



EIFS CONTRACTORS SUPPLEMENTAL APPLICATION

APPLICANT: _____ Proposed Effective Date: _____

1. Full Name: _____

2. Include a list of all Named Insured(s) and a description of each insured(s) operations:

i. _____

ii. _____

iii. _____

iv. _____

3. Mailing Address: _____

4. Account history for prior 5 years and projected upcoming year:

	Gross Sales	Payroll	Subcontracted Costs
Upcoming year:	\$ _____	\$ _____	\$ _____
1 st previous year:	\$ _____	\$ _____	\$ _____
2 nd previous year:	\$ _____	\$ _____	\$ _____
3 rd previous year:	\$ _____	\$ _____	\$ _____

5. Are the same subcontractors used on all projects? Yes No

6. Do you obtain a certificate of insurance from subcontractors evidencing equivalent limits and coverage?
Yes No

7. Does this policy provide coverage for the EIFS application exposure? Yes No

If so, what limits apply? Are there any restrictions to the EIFS coverage? Explain:

8. Do you obtain evidence that you are named as an additional insured on your subcontractor's general liability policy?
Yes No

9. Do you execute a written contract with your subcontractor that indemnifies you for all liabilities that you incur due to their negligence?
Yes No

10. What percent of the Insured's work is application of Exterior Insulation Finishing Systems? _____

COMMERCIAL:

- i. What percent is applied over commercial grade construction (concrete, steel and masonry block)? _____
- ii. What percent is applied over wood frame? If applied over wood is/was a non-barrier EIFS drainable system used? _____

RESIDENTIAL:

- i. What percent is applied over commercial grade construction (concrete, steel and masonry block)? _____
- ii. What percent is applied over wood frame? _____
- iii. What percent of the residential is:
 - a. Speculative/tract housing: _____
 - b. Condo/townhome: _____
 - c. Custom home: _____
 - i. Number of homes per year: _____
 - ii. Average job cost: _____
 - iii. Average price of home: _____
- iv. Have you ever performed any condo, townhome, speculative or tract housing work in the past? YES / NO; If yes, please provide a list of all projects including the named, description of work, location, date of completion, and the structural composition (wood or commercial grade construction). If applied over wood is/was a non-barrier EIFS drainable system used?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

17. Mark all the states in which you perform work and the percent of your total work attributed to each:

State		%	State		%
Alabama			Montana		
Alaska			Nebraska		
Arizona			Nevada		
Arkansas			New Hampshire		
California			New Jersey		
Colorado			New Mexico		
Connecticut			New York		
Delaware			North Carolina		
District of Columbia			North Dakota		
Florida			Ohio		
Georgia			Oklahoma		
Hawaii			Oregon		
Idaho			Pennsylvania		
Illinois			Rhode Island		
Indiana			South Carolina		
Iowa			South Dakota		
Kansas			Tennessee		
Kentucky			Texas		
Louisiana			Utah		
Maine			Vermont		
Maryland			Virginia		
Massachusetts			Washington		
Michigan			West Virginia		
Minnesota			Wisconsin		
Mississippi			Wyoming		
Missouri					

18. List the top 5 contractors for whom you perform work, the percentage derived from each how long you have worked with them:

1. _____
2. _____
3. _____
4. _____
5. _____

19. List the EIFS manufacturers in which you have a current certification and provide copy of each certification:

1. _____
2. _____
3. _____

4. _____

5. _____

a. Does each provide the Insured(s) with technical support and product training? Yes No

b. Are all of the Insured(s) Principals and Job Supervisors certified per above? Yes No

c. Does each manufacturer provide a warranty for their product and labor? Yes No

d. What are the lengths of the warranties? _____

20. How many crews do you use to perform work? _____

21. Is each crew supervised by a trained supervisor per the above? Yes No

22. What is the maximum height in which you work? _____

23. Do you rent cranes with or without operators, scaffolding or swing stages? Yes No

24. Do you obtain certificates of insurance from those companies from whom you rent equipment? Yes No

25 How many EIFS projects are completed each year? _____

Describe your typical EIFS job, including description of your work, cost, duration and type of project:

26. Are you aware of any other incidents, which may result in claims against you? Yes No

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signing this application shall not constitute a binder or obligate the company to complete this insurance, but it is agreed that this application shall be the basis upon which a policy may be issued.

Applicant Signature: _____ Date: _____

Title: _____