



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

"E-Z" RATE CONTRACTORS PROGRAM APPLICATION

ACCT ID: _____

Insured Name (as it should appear on the policy): _____
(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: _____

Physical Address (if different from mailing address): _____

Website Address: _____ Email Address: _____

Type of Risk: _____

Proposed Effective Dates: From _____ To _____

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Number of Owner(s): _____

Total Number of Employees Excluding Owner(s): _____

Total Employee Payroll Excluding Owner(s): _____

CLASS CODE	CLASSIFICATION	PERCENTAGE OF WORK PERFORMED

1. Gross receipts current year: _____ Gross receipts previous year: _____

2. Years in business: _____ Prior years experience in this type of work: _____

3. Operation is:

Artisan Contractor	_____%	Indicate type of work performed:	
General Contractor	_____%	Residential / New	_____%
Subcontractor	_____%	Residential / Remodeling	_____%
TOTAL	100%	Commercial	_____%
		Condos/Townhouses	_____%
		Industrial	_____%
		Roofing	_____%
		TOTAL	100%

4. Exact business description and type of work performed: _____

5. Description of largest job(s): _____

6. What licenses held: _____ What states do you operate in? _____
7. Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction? Yes No
8. Do you frame residential dwellings? Yes No If yes, how many? _____
9. Do you perform excavation work? Yes No
 If so, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? _____
10. Do you perform any of the following? Explain "Yes" answers to the following questions in the remarks section below:
- | | |
|--|---|
| a. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you draw plans, designs or specifications? | k. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work performed in removal of EIFS, asbestos, lead, mold, PCB, radon? |
| b. <input type="checkbox"/> Yes <input type="checkbox"/> No Any demolition work? | l. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work performed on road / bridges / highways / overpass / traffic signals? |
| c. <input type="checkbox"/> Yes <input type="checkbox"/> No Any discontinued operations? | m. <input type="checkbox"/> Yes <input type="checkbox"/> No Any structural work performed? |
| d. <input type="checkbox"/> Yes <input type="checkbox"/> No Any guarantee, warranties or hold harmless agreements? | n. <input type="checkbox"/> Yes <input type="checkbox"/> No Any explosive materials used? |
| e. <input type="checkbox"/> Yes <input type="checkbox"/> No Any roofing work performed? | o. <input type="checkbox"/> Yes <input type="checkbox"/> No Any underground boring or directional drilling? |
| f. <input type="checkbox"/> Yes <input type="checkbox"/> No Any operation(s) involve discharge fumes, acids, wastes? | p. <input type="checkbox"/> Yes <input type="checkbox"/> No Any blasting operations? |
| g. <input type="checkbox"/> Yes <input type="checkbox"/> No Any exposure to radioactive / nuclear materials? | q. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work on railroad easements? |
| h. <input type="checkbox"/> Yes <input type="checkbox"/> No Any equipment loaned / rented leased to others? | r. <input type="checkbox"/> Yes <input type="checkbox"/> No Any mold remediation? |
| i. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work performed above 3 stories other than interior remodeling? | s. <input type="checkbox"/> Yes <input type="checkbox"/> No Any controlled burns or burning of debris? |
| j. <input type="checkbox"/> Yes <input type="checkbox"/> No Does applicant install, service or demonstrate products? | t. <input type="checkbox"/> Yes <input type="checkbox"/> No Any caisson work performed? |

If YES to any of the above, please describe in Remarks section:

REMARKS _____

11. Additional Insured: _____
 Additional Insured Address: _____
 What is the Additional Insured's interest? _____
12. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? _____
 If so, explain _____

13. PREVIOUS INSURER AND PRIOR LOSS INFORMATION.

Has the insured or applicant had 3 years of prior coverage? [] Yes [] No

If yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? [] Yes [] No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

14. Any Work subcontracted? _____ If yes, PLEASE COMPLETE PAGE 4.

APPLICANT'S STATEMENT

I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel a policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a company underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) _____ Date of Birth _____ Date _____

Applicant's Signature _____ Applicant's Phone# _____

Agency _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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 of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

Premium \$ _____ (Owner)

Premium \$ _____ (Employees, if any)

Total Base Premium \$ _____

Policy Fee \$ _____

Surplus Lines Tax \$ _____ (On Premium and Fees) Tax applies to Base Premium only in DC, MD and NC

TOTAL PREMIUM \$ _____

Important: Insurance will be limited to those operations or completed operations described in this policy. This application may only be used for the "E-Z" Rate Contractor's Program.

ADDITIONAL INFORMATION TO BE COMPLETED ONLY IF APPLICANT USES ANY SUBCONTRACTORS

16. Exact operations of sub contractors used: _____

17. a. Percentage of work subcontracted out _____%
b. Total annual subcontracted costs (labor and materials) \$ _____

(Include costs of materials provided by you, a subcontractor, an owner, or a bank.)

18. Type of work: General Contractor _____% Artisan Contractor _____% Construction Manager _____%

19. What percentage of your work is

a) Residential _____% Commercial _____% Industrial _____%
b) New Construction _____% Structural Remodeling / Additions _____% Non-Structural Remodeling _____%

20. List the trades of the subcontractors you use and give the percentage of work they perform:

_____ % _____ % _____ % _____ %
_____ % _____ % _____ % _____ %

21. Do you collect certificates from all subcontractors? Yes No What limits are required \$ _____

**PLEASE NOTE THAT UNDER THE ARTISAN PROGRAM ALL SUBCONTRACTORS
MUST PROVIDE CERTIFICATES OF INSURANCE FOR EQUAL LIMITS**

22. Do you require all subcontractors to name you as an additional insured? Yes No

23. Do any of the subcontractors you use perform any of the following work?

a. Roofing of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Drilling of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Mold / Asbestos removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Spray Painting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Exterior Painting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Have you ever been named in litigation regarding faulty construction defect? Yes No

If yes, describe: _____

25. Are there any claims or legal actions pending against any of the entities named in the application? Yes No

If yes, describe: _____