



HANDYPERSON SUPPLEMENTAL APPLICATION

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

<p>APPLICANT INFORMATION</p> <p>1. NAME (FIRST NAMED APPLICANT AND OTHER NAMED APPLICANTS) *</p> <p>* IF APPLICANT HAS EVER OPERATED UNDER A DIFFERENT NAME(S), LIST ALL HERE:</p>	<p>2. WEB ADDRESS</p>																		
<p>3. NUMBER OF YEARS IN <u>THIS</u> TYPE OF BUSINESS?</p>	<p>4. IS THE APPLICANT LICENSED IN ANY PARTICULAR TRADE(S), OTHER THAN AS A HANDYPERSON AS MAY BE REQUIRED BY THE STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING:</p> <p>TYPE OF LICENSE? _____</p> <p>PARTICULAR TRADE(S)? _____</p> <p>NAME ON LICENSE? _____</p> <p>STATE(S) LICENSED? _____</p>																		
<p>5. STATE(S) APPLICANT OPERATES IN?</p>	<p>6. DOES APPLICANT PERFORM <u>ANY</u> WORK THAT REQUIRES A LICENSED TRADESPERSON TO PERFORM THE WORK, SUCH AS BUT NOT LIMITED TO: ELECTRICAL, PLUMBING, ROOFING, HEATING OR AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF ANSWERED YES AND THE APPLICANT HOLDS A LICENSE OTHER THAN A HANDYPERSON LICENSE, STOP HERE, THE APPLICANT IS INELIGIBLE FOR THE HANDYPERSON CLASSIFICATION.</p> <p>7. DOES APPLICANT SUB-CONTRACT <u>ANY</u> WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF ANSWERED YES, STOP HERE, THE APPLICANT IS INELIGIBLE FOR THE HANDYPERSON CLASSIFICATION.</p>																		
<p>8. FINANCIALS / STAFFING:</p> <p>TOTAL RECEIPTS \$ _____ (INELIGIBLE IF MORE THAN \$150,000)</p> <p>TOTAL PAYROLL \$ _____</p> <p># OF OWNERS _____</p> <p>OWNER PAYROLL \$ _____</p> <p>#OF EMPLOYEES _____ (INELIGIBLE IF MORE THAN 1)</p> <p>EMP. PAYROLL \$ _____</p> <p>COST OF SUBCONTRACTED WORK \$ _____ (INELIGIBLE IF MORE THAN \$0.)</p>	<p>9. DESCRIBE TYPE OF WORK APPLICANT PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER:</p> <hr/> <p>10. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Location</th> <th style="width:33%;">Type of Job</th> <th style="width:33%;">Job Receipts</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Location	Type of Job	Job Receipts															
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11. CLASSIFICATION OF OPERATIONS (PAYROLL)			
Class	Employee Payroll	Class	Employee Payroll
Handyperson - Residential	\$	Heating / AC Install Repair – No LPG	\$
Handyperson - Commercial	\$	Insulation	\$
	\$	Masonry (no EIFS or Synthetic Stucco)	\$
Carpentry - Framing	\$	Painting – Exterior < 3 Stories	\$
New Construction	\$	Painting – Interior	\$
Renovation Work	\$	Paperhanging - Wallpapering	\$
Remodeling Work	\$	Plumbing – Residential	\$
Room Addition(s)	\$	Plumbing – Commercial	\$



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	\$	Septic Tank Systems Cleaning	\$
Chimney Cleaning	\$	Septic Tank Systems – Install / Repair	\$
Concrete Construction	\$	Sewer Cleaning	\$
Debris Removal – Const. Site No Haz.	\$	Sheet Metal Work – Outside < 3 Stories	\$
	\$	Siding Installation	\$
Drywall or Wallboard Installation	\$	Sign Painting or Lettering Inside Bldgs.	\$
Electrical Apparatus Install, Service	\$	Sign Painting or Lettering On Buildings	\$
Electrical Work Within Buildings	\$	Snow or Ice Removal	\$
Fence Erection – No Electrified	\$	Tile, Stone, Marble - Interior	\$
Floor Covering Install –No Tile / Stone	\$	Other:	\$
Glass Dealer & Glaziers < 3 Stories	\$		\$

