

SUPPLEMENTAL APPLICATION –

Please attach to an ACORD 125 & 126 General Liability Application

1. APPLICANT NAME											
2. PHONE NUMBER & EMAIL ADDRESS				3. INSPECTION CONTACT NAME:							
4. YEARS IN BUSINESS UNDER CURRENT NAME:		YEARS		5. TOTAL YEARS EXPERIENCE IN THIS BUSINESS:				YEARS			
6. CONTRACTOR LICENSE NUMBER (S)				7. LICENSED STATE (S)				8. TAX ID NUMBER			
9. PROPOSED POLICY EFFECTIVE DATE		10. REQUESTED PER OCCUR. LIMIT		\$		11. REQUESTED AGGREGATE LIMIT		\$		12. REQUESTED PER CLAIM DEDUCTIBLE	
13. DESCRIPTION OF YOUR OPERATIONS AND PRODUCTS											
14.	BLANKET ADDITIONAL INSURANCE COVERAGE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	15.	BLANKET WAIVER OF SUBROGATION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16.	SUNSET CLAUSE LIMITATION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	17.	PRIMARY WORDING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
18.	LIST SPECIFIC ADDITIONAL INSUREDS IF BLANKET IS NOT SELECTED	NAME					ADDRESS				

FINANCIALS

PERIOD	19. GROSS RECEIPTS	20. SUBCONTRACTING COSTS	21. GROSS PAYROLL
A. NEXT 12 MONTHS	\$	\$	\$
B. CURRENT YEAR	\$	\$	\$
C. 1 st PRIOR YEAR	\$	\$	\$
D. 2 nd PRIOR YEAR	\$	\$	\$

AS USED IN THIS APPLICATION AND FOR THE PURPOSE OF DETERMINING THE PREMIUM DUE UNDER ANY POLICY ISSUED PURSUANT TO THIS APPLICATION, "GROSS RECEIPTS" ARE THE TOTAL RECEIPTS FOR YOUR BUSINESS, WITH NO DEDUCTION FOR THE COST OF GOODS OR PROPERTY SOLD, LABOR COSTS, INTEREST EXPENSE, DISCOUNTS PAID, DELIVERY COSTS, STATE OR FEDERAL TAXES, OR ANY OTHER EXPENSES.

PRIOR INSURANCE COMPANY INFORMATION:

PERIOD	22. INSURANCE COMPANY	23. POLICY NUMBER	24. POLICY PREMIUM	25. POLICY LIMIT	26. POLICY DED.
A. CURRENT YEAR			\$	\$	\$
B. 1 st PRIOR YEAR			\$	\$	\$
C. 2 nd PRIOR YR.			\$	\$	\$
D. 3 rd PRIOR YR.			\$	\$	\$
E. 4 th PRIOR YR.			\$	\$	\$

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LOSS AND CLAIM INFORMATION (5 YEARS):

PERIOD	27. TOTAL LOSSES	28. # OF CLAIMS	29. LARGEST LOSS	30. CAUSE OF LARGEST LOSS
A. CURRENT YEAR	\$		\$	
B. 1 ST PRIOR YEAR	\$		\$	
C. 2 ND PRIOR YEAR	\$		\$	
D. 3 RD PRIOR YEAR	\$		\$	
E. 4 TH PRIOR YEAR	\$		\$	

#	QUESTIONS	YES	NO
31.	HAS ANY INSURER EVER CANCELLED OR REFUSED TO ISSUE OR RENEW YOUR GENERAL LIABILITY INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>
32.	HAS ANY LOCAL, STATE OR FEDERAL GOVERNMENT AGENCY OR LICENSING BOARD CITED YOU FOR VIOLATION OF ANY LAW OR REGULATION OR INVESTIGATED YOU IN THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
33.	WITHIN THE LAST FIVE YEARS HAVE YOU BEEN NAMED IN LITIGATION REGARDING FAULTY CONSTRUCTION?	<input type="checkbox"/>	<input type="checkbox"/>
34.	WITHIN THE LAST FIVE YEARS, HAS ANY PERSON OR ENTITY DEMANDED THAT YOU DEFEND THEM, OR HOLD THEM HARMLESS, IN ANY CLAIM OR LAWSUIT?	<input type="checkbox"/>	<input type="checkbox"/>
35.	WITHIN THE LAST FIVE YEARS HAS ANY LAWSUIT BEEN FILED, OR CLAIM OTHERWISE BEEN MADE, AGAINST YOU OR 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 ASSUMED LIABILITY? FOR THE PURPOSES OF THIS APPLICATION ONLY, A CLAIM OR LAWSUIT MEANS A RECEIPT OF A DEMAND FOR MONEY, SERVICES, ARBITRATION OR MEDIATION.	<input type="checkbox"/>	<input type="checkbox"/>

