

BROKERING AGENT'S REGISTER #:	DATE (MM/DD/YY)
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PRODUCER Worldwide Insurance Specialists, Inc 2424 W. Missouri Ave. Phoenix, AZ 85015 1-888-518-8011 CODE:	APPLICANT'S NAME AND ADDRESS (Include County & Zip)			
	APPLICANT'S SOCIAL SECURITY #:		D.O.B.:	
	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	STATUS OF SUBMISSION	QUOTE

Billing Type: Agency Bill Direct Bill
 Direct Bill Installments: 5 8

Credit Card Payment: Visa Master Card

 Cardholder's Name: _____
 Amount: \$ _____ Credit Card # _____ Exp. Date: _____

<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER (Describe)	CONTACT (Name/Phone #)	YRS. IN BUSINESS
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PROVIDING MISLEADING OR FALSE INFORMATION, OR CONCEALING INFORMATION REQUESTED IN THIS APPLICATION, MAY CAUSE THIS COVERAGE TO BE DECLARED VOID FROM INCEPTION ALONG WITH THE SUBSEQUENT DENIAL OF ANY ASSOCIATED CLAIM.

LOCATION ADDRESS	WHAT STATE(S) DO YOU CURRENTLY WORK IN?
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DESCRIPTION OF OPERATIONS

HAVE YOU EVER WORKED IN ANY STATE OTHER THAN THE CURRENT STATE OF RESIDENCY? IF YES, WHICH STATE(S)? EXPLAIN TYPE OF OPERATIONS THAT WERE PERFORMED AND WHEN.

HAVE YOU EVER BEEN INVOLVED IN CONSTRUCTION OF ATTACHED HOUSING SUCH AS CONDOS, TOWNHOUSES OR APARTMENTS? ARE YOU CURRENTLY INVOLVED OR PLAN TO BE INVOLVED IN CONSTRUCTION OF ATTACHED HOUSING SUCH AS CONDOS, TOWNHOUSES OR APARTMENTS? PLEASE EXPLAIN IN THE REMARKS SECTION.

HAVE YOU EVER BEEN INVOLVED IN CONSTRUCTION OF TRACT HOUSING DEVELOPMENTS (6 OR MORE DWELLINGS ON A SINGLE SITE)? ARE YOU CURRENTLY INVOLVED OR PLAN TO BE INVOLVED IN CONSTRUCTION OF TRACT HOUSING DEVELOPMENTS? PLEASE EXPLAIN IN REMARKS SECTION.

DO YOU HAVE AN INTERNET WEBSITE? IF SO, PROVIDE WEB ADDRESS:

LIMITS OF LIABILITY

\$100,000/\$300,000
 \$300,000/\$600,000
 \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000

PAYROLL DEVELOPMENT

Indicate the number of individuals in each category and estimate of the Gross Payroll that will be paid during the annual policy period. The payroll for each active Officer, Partner or Proprietor must be shown at \$16,700. No payroll should be shown for individuals who perform only clerical duties. Show actual amounts for all others. For premium computation purposes, use minimum payroll of \$20,000.

	Number Full-Time	Number Part-Time	Gross Payroll
A. Officers or Partners or Proprietors	_____	_____	\$ _____
B. Employees or Leased Employees	_____	_____	\$ _____
C. Clerical Duties Only	_____	_____	\$ _____
		Total	\$ _____

REQUIRED UNDERWRITING INFORMATION * EXPLAIN ALL "YES" RESPONSES IN REMARKS SECTION ON REVERSE AND REFER TO COMPANY FOR APPROVAL.

1. Gross receipts for last year? \$ _____ Estimated annual receipts for this year \$ _____ 2. Payroll for last year? \$ _____ Estimated payroll for this year \$ _____ 3. Total cost of subcontracted work for past year \$ _____ 4. Projected Cost of Work Subcontracted to Others by Insured for this year \$ _____ 5. Residential work? % Commercial work? %* (*IF ANY - REFER TO COMPANY FOR APPROVAL)	11. Equipment loaned/rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Any exposure to radioactive/nuclear materials? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Any boats, docks, floats owned, hired or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Any power washing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Operations involve discharge of fumes, acids, wastes? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Does Applicant draw plans, designs, specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Any work with asbestos or lead? <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Does the applicant lease equipment with/without operators? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Any other insurance with this company or being submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Any parking facilities owned/rented? <input type="checkbox"/> Yes <input type="checkbox"/> No 21. Participation in trade shows, exhibits, conventions? <input type="checkbox"/> Yes <input type="checkbox"/> No 22. Any demolition exposure contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No 23. Has the insured or any entity in which the insured is or was an officer, owner or major stockholder ever filed for protection under the bankruptcy laws? <input type="checkbox"/> Yes <input type="checkbox"/> No 24. Has any policy or coverage been declined, cancelled or non-renewed during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SUPPLEMENTAL UNDERWRITING INFORMATION (Complete section applicable to Insured's operation)

Explain all "YES" responses in REMARKS section below

PAINTING:

- | | | |
|---|--------------------------|--------------------------|
| 1. Inside % _____ Outside% _____ | YES | NO |
| 2. Any work done above 2 stories? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any scaffolding used?
If "Yes", to what height? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any painting of tanks, water or gas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any painting of bridges or towers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any exterior spray painting?
If "Yes", what % _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any airless spray guns used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any epoxy's used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any lead paint removal done? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any pressure cleaning?
If "Yes", what % _____ | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRICAL WIRING:

