



NIF Insurance Services of California
Artisan Pak New Business Qualifier - General Liability ("GL")

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Please complete the Applicant Information. Based on past, present and future operations, please also complete the appropriate trade sections.

Applicant Information

\*Please complete ALL Fields\*

Insured's Name: Contractors License Number(s):
Web Site:
Contact Information:
Accounting (Name): Phone #: Fax #:
Risk Manager (Name): Phone #: Fax #:

Description of Operations (Please be specific and elaborate on all types of work performed):

Please note all contractor industry affiliations and or certifications (you may be eligible for premium discounts!):

- American Subcontractors Association - ASA
Associated Builders and Contractors - ABC
Assoc. of Pool and Spa Professionals - APSP
CA Building Industry Association - CBIA
CA Solar Energy Industries Assoc. - CALSEIA
Institute of HVAC Industries, Inc. - IHACI
Landscape Contractors Association - LCA
National Plasterer's Council - NPC
N. American Board of Certified Energy Practitioners-NABCEP
N. American Technician Excellence - NATE
Tree Care Industry Association - TCIA
Ventura County Contractors Association - VCCA
Other:

General Operations

Check all that apply:

Written safety program Yes No
Safety meetings at least monthly Yes No
On-site Safety Coordinator or Risk Manager Yes No
Any retail sales (i.e., products sold to the public)? Yes No
If Yes, what products are sold?
If Yes, what are annual receipts of products sold? \$
Any wholesale sales? Yes No
If Yes, please describe:
Does insured have any other business interests, including subsidiaries? Yes No
If Yes, please describe:
Any sold or discontinued operations? Yes No
If Yes, please explain:
Any lapse in insurance in the past three years? Yes No
If Yes, please explain:

Does the insured lease out building space to others? ..... Yes  No

If Yes, please provide list of occupants and square feet of each occupant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Insured's Operations**

<b>Residential</b>	
New Construction (other than Custom Homes)	%
Remodel	%
Service or Repair	%
Custom Home*	%
<b>Total</b>	<b>100%</b>

<b>Commercial</b>	
New Construction	%
Remodel	%
Service or Repair	%
Industrial**	%
<b>Total</b>	<b>100%</b>

<b>All Operations</b>	
Inside Buildings	%
Outside Buildings	%
<b>Total</b>	<b>100%</b>
Residential	%
Commercial	%
<b>Total</b>	<b>100%</b>

\*Custom Home means any structure designed by an architect hired by the owner and is specifically designed to meet the specifications of the owner.

\*\*Industrial Work is defined as providing services that include the installation, service, and or repair of controls, lighting, machinery and or equipment used in manufacturing, processing, and or distribution facilities (e.g., electrical operations at a food processing plant).

**CUSTOM HOME WORK**

Number of custom home projects completed in last 12 months? \_\_\_\_\_

How many of the custom home projects from a. above involved more than three (3) custom homes in the same housing development? \_\_\_\_\_

# of Employees other than Sales or Clerical: \_\_\_\_\_ # that are Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Any contractor's permanent yard(s) (i.e., storage yards maintained for storage of material or equipment)? Yes  No

If Yes, please provide payroll associated with the permanent yard(s): \$ \_\_\_\_\_

Do you use **subcontractors**? Yes  No  Annual cost of subs: \$ \_\_\_\_\_

% of work subcontracted: \_\_\_\_\_ %

**Please list all types of work that are subcontracted and the percentage that each is subcontracted:**

Type of Work	% of Work Subbed Out	Type of Work	% of Work Subbed Out

**If subcontractors are used, are all of them always required to:**

Provide insured with a Certificate of Insurance showing workers compensation and general liability insurance before they or their employees are allowed on the job site? Yes  No

Maintain general liability insurance with at least a \$500,000 each occurrence limit, \$1,000,000 products-completed operations aggregate, and \$1,000,000 general aggregate limit (other than products-completed operations)? Yes  No

Provide an endorsement on their general liability insurance policy naming insured as an Additional Insured before beginning work? Yes  No

