

Energy Raters/Auditors & BPI Application

Date: _____

Name of Applicant/Primary Owner(s): _____

Company Name: _____

Is Applicant: Individual ___ Partner ___ Corporation ___ LLC ___ Other: describe _____

Mailing Address: _____

Physical/Premises Address of Office: _____

Phone number: _____ Fax Number: _____

Email address: _____ Cell Number: _____

State/Area of Operations: _____ Web site Address: _____

If you work in more than one state, what state is your business domiciled? _____

Date/Year Firm Established: _____

Provide details of all your operations: _____

I need: () E&O insurance () General Liability Insurance

Are you licensed/have other business ventures for which coverage is not requested? Yes No

If Yes, please list/explain: _____

Do you have insurance coverage for these other activities? Yes No

If Yes, please check which apply: E&O GL

If No, please explain: _____

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO OBTAIN A QUOTE

1. Applicant Operations:

Number of Owner/Partners: _____ Number of Trade Employees: _____ Annual Payroll (W2 employees): \$ _____

If more than one owner, how many owners work in the field? _____

Operation is: (% of each) Type of Work: _____

Residential _____% Commercial _____% Industrial _____%

Other: Describe _____%

2. Who hires your services: (% of each)

Banks or other Financial Institutions _____% Realty Company or Broker _____% General Contractor _____%

Current Owner of property _____% New Owner of property _____%

Other: Describe _____%

3. Receipts/Sales*:

Current Year (projected for the year): _____ Previous Year: _____ Two Years Ago: _____

* If you are a startup company, please project annual amount

**** For question 4, you must answer a, b, c, d, and e. If you answer "Yes" to a, b or d, please answer 1-2.**

4. Subcontracted Work Cost:

- a. Do you use subcontractors? Yes No
 - 1. Total percent of work done by subcontractors: _____%
 - 2. Amount of money paid to subcontractors: \$_____
- b. If no, do you plan to use subcontractors in the next 12 months? Yes No
 - 1. Estimate the amount of money you will pay to these subcontractors: \$_____
 - 2. Estimate the total percent of work to be performed by subcontractors: _____%
- c. Do you require all subcontractors to carry their own Errors and Omissions insurance? Yes No
- d. Do you require all subcontractors to carry their own General Liability insurance? Yes No
 - 1. Total cost (payroll and materials) paid to uninsured subs: \$_____
 - 2. Total cost (payroll and materials) paid to insured subs: \$_____
- e. Does the applicant desire to provide coverage for independent contractors? Yes No

5. Describe equipment used in operations: _____

6. List three current projects: (If less than three, include most recent completed projects)

Customer Name and Project Description	Receipts	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

7. List largest jobs in the last three years:

Customer Name and Project Description	Receipts	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

8. Are you a licensed General Contractor? Yes No

If yes, what is your license #: _____

9. Have you ever acted in the capacity of a General Contractor / Construction-Project Manager-Consultant/ Structural/Mechanical Property Inspector? Yes No

If yes, please provide details:

10. Are you licensed in any other profession? Yes No If Yes, what profession: _____

If Yes, do you have Errors and Omissions and/or General Liability Insurance covering that profession? Yes No
If Yes, please check which apply: E&O GL

11. The following table must be completed to obtain a quote. If you are a new company, please estimate.

Please indicate percentage of total operations performed by you or subcontractors for the following (percentages combined must total 100%). Please provide a short description of services on a separate sheet for those services with an *.

*Asbestos removal	%	Landscape maintenance (grass, bushes)	%
Carpentry – interior	%	Masonry	%
Debris/Junk/Trash removal	%	*Meth lab cleanup	%
Demolition interior - non-structural	%	*Mold or spore treatment or remediation	%
*Demolition exterior or interior structural	%	*New construction site cleanup/make ready	%
Door or window installation	%	*New residential home construction	%
Drywall	%	Painting - interior	%
Electrical	%	Painting - exterior	%
Excavating or grading of land	%	Plastering or stucco	%
Fence erection or repair	%	Plumbing	%
*Fire and water restoration	%	*Roofing	%
*Fire suppression systems	%	*Room additions	%
Flooring - installation or refinishing	%	Snow/Ice removal	%
*Hazardous waste removal	%	Tile, stone, marble, or terrazzo work	%
Heating/Air conditioning	%	Tree trimming (larger than ground height)	%
Install new cabinets or countertops	%	Winterizations	%
Janitorial - general cleaning	%	Window cleaning	%
Landscaping	%	Changing Locks	%
Boarding Up Windows	%	Mortgage Field Inspections	%
Remodeling	%	Other: _____	%

12. Do you preserve fire, earthquake, water, or mold damaged properties? Yes No

If yes, provide details: _____

13. Please answer “YES” or “NO” to all questions. All questions must be answered to receive a quote.

Are you or your firm currently involved, or in the next 12 months plan to be involved, in any of the following:

Storm Proofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate Appraisal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Repossession	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Brokering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eviction Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Key for Money Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Removing Hazardous Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Draft Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Merchant Draft Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Inspection (for buyer/seller)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a short description for any “yes” answers on a separate sheet.

