

DATE (MM/DD/YY)

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) E-MAIL ADDRESS: APPLICANT'S SOCIAL SECURITY #: _____ D.O.B.: _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">EFFECTIVE DATE (MM/DD/YY)</td> <td style="width:25%;">EXPIRATION DATE (MM/DD/YY)</td> <td style="width:50%;">STATUS OF SUBMISSION</td> </tr> <tr> <td> </td> <td> </td> <td>QUOTE ISSUE POLICY</td> </tr> </table>	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	STATUS OF SUBMISSION			QUOTE ISSUE POLICY
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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: _____

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE	CONTACT (Name/Phone #)	YEARS IN BUSINESS	YEARS OF EXPERIENCE
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER (Describe)			
<input type="checkbox"/> 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) 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)

<input type="checkbox"/> Enrichment Endorsement (not available if theft excluded) <input type="checkbox"/> Option #1 <input type="checkbox"/> Option #2 <input type="checkbox"/> Other (explain): _____	Terrorism Coverage <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Additional Insured (provide info on back page) <input type="checkbox"/> Hired Auto/Non-Owned Auto (provide info on back page)
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BUSINESS PERSONAL PROPERTY COVERAGE OF \$2,500 (EXCLUDING THEFT) IS AUTOMATICALLY INCLUDED. IF ADDITIONAL LIMITS OR OPTIONAL PROPERTY COVERAGE IS DESIRED, COMPLETE SUPPLEMENTAL APPLICATION

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

<p>1. Gross receipts for last year? \$ _____</p> <p>Estimated annual receipts for this year..... \$ _____</p> <p>2. Payroll for last year? \$ _____</p> <p>Estimated payroll for this year \$ _____</p> <p>3. Total cost of subcontracted work for past year \$ _____</p> <p>4. Projected Cost of Work Subcontracted to Others by Insured for this year..... \$ _____</p> <p>5. Residential work? %</p> <p>Commercial work? %*</p> <p>(IF ANY - REFER TO COMPANY FOR APPROVAL)</p> <table style="width:100%;"> <tr> <td style="width:50%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:30%;"></td> </tr> </table> <p>6. Are certificates of insurance required from sub-contractors? .. <input type="checkbox"/> <input type="checkbox"/></p> <p>a. Are limits of liability equal to insureds? <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Any hiring of illegal immigrants? <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Is a formal safety program in operation? <input type="checkbox"/> <input type="checkbox"/></p> <p>10. Any exposure to flammable, explosives, chemicals? <input type="checkbox"/> <input type="checkbox"/></p> <p>11. Equipment loaned/rented to others? <input type="checkbox"/> <input type="checkbox"/></p> <p>12. Any exposure to radioactive/nuclear materials? <input type="checkbox"/> <input type="checkbox"/></p>		Yes	No		<p>13. Any boats, docks, floats owned, hired or leased? <input type="checkbox"/> <input type="checkbox"/></p> <p>14. Any power washing operations? <input type="checkbox"/> <input type="checkbox"/></p> <p>15. Operations involve discharge of fumes, acids, wastes? <input type="checkbox"/> <input type="checkbox"/></p> <p>16. Does Applicant draw plans, designs, specifications? <input type="checkbox"/> <input type="checkbox"/></p> <p>17. Any work with asbestos or lead?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>18. Does the applicant lease equipment with/without operators?.. <input type="checkbox"/> <input type="checkbox"/></p> <p>19. Any other insurance with this company or being submitted? .. <input type="checkbox"/> <input type="checkbox"/></p> <p>20. Any parking facilities owned/rented?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>21. Participation in trade shows, exhibits, conventions? <input type="checkbox"/> <input type="checkbox"/></p> <p>22. Any demolition exposure contemplated? <input type="checkbox"/> <input type="checkbox"/></p> <p>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"/></p> <p>24. Has any policy or coverage been declined, cancelled or non-renewed during the past 3 years? <input type="checkbox"/> <input type="checkbox"/></p>
	Yes	No			

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? <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Any scaffolding used? If "Yes", to what height? _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Any painting of tanks, water or gas? <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Any painting of bridges or towers? <input type="checkbox"/> <input type="checkbox"/></p> <p>6. Any exterior spray painting? If "Yes", what % _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Any airless spray guns used? <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Any epoxy's used? <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Any lead paint removal done? <input type="checkbox"/> <input type="checkbox"/></p>	<p>LANDSCAPING: YES NO</p> <p>1. Any grading of land or excavation work done? <input type="checkbox"/> <input type="checkbox"/> 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. <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Any tree trimming work done? <input type="checkbox"/> <input type="checkbox"/> If "Yes", what % _____</p> <p>4. What work do you do during the "off season" months? _____</p> <p>5. Any snowplowing done? <input type="checkbox"/> <input type="checkbox"/> If "Yes", what % _____</p>
<p>ELECTRICAL WIRING: YES NO</p> <p>1. Any high voltage overhead wiring done? <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Any installation of burglar or fire alarm systems? <input type="checkbox"/> <input type="checkbox"/> If so, please explain percentage of total work and describe in detail.</p> <p>3. Any excavation? If "Yes", risk not eligible <input type="checkbox"/> <input type="checkbox"/></p>	<p>AIR CONDITIONING & HEATING: YES NO</p> <p>1. Any boiler work done? If "Yes", what PSI? _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Any asbestos removal done? <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Any refrigeration work? <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Any LPG work done? <input type="checkbox"/> <input type="checkbox"/></p>
<p>CABINETMAKERS: YES NO</p> <p>1. Is dust collection system present? <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Does spray booth meet NFPA Standards? <input type="checkbox"/> <input type="checkbox"/></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? _____ <input type="checkbox"/> <input type="checkbox"/></p>
<p>PLASTERING/INSULATION: YES NO</p> <p>1. Any installation of an exterior insulation finish system (EIFS or Synthetic Stucco) currently or in the past? <input type="checkbox"/> <input type="checkbox"/></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? <input type="checkbox"/> <input type="checkbox"/></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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER, FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.

NY REGULATION 52-A DISCLOSURE
NOVA AMERICAN GROUP, INC., DBA BROKERS' MARKETPLACE, 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	DATE
<div style="text-align: right;"> <input type="checkbox"/> AM _____ : _____ <input type="checkbox"/> PM </div>		<div style="text-align: right;"> <input type="checkbox"/> AM _____ : _____ <input type="checkbox"/> PM </div>	

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 _____ Rate _____ = _____	
Part Time _____ X _____ Rate _____ = _____	
Subcontracted Work: _____ X _____ Rate _____ = _____	
Total Cost _____ X _____ Rate _____ = _____	
Building: (Attach Supplemental Application) _____ X _____ Rate _____ = _____	
Limit _____ Rate _____ = _____	
Add'l Business	
Personal Property: On Premises _____ X _____ Rate _____ = _____	
Off Premises _____ X _____ Rate _____ = _____	
Limit _____ Rate _____ = _____	
Business Personal	
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 _____ Limit _____ X _____ Rate _____ = _____ (schedule required)	
Portable Tools _____ Limit _____ X _____ Rate _____ = _____	
Inland Marine Terrorism Coverage _____ = _____	
Inland Marine Terrorism Exclusion – Fire only charge _____ = _____	
Other (Describe) _____ = _____	
Total Premium	_____