IF APPLICANT ANSWERED QUESTION 35 WITH A YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CLAIM AND OR LAWSUIT:

36. PROJECT NAME	37. PROJECT TYPE	38. NATURE OF YOUR WORK	39. CLAIMED DAMAGES
A			\$
B			\$

REMARKS:

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CONTRACTORS MUST COMPLETE THIS SECTION:

40. PERCENTAGE OF WORK PERFORMED = 100%	RESIDENTIAL	%	COMMERCIAL	%
41. PERCENTAGE OF WORK PERFORMED = 100%	GENERAL CONTRACTOR	%	SUBCONTRACTOR	%
42. PERCENTAGE OF WORK PERFORMED = 100%	NEW CONSTRUCTION	%	REMODEL/REPAIR	%

EXPLAIN ALL "NO" RESPONSES IN REMARKS:

43.	DOES APPLICANT ALWAYS CHECK WITH LOCAL UTILITIES AUTHORITY BEFORE DIGGING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	44.	DOES THE APPLICANT CARRY WORKERS COMPENSATION ON ALL OF ITS EMPLOYEES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO, PLEASE EXPLAIN (ATTACH SHEET (S) IF NECESSARY)							

REGARDING SUBCONTRACTORS WHO DO WORK FOR APPLICANT. (QUESTIONS 45, 46, 47 & 48 ARE CONDITIONS OF ANY POLICY THE COMPANY MAY ISSUE AND MUST BE COMPLIED WITH BY THE INSURED):

#	QUESTIONS	YES	NO
45.	DOES APPLICANT HAVE A WRITTEN CONTRACT WITH ITS SUBCONTRACTORS WHICH INCLUDES A HOLD HARMLESS AGREEMENT RELATIVE TO WORK PERFORMED BY THE SUBCONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>
46.	ARE YOU NAMED AS AN ADDITIONAL INSURED ON YOUR SUBCONTRACTORS' POLICIES?	<input type="checkbox"/>	<input type="checkbox"/>
47.	ARE YOUR SUBCONTRACTORS REQUIRED TO PROVIDE YOU WITH A CERTIFICATE OF INSURANCE BEFORE COMMENCING WORK?	<input type="checkbox"/>	<input type="checkbox"/>
48.	DOES APPLICANT REQUIRE SUBCONTRACTORS WHO DO WORK FOR THE APPLICANT TO MAINTAIN LIMITS OF LIABILITY OF AT LEAST \$1,000,000 PER OCCURRENCE?	<input type="checkbox"/>	<input type="checkbox"/>
49.	DOES APPLICANT HOLD OTHERS HARMLESS AND/OR ARE YOU REQUIRED TO PROVIDE ADDITIONAL INSURED ENDORSEMENTS FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
50.	HAVE YOU OR WILL YOU WORK AS A CONSTRUCTION MANAGER ON A FEE BASIS?	<input type="checkbox"/>	<input type="checkbox"/>
51.	DOES APPLICANT HAVE ANY OPERATIONS OTHER THAN CONTRACTING?	<input type="checkbox"/>	<input type="checkbox"/>
52.	HAS APPLICANT EVER BEEN ADJUDGED BANKRUPT OR INSOLVENT?	<input type="checkbox"/>	<input type="checkbox"/>

53. HAVE YOU PERFORMED IN THE PREVIOUS THREE (3) YEARS, OR PLAN TO PERFORM IN THE NEXT YEAR, ANY OF THE FOLLOWING (EXPLAIN ALL "YES" RESPONSES IN REMARKS):