**TRACT WORK - Housing projects or developments that include homes that are produced by one or more developers or builders of mass-produced, production homes in a project.**

Has the insured worked on 25 or more homes in any new tract project or development in the past 5 years? Yes  No

If Yes, what percentage of new tract work involved working on 25 or more homes in any tract project or development?  
 \_\_\_\_\_%

Please complete the following for the **12 most current tract projects** worked on by the insured:

Project Name	Developer(s)	Covered under a WRAP or OCIP?	Total # of units in project	# of units worked on	Month/Year Project Completed
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Approximately what percentage of insured's work is performed under WRAP's or OCIP's? \_\_\_\_\_ %

Is the insured currently doing or planning to do any new tract work on 25 or more homes in any project or development? Yes  No

If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development?  
 \_\_\_\_\_%

**Job List (Not necessary for residential pool builders if all jobs were single family jobs)**

Please list the last 10 jobs completed (*other than those listed above*).

Project Name	City	Specific Description of Work Performed	*Type of Project	Job Cost

\*Type of Project: Commercial (C); Single Family (SF); Multi-Family (MF); Apartment (A); Condos/ Townhouses (C/T).  
**NIF CA's Contractor Program excludes the following types of work:** Past, present, and future new condominium and townhouse construction, all work bid or performed as a General Contractor, EIFS work, and OCIP/Wrap-Up Projects.

**Exposure Base & Premium History**

**Please list prior policy year's Payroll, Sub Costs, Gross Receipts, and General Liability ("GL") Premium:**

Est. for Next Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
Current Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
1 <sup>st</sup> Prior Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$

\*Above GL payroll includes field payroll only, NOT any active field, supervisor, executive officers, partners and owners. GL payroll does not include sales or clerical.

**Please indicate the # of active Owners, Partners, and Executive Officers:** \_\_\_\_\_

**Claims Information**

Are hard copy GL loss runs (currently valued) for the past five years attached? Yes  No

Please provide a detailed explanation of any open GL losses shown on the loss runs: \_\_\_\_\_

Please provide a detailed explanation of any GL loss over \$10,000 shown on the loss runs: \_\_\_\_\_

**Acknowledgment**

**Information contained and submitted on this Qualifier is on file with the insurer and, along with the application, is specifically relied upon in determining insurability. The undersigned warrants that the information contained on this Qualifier is true and accurate to the best of the undersigned's knowledge, information and belief. Concealment, misrepresentation, or falsification of information on any application and or qualifier for coverage may result in cancellation or voiding of all or parts of the policy, including any endorsements thereto.**

**I hereby certify that the information provided on this application and or qualifier, and all documents submitted in support of this application and or qualifier, is complete, accurate, and truthful in all respects.**

Signed and Dated by Owner or Officer: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signed and Dated by Producer: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

**For Producer Use Only (Please answer all items):**

Is this a current insured? Yes  No

**Does insured's current GL policy have a Prior Work or Prior Acts Exclusion?** Yes  No

Please note which coverages the agency writes for this insured:

- GL  Inland Marine  Workers' Compensation
- Auto  Property  Excess

**Drywall, Acoustical Tile, and Insulation** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

Any Exterior Insulation Finishing System ("EIFS") work? Yes  No

Any exterior stucco or plastering? Yes  No

Any work involving exterior framing, structural or load bearing studs including installation or alterations? Yes  No

If Yes, describe: \_\_\_\_\_

Any scaffolding loaned or rented to others?

If Yes, explain extent: \_\_\_\_\_

Any wholesale or manufacturing operations? Yes  No

If Yes, describe: \_\_\_\_\_

Comments:

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**Electrical** (If not applicable, check here )

**Please provide specific details on all "Yes" responses in "Comments" below.**

Any installation of hospital equipment or life support systems? Yes  No

Any cellular or wireless tower or antenna work? Yes  No

Any installation and or testing of fire alarms or security systems (e.g., alarm monitoring, response company) except pre-wiring? Yes  No

Any hydroelectric power (e.g., dams) projects? Yes  No

Any electric light or power line construction including high-voltage overhead/underground electrical distribution and transmission lines? Yes  No

