



NORTH POINTE CASUALTY INSURANCE COMPANY

CONTRACTORS SUPPLEMENTARY APPLICATION

Name of Insured / Business: _____ Policy No.: _____

All statements and questions must be answered and the application signed, before coverage can be considered bound. Check, or fill in, the appropriate response.

1. What type of state contractors license(s) do you hold?

- Division I: [] General Contractor [] Building Contractor [] Residential Contractor
Division II: [] Class A Air-Conditioning [] Class B Air-Conditioning [] Class C Air-Conditioning
[] Commercial Pool/Spa [] Residential Pool/Spa [] Swimming Pool/Spa Service
[] Mechanical [] Plumbing [] Solar
[] Underground Utility/Excavation [] Pollutant Storage Systems [] Specialty
[] Roofing [] Sheet Metal [] Other: _____
[] None

2. Have you operated in this business name for the last 3 years? [] Yes [] No

3. What percentage of the actual construction work do your employees perform? _____%
What percentage do you sub-contract to others? _____%

4. Describe your actual work. _____

5. Describe jobs currently underway and location addresses. _____

6. What percentage of your work is: Residential _____% Commercial _____% Industrial _____%
7. Annual Payroll (excl. owner & clerical) \$ _____
8. Annual Receipts \$ _____
9. Cost of Subs - Labor \$ _____ - Materials \$ _____

10. Do you require a Hold Harmless Agreement from all of your Subcontractors? [] Yes [] No

11. Do you require Subcontractors to carry liability insurance at limits equal to your own (or at least \$300,000/300,000/300,000, if your limits are higher)? [] Yes _____ (Insured must initial) [] No

12. Do you require a Certificate of Insurance from your Sub prior to start of work? [] Yes [] No

13. Do you keep these Certificates on file and available during normal business hours? [] Yes [] No

14. Do you, or your Subcontractor(s), use any explosives? [] Yes [] No If Yes, give details:

15. Do you own any power equipment? Yes No *If Yes, give details in 'Comments'.*

16. Do you rent for your own use or lease to others:

Power equipment, with operators? Yes No *If Yes, give details in 'Comments'.*

Power equipment, without operators? Yes No *If Yes, give details in 'Comments'.*

Scaffolding? Yes No *If Yes, give details in 'Comments'.*

17. Do you or any of your Subcontractors do excavation or grading?

Yes No *If Yes, give details in 'Comments'.*

18. Do you or any of your Subcontractors do any wrecking or salvage operations?

Yes No *If Yes, give details in 'Comments'.*

19. Are your operations: Full Time Part Time Year Around Seasonal

20. List all owners and/or officers and their duties. _____

21. Number of employees (excluding those shown in Q. #20): _____ Full Time _____ Part Time

22. Describe ALL claims, losses and accidents within the last three years: _____

23. Prior insurance carrier: _____ Policy Number: _____

24. Have you ever filed for Bankruptcy under this or any other business?

Yes No *If Yes, give details in 'Comments'.*

COMMENTS: _____

IMPORTANT - 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, 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. (Under Florida Statute, such action is a felony of the third degree.) It may also prevent recovery under this policy.

STATEMENT - I represent that the above information is true. I understand that the acceptability and issuance of my insurance policy is conditioned upon the accuracy of the information provided on this and any other applications.

Insured's Signature

Date

ROOFERS (U/W CRITERIA)

We are receiving a substantial number of submissions for roofing contractors, due largely to the Hurricanes we experienced in August and September. There are a limited number of markets for these contractors, and we feel it's helpful to provide you with our Underwriting Guidelines prior to submitting. Please distribute among all agency personnel for their easy reference.

REQUIREMENTS:

1. Completed, signed Acord application
*Note: Ineligible for our ACP, and must be ISO-rated CPP
2. NP0432 (Contractor's Supplemental Application), or "equivalent" roofing questionnaire.
3. 3 years in business under current name
4. 3 year loss runs, (or 4 years if in business that length of time)
5. Either a registered or a certified roofing license in Fla.
*Note: As we go into other States, a roofing license will be required in that particular State as well.
6. Must "not" hold a Division 1, (Building, Residential or General Contracting), license. *Note: Whether active or inactive, we are unable to entertain any who hold a Division 1 license.
7. Both residential and commercial work are acceptable
8. Hot tar work is limited to no more than 5%
9. Torchdown or Polyurethane Foam work is prohibited
10. No work over 3 stories is allowed
11. Sub work is limited to no more than 30%
12. NP 01 93 (Roofing Operations Exclusion End't.) applies
*Note: This is an absolute Premises Operations Exclusion for the influx of rain, sleet or snow during the course of construction. It is also a BI exclusion for any claims arising from falls through skylights.
13. \$1,000 CGL P.D. Ded. "per claim" is minimum, and may be increased
14. We will not accept higher CGL P.D. deductibles in lieu of the NP 01 93 without special management approval.
15. We are unable to apply an IRPM Debit on monoline CGL accounts, since there must also be Property to be eligible. (Premium must be \$1,000 before and after the application of the credit or debit.).
16. We must experience rate all that are eligible, and apply whatever experience credits or debits that apply.
17. If prior premium is substantially higher than our developed premium, (or either prior losses or exposures warrant), we may debit via IL09-32, (Insured's Consent to Excess Rate), as long as the insured acknowledges with their signature.

PLEASE PAY SPECIAL ATTENTION TO ITEM #12, (COPY OF NP 01 93 IS ATTACHED).