

SUPPLEMENTAL APPLICATION TO ACORD FORMS FOR SPECIALTY CONTRACTORS PROGRAM (GL)

AGENCY NAME: Gaslamp Insurance Services

APPLICANT(S): _____

PRODUCER'S NAME:

Emilio Figueroa

WEBSITE: _____

PRODUCER CODE: 980739

FEIN: _____

General Eligibility Questions: (Any "Yes" response to questions 1-22 means that the risk is not eligible for the program)

Please answer all questions based on any Past, Present or Future operations.

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Did/Does/Will the applicant own or operate any other businesses - contracting or otherwise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) Has applicant been adjudged bankrupt, insolvent, or had any liens placed against property within the past 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Did/Does/Will the applicant perform as a General Contractor for a "spec" home or as an Owner/Builder? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Did/Does/Will the applicant perform any roofing work, excluding work subcontracted out to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Did/Do/Will operations involve the use of asbestos, lead or other chemicals (<u>excluding</u> paints & solvents)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Any new construction of condominiums, townhomes, apartments or tract homes performed by the applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) General Contractors only: any involvement in building more than four custom homes annually by the applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) Did/Does/Will the applicant perform work for Condominium, Townhouse or Homeowners Associations (<u>exclusive</u> of work for individual unit owners)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9) Did/Does/Will the applicant perform exterior work above 2 stories? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10) Did/Does/Will the applicant perform work more than 3 feet below grade? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11) Did/Does/Will the applicant excavate or grade lots as a subcontractor to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12) General Contractors only: Did/Does/Will the applicant build on hillsides, hilltops, or slopes greater than 6% grade, landfills or other subsidence areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13) Any framing work performed as a subcontractor to other contractors by the applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14) Any foundation / slab work performed as a subcontractor to other contractors by the applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15) Did/Does/Will the applicant work on trees requiring ladders, cherry pickers, or other lift devices? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16) Any seismic retrofit work performed by the applicant (<u>excluding</u> incidental strapping of water heaters)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17) Did/Does/Will the applicant work on any of the following operations, excluding work subcontracted to others?
Please check the applicable box: |

- | <u>Yes</u> | <u>No</u> | | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Computer Repair or Service Work | <input type="checkbox"/> | <input type="checkbox"/> | Drainage Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Elevator Work | <input type="checkbox"/> | <input type="checkbox"/> | Fiber Optics/Co-Axial installation (outside premises) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire or Flood Restoration Work | <input type="checkbox"/> | <input type="checkbox"/> | Fire/Burglar Alarms |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Sprinkler/Suppression Systems | <input type="checkbox"/> | <input type="checkbox"/> | Gas Lines (except within structures) |
| <input type="checkbox"/> | <input type="checkbox"/> | Retaining Walls (NOT garden planters) | <input type="checkbox"/> | <input type="checkbox"/> | Satellite Dish Installation |
| <input type="checkbox"/> | <input type="checkbox"/> | Septic Tanks | <input type="checkbox"/> | <input type="checkbox"/> | Sewer or Water Mains (outside premises) |
| <input type="checkbox"/> | <input type="checkbox"/> | Solar | <input type="checkbox"/> | <input type="checkbox"/> | Street Sweeping |
| <input type="checkbox"/> | <input type="checkbox"/> | Swimming Pool Repair or Construction | <input type="checkbox"/> | <input type="checkbox"/> | Tree or Stump Removal |

18) Did/Does/Will the applicant work on any of the following types of facilities? Please check the applicable box:

- | <u>Yes</u> | <u>No</u> | | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Airports | <input type="checkbox"/> | <input type="checkbox"/> | Bridges |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical Plants | <input type="checkbox"/> | <input type="checkbox"/> | Dams or Reservoirs |
| <input type="checkbox"/> | <input type="checkbox"/> | Flood Control | <input type="checkbox"/> | <input type="checkbox"/> | Gas Stations |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitals/Surgical Centers | <input type="checkbox"/> | <input type="checkbox"/> | Irrigation Projects |
| <input type="checkbox"/> | <input type="checkbox"/> | Railroads | <input type="checkbox"/> | <input type="checkbox"/> | Refineries |
| <input type="checkbox"/> | <input type="checkbox"/> | Roads, Streets or Right of Ways | <input type="checkbox"/> | <input type="checkbox"/> | Ship Repair/Pier Work |

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 19) Any janitorial work by the applicant for banks, restaurants, grocery stores, hotels/motels or residences, or any floor waxing? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20) Any work performed on playgrounds, city parks or athletic fields by the applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21) Any work involving "Synthetic Stucco" or Exterior Insulation Finishing Systems (EIFS) performed by the applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22) Any structural repair of Dry Rot or Termite Damage performed by the applicant? |

INDICATE TYPE OF CONTRACTING PERFORMED: *(Must Total 100%)*

	TYPE	LIC. #	SIC CODE	%
PRIMARY:				
SECONDARY:				

CERTIFICATES WITH STATE LICENSING BOARD - INDICATE % OF WORK

New Construction		COMMERCIAL		INSIDE BUILDING	
REMODELING		INDUSTRIAL <i>(Explain)</i>		OUTSIDE BUILDING	
DEMOLITION <i>(Explain)</i>		RESIDENTIAL		Other:	
REPAIR		INSTITUTIONAL		Other:	
	100%		100%		100%

Do you build new residential homes? Yes No

If Yes, describe all new construction (use additional paper if needed): _____

LIST ALL PROJECTS FOR LAST 12 MONTHS *(Include description of project/type of work done, its location and cost. Small repair jobs can be grouped together. Use separate sheet if necessary)*

Years Operating Own Business* _____ Years of Trade Experience _____ Radius of Operations _____
 (*- If less than four years, risk will be subject to a "New Venture" debit)

Estimated Employee Payroll (Current Year): \$ _____ Estimated Receipts (Current year): \$ _____

(DO NOT INCLUDE ANY OWNERS OR EMPLOYEES WHOSE DUTIES ARE EXCLUSIVELY CLERICAL)

Number of Active Executive Officers, Co-Partners and Proprietors _____ Payroll \$ _____

Estimated Cost of Subcontracted work \$ _____

PAST 12 MONTHS (ACTUAL): \$ _____ PAYROLL \$ _____ SUBLET COST \$ _____ RECEIPTS

Please submit ONE of the following to confirm payroll of applicant:

- Copies of the last 4 Quarters of employers payroll tax reports (DE 6)
- Employers payroll journal for past 12 months
- Latest year "schedule C" from tax return

OTHER UNDERWRITING INFORMATION *(Explain all "YES" or "No" responses, as applicable, below or on another sheet)*

YES NO

- 23) Did/Does/Will the applicant require to be named as additional insured on all subcontractors' General Liability policies? If No, explain
- 24) Did/Does/Will the owner supervise daily jobs or operations directly? If No, explain.
- 25) Did/Does/Will the applicant hold other people's property for service or repair? If Yes, explain.
- 26) Did/Does/Will the applicant always check with the local utility authority before digging? If No, explain.
- 27) Did/Does/Will the applicant do any spray painting?
 (If Yes, explain over-spray prevention measures; \$1,000 min. Deductible)
- 28) Any hood exhaust or duct cleaning work performed by the applicant? If Yes, explain.
- 29) Any pressure washing or sandblasting of buildings, autos or machinery performed by the applicant? If Yes, explain.
- 30) Did/Does/Will the applicant manufacture or perform work on railings, stairs, window bars, security gates or operations involving welding of these items? If Yes, explain.
- 31) Any work performed on boilers and/or machinery by the applicant? If Yes, explain.