Any work on traffic control lights or control signals? Yes  No

Any Industrial or Agricultural work? This is defined as providing services that include the installation, service, and or repair of controls, control panels, lighting, machinery, generators, and or equipment used in manufacturing, processing, and or distribution facilities. Yes  No

Any airport runway lights or air traffic control tower work? Yes  No

Any elevator or escalator work? Yes  No

Any work involving voltage greater than 480 volts? Yes  No

Comments:

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**Fencing** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

Any retaining walls over 6 feet? Yes  No

If Yes, describe what they retain and type of construction: \_\_\_\_\_

Any work involving deck construction? Yes  No

If Yes, describe: \_\_\_\_\_

Any sales or installation of playground or similarly used equipment? Yes  No

Any guardrail installation on streets or roads? Yes  No

Any work adjacent to, or over, any body of water (e.g., piers, bridges) including handrails? Yes  No

Any work on sound walls adjacent to highways, freeways, or major thoroughfares? Yes  No

Any manufacturing and or welding operations of fences, including chain link and ornamental? Yes  No

Is USA Dig or similar service called to mark utility lines prior to digging? Yes  No

Any rental of fencing to others? Yes  No

If Yes, please describe: \_\_\_\_\_

Any temporary fencing work performed, including for construction sites and public assembly (e.g., parks, sporting events)? Yes  No

If Yes, please explain: \_\_\_\_\_

Any electrical fencing systems installed? Yes  No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**Floor Covering** (If not applicable, check here )

**Please provide specific details on all "Yes" responses in "Comments" below.**

Any carpet cleaning operations? Yes  No

Any hardwood floor installation? Yes  No

If Yes, please describe:

Any hardwood floor refinishing? Yes  No

If Yes, please describe: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**Glazier/Glass** (If not applicable, check here )

**Breakdown Of Operations:**

Windows & Doors	%	Commercial – Service & Repair	%
Shower & Tub Enclosures	%	Commercial – New Installation	%
Interior Mirrors	%	Residential – Service & Repair	%
Auto Glass Repair or Replacement	%	Residential - New tract installation	%
Retail	%	Residential - New custom home installation	%
Total	100%	Total	100%

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

Any new construction installation of exterior windows in new residential tracts? Yes  No

Any wholesale distribution? Yes  No

If Yes, please \_\_\_\_\_

Any pick up or delivery of customer vehicles? Yes  No

Any work performed above 5 stories in height? Yes  No

Any 24-hour emergency or 7 day-a-week operations? Yes  No

Any scaffolding loaned or rented to others? Yes  No

Any alterations to structural or load-bearing walls? Yes  No

Any manufacturing, not including assembly of window components to be installed later? Yes  No

Any sunroof or skylight installation? Yes  No

Any window tinting? Yes  No

If Yes, please explain process and how much is done: \_\_\_\_\_

Any other operations performed other than glass and glass related? Yes  No

Any garages for auto glass repair and replacement?

Yes  No

If Yes, please explain: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Home Installation** (If not applicable, check here )

(This class includes garage door, door, cabinet, and counter top installation, interior commercial and residential stairway and rail installation, and installation of laminate, vinyl, carpet, and pre-finished hardwood flooring.)

Please describe any other work performed in "Comments" below.

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

Any manufacturing operations?

Yes  No

If Yes, please describe operations: \_\_\_\_\_

Any construction or remodeling that requires structural alterations?

Yes  No

Any retail sales operations?

Yes  No

Any subcontracted work not related to the ongoing operations?

Yes  No

If Yes, please explain: \_\_\_\_\_

Any shop operations?

Yes  No

Any finish carpentry?

Yes  No

If Yes, please provide details: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**HVAC** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

Any commercial work over 3 stories?

Yes  No

Any installation of roof flashings other than for HVAC?

Yes  No

Any work on automobiles or trucks?

Yes  No

Any new installation, service or repair of refrigeration systems with regards to large or industrial applications which include food processing, food or beverage cold storage plants, or distribution & warehousing facilities?

Yes  No

Any solar heating work? If Yes, please complete "Solar Energy" section.