12. CONFIRM THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:

AIRPORTS	%	GAS/WATER MAINS	%	STEEL (ORNAMENTAL)	%
ASBESTOS REMOVAL	%	GRADING	%	STEVEDORING	%
BLASTING	%	LANDFILLS	%	STREET/ROAD	%
BRIDGE CONSTRUCTION	%	LEAD PAINT REMOVAL	%	SUB AQUEOUS	%
BORING	%	MECHANICAL	%	SUBWAYS	%
BOILER INSPECTION	%	MUNICIPALITY WORK	%	SUPERVISORY ONLY	%
BLDG. – RAISING OR MOVING	%	MOLD REMEDIATION	%	TUNNELS	%
COFFERDAM OR CAISSON WORK	%	PIER OR WHARF CONSTRUCTION	%	WATERPROOFING	%
DAMS/RESERVOIRS	%	PIPELINE	%	WRAP-UPS	%
DEMOLITION	%	PLASTERING/STUCCO	%	OTHER (DESCRIBE BELOW)	%
DRILLING	%	POLLUTION ABATEMENT	%		
EIFS OR RELATED WORK	%	RADON DETECTION/REMEDIATION	%		
EXCAVATION	%	RAILWAY	%		
EQUIPMENT RENTAL TO OTHERS	%	SHORING/UNDERPINNING	%		
FIRE SUPPRESSION	%	STEEL	%		

13. a. WHAT IS THE **MAXIMUM** BUILDING SIZE (NUMBER OF STORIES) YOU WORK ON?
 b. WHAT IS THE **AVERAGE** BUILDING SIZE (NUMBER OF STORIES) YOU WORK ON?
 c. WHAT % OF THE TOTAL NUMBER OF ANNUAL JOBS ARE OVER 3 STORIES?

14. HAVE YOU EVER DONE OR WILL YOU DO ANY ROOFING THIS YEAR, OTHER THAN INCIDENTAL PATCHING OF ROOFS PERFORMED WHILE ON THE PREMISES IN CONNECTION WITH OTHER NON-ROOFING WORK BEING PERFORMED AT THE SAME PREMISES?
 YES NO (IF "YES", STOP HERE. THE APPLICANT IS INELIGIBLE FOR THE HANDYPERSON CLASSIFICATION.)

15. OPERATIONS/EQUIPMENT

A. TRACT HOUSING / CONDO / TOWNHOUSE

- (1) HAS THE RISK EVER BEEN INVOLVED IN THE **NEW** CONSTRUCTION OF TRACT HOUSING, CONDOMINIUMS OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE: _____%
- (2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES?
- (3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON **NEW** CONSTRUCTION FOR CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES _____%

- B.** DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS?

- C.** HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES, PLEASE DESCRIBE:

D. SCAFFOLDING:

DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-3 below)

(1) IS SCAFFOLDING: OWNED? RENTED? LEASED?

(2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS?

(3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY)

SCISSOR LIFTS AERIAL LIFTS ARTICULATING BOOM LIFTS

CRANES CHERRY PICKERS MAXIMUM HEIGHT WORKED _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



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E. OTHER:	YES	NO
(1) DO YOU OR YOUR EMPLOYEES PERFORM WORK OVER 3 STORIES? IF YES DESCRIBE: _____	<input type="checkbox"/>	<input type="checkbox"/>
(2) LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED: _____		
(3) DOES INSURED RENT/LEASE EQUIPMENT TO OTHERS? IF YES, DESCRIBE HOW OFTEN AND WHAT TYPE OF EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>
(4) IS EQUIPMENT RENTED/LEASED WITH OR WITHOUT OPERATORS? (CIRCLE ONE)		
(5) DOES INSURED RENT/LEASE EQUIPMENT FROM OTHERS? IF YES, DESCRIBE HOW OFTEN AND WHAT TYPE OF EQUIPMENT? _____	<input type="checkbox"/>	<input type="checkbox"/>
(6) IS EQUIPMENT RENTED/LEASED WITH OR WITHOUT OPERATORS? (CIRCLE ONE)		
F. GREEN BUILDING TECHNOLOGY:		
(1) DO YOU USE GREEN BUILDING TECHNOLOGY?	<input type="checkbox"/>	<input type="checkbox"/>
(2) IF YES, ARE YOU CERTIFIED BY THE USBGBC AS LEED ACCREDITED PROFESSIONALS FOR GREEN BUILDING TECHNOLOGY?	<input type="checkbox"/>	<input type="checkbox"/>

16. LOSS HISTORY

a) Please provide a history of all loss in the past 3 years under your current business name. Use additional paper if available space is insufficient.

CARRIER	COVERAGE DATES	DESCRIPTION AND AMOUNT OF LOSS

b) Please provide a history of losses in the past 5 years **under any other trade name**. Use additional paper if available space is insufficient.

CARRIER	COVERAGE DATES	DESCRIPTION AND AMOUNT OF LOSS

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

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).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person



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knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: 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).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email