



Submission Number:			
Submission Type:	New	Renewal	Conversion
Agency Code:			
Agency Name:			
Address:			
City/State/Zip:			
Contact Person:			
Phone:			
Fax:			
Contact			

Proposed Effective Date _____
 Date of Expiring Policy _____
 Proposed Policy Term- One Year

GENERAL INFORMATION

Individual Corporation Limited Liability Company Joint Venture Partnership Limited Partnership

Applicant				
Location of Premises				
City	State	Zip Code		
Mailing Address				
City	State	Zip Code		
Phone	Inspection Contact	Inspection Phone	-	-



Select Liability and Deductible Options to Be Quoted

Limits of Liability

- \$300,000 Each Occurrence /\$300,000 Aggregate
- \$500,000 Each Occurrence /\$1,000,000 Aggregate
- \$1,000,000 Each Occurrence /\$1,000,000 Aggregate
- \$1,000,000 Each Occurrence /\$2,000,000 Aggregate

Deductible

- \$500
- \$1,000
- \$2,500
- \$5,000
- \$10,000

You are responsible for compliance with all appropriate state and local surplus lines laws

All Policy Fees Are Fully Earned. 25% Minimum Earned Premium Applies.

Pricing is based only upon the rating information your agent has provided and may be subject to change due to additional rating variables. In addition, this is not a policy, but merely a general description of coverages available. Refer to actual policy for full coverage details including exclusions and limitations. Your policy will contain all of the terms and conditions applicable in the event of a loss or claim. **Acceptability of this risk is dependent upon company underwriting review and will be subject to an engineering & safety services survey, including compliance with recommendations made.**

Issuing Carrier: Navigators Specialty Insurance Company

Payment Option Please Select a Payment Option Below:



- Pay in Full
- Agency Premium Finance - *Producing agency arranges premium financing with their financing vendor of choice.*

UNDERWRITING INFORMATION

Select Optional Endorsements to be Quoted:

- Waste Disposal Site Liability
- Defense Cost Outside the limits
- Motor Vehicle Transportation Pollution Liability

ELIGIBILITY QUESTIONS

Common Eligibility Questions – Note: The following questions apply to work done in any capacity (i.e. as an artisan contractor, site work contractor, or supplier)

1. Does the applicant have at least 2 years of construction experience in the field of their current business/trade?	Yes/No
2. Does the applicant have any open bankruptcies, tax or credit liens?	Yes/No
3. Has the applicant performed work related to: dredging, petroleum or other hazardous or regulated chemical pipeline installation or repair service, underground storage tank installation or repair, above ground storage tank installation or repair on tanks greater than 5,000 gallons (does not apply to painting of tanks), maintenance work at petroleum refineries, exterior insulation & finish system (EIFS) installation	Yes/No
4. Does the applicant perform any pesticide, herbicide, or fungicide application, (other than over-the-counter applications) or are there plans to do so in the future?	Yes/No
5. Does the applicant perform Asbestos Abatement without proper certifications or hire non-certified Asbestos Abatement contractors to perform work?	Yes/No
6. Are more than 10% of the applicant's annual receipts associated with restoration work from fire, water, mold or storm damage?	Yes/No
7. Within the past four (4) years, has the applicant been prosecuted or is (s)he currently being prosecuted for the release or threatened release of a hazardous substance, hazardous waste or any	Yes/No
8. Has the applicant had more than five (5) general liability losses in the past 4 years?	Yes/No
9. Did the applicant have annual gross receipts over \$10,000,000 within the past 3 years?	Yes/No
10. Has any policy or coverage being applied for been declined/non-renewed, or cancelled for cause or non-payment within the last 3 years?	Yes/No
11. Has the applicant had any construction defect claims and/or "legal actions" (lawsuits, mediations, arbitrations) in the past 4 years?	Yes/No
12. Within the past four (4) years, has the applicant had a claim or accident involving the spill or release of chemicals during transportation?	Yes/No
13. Has the applicant ever been identified in a legal action/suit or received Potentially Responsible Party status for disposal of waste materials?	Yes/No
14. Does the applicant perform development of properties that they have ownership interest in for the purpose of selling to a third party upon completion?	Yes/No
15. Is work done through or by any affiliated or related company(s)?	Yes/No

APPLICANT / BROKER SIGNATURES

WARNING

State law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.

NOTICE TO APPLICANTS

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 act, which is a crime and may subject such person to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and any supplemental materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

I hereby certify to the truth of the foregoing and that i am authorized to execute the foregoing warranty and representation on behalf of the applicant.

The cost of the insurance coverage provided herein includes a fee to a wholesale intermediary in addition to the premium charges.

I have read and understood all of the questions asked and have provided all information required.



Signature of Applicant *

Date

**Must be owner, executive officer, or partner*

I have read and explained all of the questions asked and have provided all information required.



Signature of Producer

Date