14. Liability Controls:

- a. Do you use a written contract with customers? Yes No
If no, explain when not required: _____
- b. Do you use a written contract with subcontractors? Yes No
If no, explain when not required: _____
- c. Do your contracts contain a hold harmless agreement in your favor? Yes No
- d. Do you obtain certificates of insurance from all subcontractors? Yes No
If yes, minimum limits required: _____
- e. Are you added as an additional insured on the subcontractors' liability policies? Yes No
- f. Do you have Workers' Compensation coverage in force? Yes No
- g. Have you been involved in any claims involving construction defects? Yes No

15. Miscellaneous Liability:

- a. Have all tenants or occupants been evicted prior to your work activities? Yes No
If no, describe procedure/process followed by you prior to beginning work:

- b. Do you own or have title to any projects undergoing renovation? Yes No

16. Is similar Professional Liability (Errors & Omissions) currently in force? Yes No

- a. If yes, please provide Carrier's name, current limits, expiration date: _____
- b. If yes, please provide a copy of declarations page

17. Is similar General Liability currently in force? Yes No

- a. If yes, please provide Carrier's name, current limits, and expiration date: _____
- b. If yes, please provide copy of declarations page

18. LOSS HISTORY:

Has the Applicant had any General Liability claims paid, reserved or pending in the last 5 years?? Yes No
 Has the Applicant had any Errors & Omissions claims paid, reserved or pending in the last 5 years?? Yes No

- a. Date of Occurrence: _____ b. Date of Claim: _____
- c. Amount Paid: _____ d. Claim Status: OPEN CLOSED
- e. Type/Description of occurrence or claim: _____
- f. What remedial action has been taken to prevent similar claims? _____

Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activity or have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No

*If Yes, please describe: _____

19. Do you retain any items of value for resale? Yes No

If yes, annual receipts from sale of these items: _____

Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Please Email, Fax or Mail Completed Application to:

OREP/David Brauner Insurance Services
6760 University Ave., Suite 250, San Diego, Ca. 92115
Phone: 888-347-5273; Fax: 619-704-0567; Email: info@orep.org
David Brauner Calif. Insurance Lic. #0C89873



**COLONY INSURANCE COMPANY
ARTISAN CONTRACTORS
SUPPLEMENTAL APPLICATION**

OREP / David Brauner Insurance Services

General Agent Name

Insured: _____ Date _____

Owner/Partner 16,000 \$ _____
Employee Payroll: \$ _____
Uninsured Subcontractor Payroll: \$ _____
Total Payroll: \$ _____
Subcontractor Cost \$ _____
Total Receipts \$ _____

Risk is a (% of each):
General Contractor _____ %
Subcontractor _____ %

General Information

License # & Type held _____
Years in Business: _____
Years of Experience: _____

Type of Work Performed
Room Additions _____ %
Repair/Service Work _____ %
Structural Work _____ %
Remodeling Work _____ %
Other _____ %

Maximum # Of Stories _____
Maximum Depth below Grade _____

Any Roofing Performed Yes No

If Yes complete a Roofing Supplemental
(Prohibit Commercial Roofing)

Ground Up Construction _____ %
% Residential _____ % (new residential _____ Yes _____ No)
% Commercial _____ % Industrial _____ %

Type of work done by you and your employees: _____

- Alarm monitoring? Yes No Alarm monitoring subcontracted? Yes No
- Any mobile equipment leased without operators? Yes No
- Type of equipment leased? _____
- Any snow plowing operations? Yes No Street Cleaning Yes No Public Streets & Roads? Yes No
- Has the ins'd ever been involved in any construction of new residential properties i.e. Custom homes, Tract or Condo developments, apts or Town Homes in the past 10 years or will they do so in the future? Yes No
- Have you ever been involved or are you involved in construction of residential room additions? Yes No
- Any LPG work? Yes No _____ % of total Any Floor waxing? Yes No _____ %
- What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors or finishing/refinishing cabinets - _____

List the last 3 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Describe any losses: _____

SUBCONTRACTED WORK

- What work are the subcontractors hired to do?
_____ % _____ % _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? Yes No
Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? Yes No
- Do subcontractors carry Worker's Compensation Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____



OREP/David Brauner Insurance Services
6760 University Ave., Suite 250, San Diego, CA. 92115
Phone: 888-347-5273; Fax: 619-704-0567; Email: info@orep.org
Calif. Insurance Lic: 0C89873

Supplemental

Energy Efficiency Contractors

Individuals who perform energy efficiency contracting, including air sealing contractors, ducts and vents contractors, heating and cooling contractors, insulation contractors, window and door contractors.

If you perform energy efficiency services, please list/describe: _____

Applicant Signature

Date