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Single Family Tract Homes	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Duplex/Triplex/Quads:	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Townhomes ≤ 6 units:	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Townhomes > 6 units and condominiums:	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

100%

c. Commercial operations breakdown:

Apartments:

%

All other commercial:

%

100%

5. If working on new construction of tract homes, what is the maximum size tract development you will work on? units/homes

6. Have you, or will you, work on an apartment to condominium conversion? YES NO
If yes, what percentage of your gross sales for the next 12 months is attributed to conversions?

7. Have you, or will you, ever work for Homeowners or Condo Associations? YES NO
If yes, are developments or structures less than 10 years old? YES NO

If yes, what operations do you perform?

8. Do you repair the work of others? YES NO

9. Describe applicant's three (3) largest EIFS jobs or projects during the last three (3) years. Provide details on the following: 1) project/client name; 2) services performed for the client; 3) contract cost for those services; 4) date completed by Applicant.

a.

b.

c.

10. Describe current EIFS jobs or projects in progress or planned for the next year. Provide details on the following: 1) project/client name; 2) services performed for the client; 3) contract cost for those services; 4) expected completion date.

a.

b.

c.

11. Which type of EIFS systems are used by the applicant and applicant's subcontractors?

Residential Commercial

Barrier Wall System: % %

Drainable EIFS: % %

12. List the manufacturer and specific product or system for all materials used by the applicant. NOTE THAT COVERAGE IS PROVIDED ON A SCHEDULED MANUFACTURER AND PRODUCT BASIS.

Manufacturer

Product/System

13. Does the applicant, and any subcontractor, get a full warranty from the manufacturer on all EIFS products and systems used? YES NO

14. Have all personnel involved with EIFS operations, including job supervisors employed by you and your independent contractors, successfully completed EIFS installation training programs provided by the manufacturer for all products used? YES NO

If no, explain

15. Which industry education and training programs you/your employees have completed?

- a. "EIFS Industry Professional" training? YES NO
- b. Are you an "EIFS SMART Contractor"? YES NO
- c. "EIFS Doing It Right" training? YES NO
- d. Other? Explain below. YES NO

16. Specific to subcontracted operations:

a. Are certificates of insurance evidencing general liability coverage, including coverage for EIFS operations and completed operations, required from all subcontractors? YES NO

b. What limits of insurance are required from the subcontractors?

\$ Occurrence \$ Aggregate

c. Do you require additional insured coverage, including coverage for completed operations, on all subcontractors' general liability coverage? YES NO

Is this requirement part of the written contract? YES NO

d. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract? YES NO

17. Does Applicant currently maintain Commercial General Liability insurance including coverage for EIFS? YES NO

If yes:

Name of Insurer:

Description of services covered:

Expiration Date: Prior Acts/Retro. Date:

Limits: Deductible: Premium: \$

Length of time coverage has been in-force:

Are there any coverage limitations on the EIFS coverage? YES NO

If yes, explain:

LITIGATION AND CLAIM INFORMATION

18. Have the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge or should have known of any pending or completed governmental, regulatory, investigative or administrative proceedings related to any Exterior Insulation and Finish System (EIFS), or similar product or related work? YES NO

If yes, explain.

19. After inquiry have any claims related to any Exterior Insulation and Finish System (EIFS), or similar product or related work, been made against the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance during the past five (5) years? YES NO

If yes, how many claims have been made in the past five (5) years?

Please explain on a separate sheet and attach.

20. Does the applicant and/or any of its directors, officers and/or employees, or its predecessors, subsidiaries, affiliates, and employees have knowledge of any occurrence, bodily injury, property damage, act, error or omission related to any Exterior Insulation and Finish System (EIFS), or similar product or related work, which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm? YES NO

If yes, please provide complete supplemental Claim Information form for each.

REPRESENTATIONS

Vela Insurance Services (the Company) is authorized to make any inquiry in connection with this application, at any time. Completion and/or signing this application does not bind the Company to provide, or the Applicant to purchase, the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is on file with, the Company. The Company will have relied upon this application, the terms of this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Company, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

AGREEMENT AND WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim(s) information from any prior insurer to the Company.

Applicant: Title:

Applicant's signature: _____ Date:

Agent/Broker Name: