

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

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

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

INDIVIDUAL	JOINT VENTURE	CONTACT (Name/Phone #)	YEARS IN BUSINESS	YEARS OF EXPERIENCE
PARTNERSHIP	OTHER (Describe)			
CORPORATION				

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)/COUNTIES DO YOU CURRENTLY WORK IN?
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DESCRIPTION OF OPERATIONS

EXPLAIN PRIOR BUSINESS EXPERIENCE:

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 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:

RATING INFORMATION

# of Employees	Theft Coverage	LIMITS OF LIABILITY
Full Time: _____ Part Time: _____	<input type="checkbox"/> Include – Minimum additional charge of \$50 applies <input type="checkbox"/> Exclude	<input type="checkbox"/> \$100,000/\$200,000 <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000

Additional Coverages-Liability (Refer to Manual for rates) **Terrorism Coverage** Accepted Rejected

Enrichment Endorsement (not available if theft excluded) Care, Custody & Control (\$1,000 Included) (Add'l limit) Additional Insured (provide info on back page)
 Option #1 Option #2 Other (explain): Hired Auto/Non-Owned Auto (provide info on back page)

BUSINESS PERSONAL PROPERTY COVERAGE OF \$2,500 (EXCLUDING THEFT) IS AUTOMATICALLY INCLUDED. IF ADDITIONAL LIMITS OR OPTIONAL PROPERTY COVERAGE IS DESIRED, COMPLETE SUPPLEMENTAL APPLICATION

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

1. Gross receipts for last year? \$ _____	10. Any exposure to flammables, explosives, chemicals?	Yes	No
Estimated annual receipts for this year..... \$ _____	11. Equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Payroll for last year? \$ _____	12. Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
Estimated payroll for this year \$ _____	13. Any boats, docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>
3. Total cost of subcontracted work for past year \$ _____	14. Any power washing operations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Projected Cost of Work Subcontracted to Others by Insured for this year..... \$ _____	15. Operations involve discharge of fumes, acids, wastes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Residential work? %	16. Does Applicant draw plans, designs, specifications?	<input type="checkbox"/>	<input type="checkbox"/>
Commercial work? %*	17. Any work with asbestos or lead?	<input type="checkbox"/>	<input type="checkbox"/>
(*IF ANY - REFER TO COMPANY FOR APPROVAL)	18. Does the applicant lease equipment with/without operators? ..	<input type="checkbox"/>	<input type="checkbox"/>
6. Are certificates of insurance required from sub-contractors? ..	19. Any other insurance with this company or being submitted? ..	<input type="checkbox"/>	<input type="checkbox"/>
a. Are limits of liability equal to insureds?	20. Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	21. Participation in trade shows, exhibits, conventions?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any hiring of illegal immigrants?	22. Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is a formal safety program in operation?	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"/>	<input type="checkbox"/>
	24. Has any policy or coverage been declined, cancelled or non-renewed during the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLEMENTAL UNDERWRITING INFORMATION (Complete section applicable to Insured's operation)

Explain all "YES" responses in REMARKS section below

<p>PAINTING: YES NO</p> <p>1. Inside % _____ Outside% _____</p> <p>2. Any work done above 2 stories? ☐ ☐</p> <p>3. Any scaffolding used? If "Yes", to what height? _____ ☐ ☐</p> <p>4. Any painting of tanks, water or gas? ☐ ☐</p> <p>5. Any painting of bridges or towers? ☐ ☐</p> <p>6. Any exterior spray painting? If "Yes", what % _____ ☐ ☐</p> <p>7. Any airless spray guns used? ☐ ☐</p> <p>8. Any epoxy's used? ☐ ☐</p> <p>9. Any lead paint removal done? ☐ ☐</p>	<p>SWIM POOL / SPA MAINTENANCE: YES NO</p> <p>1. Is log kept showing time of arrival and departure and that the gate was locked when you left the premises? ☐ ☐</p>
<p>ELECTRICAL WIRING: YES NO</p> <p>1. Any high voltage overhead wiring done? ☐ ☐</p> <p>2. Any installation of burglar or fire alarm systems? If so, please explain percentage of total work and describe in detail. ☐ ☐</p> <p>3. Any excavation? If "Yes", risk not eligible ☐ ☐</p>	<p>LANDSCAPING: YES NO</p> <p>1. Any grading of land or excavation work done? If "Yes", risk not eligible. ☐ ☐</p> <p>2. Any spraying of bushes, lawns, etc. with pesticides herbicides, or fertilizers? If "Yes", refer to Company for approval. ☐ ☐</p> <p>3. Any tree trimming work done? If "Yes", what % _____ ☐ ☐</p> <p>4. What work do you do during the "off season" months? _____</p> <p>5. Any snowplowing done? If "Yes", what % _____ ☐ ☐</p>
<p>CABINETMAKERS: YES NO</p> <p>1. Is dust collection system present? ☐ ☐</p> <p>2. Does spray booth meet NFPA Standards? ☐ ☐</p>	<p>CLEANING SERVICE: YES NO (If any commercial floor cleaning – risk not eligible)</p> <p>1. Residential _____% Office _____% Other _____% (if any - refer to company)</p> <p>2. Any window cleaning? _____% (describe below) If "Yes", to what height? _____ ☐ ☐</p>
	<p>PLASTERING/INSULATION: YES NO</p> <p>1. Any installation of an Exterior Insulation Finishing System (EIFS or Synthetic Stucco) currently or in the past? ☐ ☐</p>

PRIOR POLICY(IES)/LOSS HISTORY ☐ Check here if new venture

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:

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.

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.

DIRECT BILL
IF YOU HAVE SELECTED THE DIRECT BILL OPTION FOR YOUR PREMIUM BILLING, INSTALLMENT SERVICE FEES AND LATE FEES MAY APPLY. IT IS UNDERSTOOD THAT IF YOUR DEPOSIT, WHETHER PARTIAL PAYMENT OR FULL PAYMENT BY CHECK IS RETURNED BY THE BANK DUE TO INSUFFICIENT FUNDS, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

APPLICABLE IN NEW YORK STATE
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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE	TIME	DATE	PRODUCER'S SIGNATURE	TIME	DATE
	☐ AM ☐ PM			☐ AM ☐ PM	

Optional Coverages

Hired Auto: Cost of Hire \$ _____ Limit \$ _____ Any Delivery? Yes No
 Non-Owned Auto: Limit \$ _____ # of employees using vehicles in Company Business _____

Does insured verify employee has insurance? Yes No

Provide the following for each employee using vehicles for company business:

Name	Date of Birth	Drivers Lic#	Vehicle use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach separate sheet if additional space is required)

Additional Insured's: **NOTE: PRIOR UNDERWRITING APPROVAL REQUIRED BEFORE BINDING**

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: _____

Agent to provide company copies of all Certificates of Insurance issued.

Rating Worksheet

Coverage			Premium
Liability: # of employees:	Full Time	_____ X _____	= _____
	Part Time	_____ X _____	= _____
Subcontracted Work:		_____ X _____	= _____
	Total Cost	_____ X _____	= _____
Building: (Attach Supplemental Application)		_____ X _____	= _____
Add'l Business	Limit	_____ X _____	= _____
Personal Property:	On Premises	_____ X _____	= _____
	Off Premises	_____ X _____	= _____
Business Personal	Limit	_____ X _____	= _____
Property Charges:	<input type="checkbox"/> Excluding Theft		= _____
	<input type="checkbox"/> Including Theft (minimum additional charge of \$50 applies)		= _____
	On Premises		= _____
	Off Premises		= _____
NOVA Artisan			
Enrichment Endorsement:	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2		= _____
Terrorism Coverage:			= _____
Terrorism Exclusion – Fire only charge:			= _____
Non-Owned/Hired Auto: (Provide additional info in space above)			= _____
Additional Insured: (Provide Name, Address, and Interest in space above)			= _____
Inland Marine: (Attach Acord Inland Marine Application)			
Contractors Equipment (schedule required)	_____ X _____	Rate	= _____
Portable Tools	_____ X _____	Rate	= _____
Inland Marine Terrorism Coverage:			= _____
Other: (Describe)			
Total Premium			_____