- | | | |
|---|--------------------------|--------------------------|
| 1. Any high voltage overhead wiring done? | YES | NO |
| 2. Any installation of burglar or fire alarm systems?
If so, please explain percentage of total work and describe in detail. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any excavation?
If "Yes", risk not eligible. | <input type="checkbox"/> | <input type="checkbox"/> |

SWIM POOL / SPA MAINTENANCE:

- | | | |
|---|--------------------------|--------------------------|
| 1. Is log kept showing time of arrival and departure and that the gate was locked when you left the premises? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

LANDSCAPING:

- | | | |
|--|--------------------------|--------------------------|
| 1. Any grading of land or excavation work done?
If "Yes", risk not eligible. | YES | NO |
| 2. Any spraying of bushes, lawns, etc. with pesticides herbicides, or fertilizers?
If "Yes", please explain extent. (How often and what is used?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any tree trimming work done?
If "Yes", what % _____ | <input type="checkbox"/> | <input type="checkbox"/> |

JANITORIAL SERVICE:

- | | | |
|--|--------------------------|--------------------------|
| (If any commercial floor cleaning – risk not eligible) | YES | NO |
| 1. Residential _____% Office _____%
Other _____% (describe below) | | |
| 2. Any window cleaning?
If "Yes", to what height? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any retail floor cleaning or waxing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any work done in supermarkets or grocery stores? | <input type="checkbox"/> | <input type="checkbox"/> |

HEATING OR AIR CONDITIONING

- | | | |
|---|--------------------------|--------------------------|
| 1. Any boiler work done?
If "Yes", what PSI? _____ | YES | NO |
| 2. Any asbestos removal done? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refrigeration work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any LPG work done? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR POLICY(IES)/LOSS HISTORY

Check here if new venture Check here if no prior losses

Indicate prior carriers and 3 year loss history. Explain all claims, occurrences that may give rise to a claim, notice of a suit or possible suit stemming from prior or discontinued operations.

COMPANY (Include Cov. Type/Line of Business/Dates)

LOSSES (Date/Description/Amount)

CORRECTIVE ACTION

Have you ever been named in legal action or had a demand for arbitration regarding faulty/defective construction? (If yes, explain in remarks section below)

Are there any claims, legal actions, arbitrations, or disputes pending of any kind against any person or entities named in this application? (If "Yes", explain in remarks section below)

PRIOR BUSINESS INFORMATION

Have you conducted your business under any other name during the past five years with all or partial ownership? If so, provide your prior business name, the prior insurance carrier and policy number and any loss information for your prior business.

REMARKS:

Additional Interest

List name and complete mailing address as well as interest of the entity requesting to be named a Additional Insured.

Agent to provide Company copies of each Certificate of Insurance issued.

Name: _____

Address: _____

Specific Interest of Additional Insured: _____

If this is for a job, provide the additional information:

Description of Job: _____

Expected length of job: _____ Cost of Job: _____

Optional Coverages

Care, Custody & Control Limit \$ _____ NOVA Artisan Enrichment Endorsement Opt. 1 Opt. 2

Inland Marine

Portable Tools Limit \$ _____ (\$2,000 max. limit per item applies unless scheduled)

Contractor's Equipment Scheduled Limit \$ _____ (Use space below or attach a separate sheet)

Equipment Schedule*

Model Yr.	Description (type, manuf., model, capacity, etc.)	Serial #	Date Purchased	New or Used	Limit of Insurance
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* In Remarks Section explain where equipment is stored and what type of security exists.

Terrorism Coverage: I acknowledge that I have been notified that I may accept or reject this offer of coverage. If coverage is accepted, I understand covered losses caused by a certified act of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage. If coverage is rejected, I understand that an exclusion of certified terrorism losses will be made part of this policy. In some states, this exclusion does not apply to fire losses resulting from acts of terrorism. If this exception applies to my policy, I have been notified of the premium attributable to such fire coverage.

Direct Bill: If you have selected the Direct Bill option for your premium billing, installment service fees and late charges may apply.

Deductible: Our obligation to pay damages on your behalf applies only to the amount in excess of \$250.00 Property Damage per claim.

Policy Fee: \$25.00 Non-refundable Policy Fee applies.

NY Regulation 52-A Disclosure: NOVA American Group Inc., the parent of NOVA Casualty Company, also acts as its Servicing Agent. The insured does not receive any special benefits or advantages because of this relationship.

Professional Underwriters Agency, Inc. acts as the Managing General Agency for NOVA Casualty Company in the State of Florida.

NOTICE OF INSURANCE INFORMATION PRACTICES: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Florida Statute 817.234: Any person who knowingly or with intent to injure, defraud or deceive any insurer files a statement of claim or an application or a statement containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Applicant's Statement: The applicant hereby agrees that the foregoing answers and statements are a full and true exposition of the facts with regard to the risk to be insured and agrees that any policy and subsequent renewals shall be issued in reliance upon the truth and correctness of the information contained herein and understands and agrees that misrepresentation of material fact on this application may cause this coverage to be declared null and void from the inception (Florida Statute 627.409).

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is () Bound Effective

Date: _____ Time: _____ / () Not Bound. I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

Applicant's Signature _____ Date _____

Brokering Agent's Signature _____ Date _____

Applicant's Name (Print or Type) _____ Title _____

Brokering Agent's Name (Print or Type) _____ License _____

No coverage can be considered bound until confirmed by Company Underwriters