Yes  No

Any sheet metal work?

Yes  No

If Yes, how much is the sheet metal work of total gross receipts?

\_\_\_\_\_ %

If Yes, please complete the following for all sheet metal work performed:

**Type of Sheet Metal Work Performed**

**Please check:**

**Please check & indicate %:**

Gutters & Downspouts – Fabrication Only

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Gutters & Downspouts - Installation

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Duct Work

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Flashing – Non-HVAC Related

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Ornamental or Job Shop

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Other (Describe) \_\_\_\_\_

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Other (Describe) \_\_\_\_\_

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Other (Describe) \_\_\_\_\_

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Other (Describe) \_\_\_\_\_

For Insured

For Others; % of Gross Receipts: \_\_\_\_\_

Any work performed by cranes or lifts? If Yes, please answer the following:

Yes  No

How much of all crane work does insured subcontract out?

\_\_\_\_\_ %

If insured performs any crane work, please provide detailed description of crane(s) (including length of boom, gross vehicle weight, make, and model) or provide pictures of each crane owned by insured. \_\_\_\_\_

If a lift is used, what is the maximum height?

\_\_\_\_\_ Feet

If insured does any crane work, please detail operator qualifications in “Comments” below.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Landscaping (including Arborists)** (If not applicable, check here )

**Breakdown Of Operations:**

Residential access median work	%	Tree Removal (less than 8 feet in height)	%
Highway, freeway, or median work	%	Tree Removal (greater than 8 feet in height)	%
New construction or maintenance of golf courses, parks, or country clubs	%	Planting or relocating of palm trees over 8 feet in height	%
Retaining wall or concrete work	%	Tree Trimming (while standing on the ground)	%
What is maximum height of retaining walls?	_____ feet	Tree Trimming (other than while standing on the ground)	%
New construction or maintenance of public assembly exposures such as parks, ballparks, playgrounds, and tennis courts	%	Stump Grinding	%

**Please provide specific details on all “Yes” responses as indicated or in “Comments” below.**

Any retail or wholesale nursery or greenhouse operations, including incidental sales?

Yes  No

Any work involving excavation or grading of land deeper than 30” or slopes greater than 15 degrees?

Yes  No

Any use of restricted chemicals (as identified by respective State Regulations)?

Yes  No

Any right-of-way work on dedicated or public roads?

Yes  No

Any rough or finish grading?

Yes  No

Any work involving crane operations?

Yes  No

Any trimming around power lines?

Yes  No

# of Certified Arborists on staff:

\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Masonry and Concrete** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

Any public step or sidewalk work?

Yes  No

If Yes, please explain precautions taken to ensure public safety:

\_\_\_\_\_  
\_\_\_\_\_

Any exterior veneer work?

Yes  No

If Yes, please explain type and extent of work:

\_\_\_\_\_  
\_\_\_\_\_

Any foundation, tilt-up, or structural work?

Yes  No

Any sawing out or removing or altering of any structural foundation, footing, residential, or concrete building pads?

Yes  No

Any work on sound walls in conjunction to highways, freeways, or major thoroughfares?

Yes  No

Any work on retaining walls over 6 feet?

Yes  No

Any sound walls over 8 feet?

Yes  No

Any shop operations, manufacturing, or fabrication of any products?

Yes  No

If Yes, please explain:

\_\_\_\_\_

Any new tile tract work involving more than 25 homes in a project or development?

Yes  No

If Yes, how much of operation is dedicated to this type of work?

\_\_\_\_\_ %

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Painting, Paper Hanging and Drapery/Window Treatment** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

How much of exterior painting operations involve heights greater than three (3) stories?

\_\_\_\_\_ %

Any new tract work involving more than 25 homes in a project or development?

Yes  No

If Yes, how much of operation is dedicated to this type of work?

\_\_\_\_\_ %

Any application of waterproofing, deck sealing, primer or similar solutions?

Yes  No

If Yes, how much of operation is dedicated to this type of work?

\_\_\_\_\_ %

Any painting of automobiles?

