



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## EIFS CONTRACTOR'S SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS AND THE KINSALE CONTRACTOR'S SUPPLEMENTAL APPLICATION.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

Please attach copies of the following:

a) A brochure, description of operations, or marketing materials if a website is not available

2) In what states do you do EIFS work? \_\_\_\_\_

3) Are you licensed in all states in which you operate? Yes  No

a. License Number(s): \_\_\_\_\_

4) How long have you been in operation performing EIFS related work under this business name or any others (please provide any prior entities or additional entities/DBAs and indicate if they are to be covered)? \_\_\_\_\_

a. If you are new in business, or your EIFS work is less than one year in operation please describe your prior EIFS experience: \_\_\_\_\_

5) Are you a member of any EIFS-related trade organizations or associations? Yes  No

a. If yes, which one(s)? \_\_\_\_\_

6) Please complete the following table for your breakdown of EIFS work. Check all that apply:

EIFS Operations:	Percentage of Total Operations:	Percentage of Work Done by Your Employees:	Percentage of Work Done by Subcontractors:	Revenue from Operation:
<input type="checkbox"/> New Residential Construction – Single Family - Tract				
<input type="checkbox"/> New Residential Construction – Single Family - Custom				
<input type="checkbox"/> New Residential Construction – Condominium/Townhouse				

<input type="checkbox"/> New Commercial Construction (inc'l Apartment)				
<input type="checkbox"/> Residential Removal/Repair – Single Family				
<input type="checkbox"/> Residential Removal/Repair – Condominium/Townhouse				
<input type="checkbox"/> Commercial Removal/Repair (inc'l Apartment)				
<input type="checkbox"/> Other New Construction: _____				
<input type="checkbox"/> Other Removal/Repair: _____				
<input type="checkbox"/> Other: _____				
<b>TOTAL</b>	100%			

7) What EIFS system manufacturers have trained and approved your organization to install their products? \_\_\_\_\_

8) Do you ever "mix and match" different manufacturers' products on one job? Yes  No

9) Please complete the following table for the substrates you work over. Check all that apply:

Type of Substrate:	Percentage of Total Operations:	Percentage of Work Done by Your Employees:	Percentage of Work Done by Subcontractors:	Average Annual Number of Buildings:
<input type="checkbox"/> Frame				
<input type="checkbox"/> Masonry				
<input type="checkbox"/> Steel				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<b>TOTAL</b>	100%			

10) What percentage of the time do you install drainable systems? \_\_\_\_\_

11) If you or anyone working on your behalf is performing condo removal/repair work, is any work performed directly for the Condo Owner's Association (COA)? Yes  No

a. If yes, what percentage is this of your overall operations? \_\_\_\_\_

12) Do you have a standardized installation and quality control manual? Yes  No

a. Does your quality control include an inspection and documentation of any post-work changes made by others (sign placement, lighting installations, etc.)? Yes  No

13) What is the greatest number of buildings you have worked on in any one year? \_\_\_\_\_

14) If you are hiring subcontractors for any EIFS-related work, please clarify the following:

a. Do you usually hire the same subcontractors? Yes  No

+ Are they approved installers for the EIFS-related work they are performing? Yes  No

b. Are subcontractors always insured? Yes  No

+ If yes, what General Liability limits do you require subs to carry? \_\_\_\_\_

- + Do you confirm if these subs carry Workers Compensation insurance? Yes  No
- c. Do you obtain certificates of insurance from all subcontractors? Yes  No
- d. Are you named as an Additional Insured on all subcontractors' policies? Yes  No
- e. Do you have a written contract with your subcontractors? Yes  No
- f. Do all contracts contain a Hold Harmless clause in your favor? Yes  No
- g. Do you use any leased employees? Yes  No
- + If yes, are you responsible for providing Worker's Comp for these employees? Yes  No
- h. Do you carry Worker's Compensation insurance? Yes  No

## EIFS LOSS HISTORY

- 15) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed EIFS-related operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration. If Yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.* Yes  No
- 16) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, accidents, (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed EIFS-related operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.** Yes  No

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

**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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_