Yes  No

Any painting of machinery or other processing equipment?

Yes  No

Any painting of bridges, towers, tanks, and other similar structures?

Yes  No

Any pavement marking other than private parking lots?

Yes  No

Any removal of lead based paint?

Yes  No

Any wholesale or retail paint sales other than incidental sales?

Yes  No

Any sandblasting not part of the painting operation?

Yes  No

If Yes, please explain:

\_\_\_\_\_

Any scaffolding loaned or rented to others?

Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_

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**Plumbing** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- Any sewer plant clean out work performed? \_\_\_\_\_ %
- Any new tract work involving more than 25 homes in a project or development? Yes  No
- If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %
- Any work involving automatic fire sprinkler systems, fire lines and standpipes used for fire protection? Yes  No
- Any new installation or sales of LPG tanks? Yes  No
- Any work on boilers? Yes  No
- If Yes, how much involves work on boilers over 2,000,000 BTU's on a job site? \_\_\_\_\_ %
- Any work involving trenching or excavation - for other than plumbing? Yes  No
- Any work involving liquids other than water or sewer (i.e., hazardous liquids)? Yes  No
- If Yes, please explain: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Solar Energy** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

- How much of operations is hot water heating systems (water flowing through pipes)? \_\_\_\_\_ %
- Please describe operations including if solar is for other than heating pools:  
\_\_\_\_\_
- Any industrial or governmental installations? Yes  No
- Any work performed by you or on your behalf not related to solar energy systems? Yes  No
- Do you perform photovoltaic installations? Yes  No
- If so, what is the percentage of work? \_\_\_\_\_ %
- Any manufacturing of solar panels? Yes  No
- What are the average years of experience of your installers? \_\_\_\_\_ Yrs
- Any roofing operations? Yes  No
- If Yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
- If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %
- Any new tract work involving more than 25 homes in a project or development? Yes  No
- If Yes, please explain: \_\_\_\_\_
- Any shop operations, manufacturing, or fabrication of any products? Yes  No
- If Yes, please explain: \_\_\_\_\_
- Any **new tracts** that you expect to work on more than 25 homes in the project or development? Yes  No
- If Yes, how often? \_\_\_\_\_ %

Comments: \_\_\_\_\_

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**Swimming Pool Builders and Subcontractors** (If not applicable, check here )

Please complete each particular section of the qualifier if insured performs other work besides just pool construction (e.g., pool electrical, landscaping around pool or yard, pool tile, etc.)

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

Installation of diving boards, diving rocks, slides, or ladders? Yes  No

If Yes, what percentage of operations? \_\_\_\_\_ %

If Yes, approximately how many are installed each year?:

Diving Boards/Rocks \_\_\_\_\_ Slides \_\_\_\_\_ Ladders \_\_\_\_\_

If diving boards, rocks, or slides are installed, are there depth requirements specified? Yes  No

If Yes, how deep? \_\_\_\_\_ Feet

If Yes, what is the maximum height off the water of diving boards, rocks, or slides? \_\_\_\_\_ Feet

If diving boards are installed, how many are done for commercial projects (e.g., high schools, country clubs, aquatic centers, etc.)? \_\_\_\_\_

Any commercial construction, water parks, and or community water play parks? Yes  No

If Yes, please provide details: \_\_\_\_\_

Any work performed by or on your behalf not related to pool construction? Yes  No

Any manufacturing? Yes  No

Any blasting? Yes  No

Any solar heating? If Yes, please complete "Solar Energy" section. Yes  No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**Tile** (If not applicable, check here )

**Please provide specific details on all "Yes" responses as indicated or in "Comments" below.**

How much work is granite, marble, Corian, and the like? \_\_\_\_\_ %

How much work is ceramic tile and the like? \_\_\_\_\_ %

Any new tile tract work involving more than 25 homes in a project or development? Yes  No

If Yes, how much of operation is dedicated to this type of work? \_\_\_\_\_ %

Any shop operations, manufacturing, or fabrication of any products? Yes  No

If Yes, please explain:

Comments:  
\_\_\_\_\_  
\_\_\_\_\_