	YES	NO		YES	NO		YES	NO		YES	NO
A. AIRPORT WORK	<input type="checkbox"/>	<input type="checkbox"/>	F. DAMS, LEVEES OR BRIDGES	<input type="checkbox"/>	<input type="checkbox"/>	K. OIL LEASE WORK	<input type="checkbox"/>	<input type="checkbox"/>	O. TOWNHOUSES	<input type="checkbox"/>	<input type="checkbox"/>
B. ASBESTOS ABATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	G. DEMOLITION XS 3 STORIES	<input type="checkbox"/>	<input type="checkbox"/>	L. RAILROADS	<input type="checkbox"/>	<input type="checkbox"/>	P. TRAFFIC SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>
C. BLASTING OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	H. EARTHQUAKE RETROFIT	<input type="checkbox"/>	<input type="checkbox"/>	M. SCAFFOLDING ERECTION	<input type="checkbox"/>	<input type="checkbox"/>	Q. TUNNELING	<input type="checkbox"/>	<input type="checkbox"/>
D. CHEMICAL SPRAYING	<input type="checkbox"/>	<input type="checkbox"/>	I. EMPLOYEE LEASING	<input type="checkbox"/>	<input type="checkbox"/>	N. SWIMMING POOLS	<input type="checkbox"/>	<input type="checkbox"/>	R. WRAP UPS OR OCIPS	<input type="checkbox"/>	<input type="checkbox"/>
E. CONDOMINIUMS	<input type="checkbox"/>	<input type="checkbox"/>	J. EXTERMINATION	<input type="checkbox"/>	<input type="checkbox"/>						

IF YES, PLEASE DESCRIBE:

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54. IN WHICH STATES HAS THE APPLICANT PERFORMED OR WILL PERFORM CONTRACTING WORK?	
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CONSTRUCTION MATERIAL MANUFACTURERS & DISTRIBUTORS COMPLETE THIS SECTION:

#	QUESTIONS	YES	NO
55.	DO YOU PACKAGE PRODUCTS OR SELL THEM UNDER YOUR LABEL?	<input type="checkbox"/>	<input type="checkbox"/>
56.	IF YOU ARE A MANUFACTURER, DO YOU MANUFACTURE THE COMPLETE PRODUCT? IF NO, WHAT COMPONENT PARTS ARE PURCHASED?:	<input type="checkbox"/>	<input type="checkbox"/>
57.	ARE ANY PARTS PURCHASED FROM FOREIGN MANUFACTURERS? IF YES, DESCRIBE THE PURCHASED PARTS:	<input type="checkbox"/>	<input type="checkbox"/>
58.	DO YOU ASSEMBLE PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
59.	HAVE YOUR PRODUCTS BEEN TESTED BY UNDERWRITERS LABORATORIES?	<input type="checkbox"/>	<input type="checkbox"/>
60.	DO YOU KEEP FORMAL WRITTEN QUALITY CONTROL AND TESTING PROCEDURES?	<input type="checkbox"/>	<input type="checkbox"/>
61.	DO YOU KEEP RECORDS OF WHEN AND WHERE YOUR PRODUCT WAS MANUFACTURED?	<input type="checkbox"/>	<input type="checkbox"/>
62.	CAN THE DATE OF MANUFACTURE OF EACH PRODUCT BE IDENTIFIED BY A UNIT OR SERIAL #?	<input type="checkbox"/>	<input type="checkbox"/>
63.	CAN YOU IDENTIFY YOUR PRODUCT FROM THOSE OF COMPETITORS?	<input type="checkbox"/>	<input type="checkbox"/>
64.	DO YOU KEEP RECORDS TO WHOM YOUR PRODUCTS WERE SOLD AND THE DATE OF SALE?	<input type="checkbox"/>	<input type="checkbox"/>
65.	DO YOU KEEP SAMPLES OF PRODUCTS AS PART OF YOUR QUALITY CONTROL PROCEDURES? IF SO, HOW LONG ARE THE SAMPLES RETAINED?	<input type="checkbox"/>	<input type="checkbox"/>
66.	DO YOU MAINTAIN OR SERVICE THE PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
67.	DO YOU OFFER TRAINING OR INSTRUCTIONS FOR THE USE OF YOUR PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
68.	DO YOU HAVE A FORMAL WRITTEN PRODUCT RECALL PLAN?	<input type="checkbox"/>	<input type="checkbox"/>
69.	HAVE YOU EVER RECALLED ANY OF YOUR PRODUCTS FOR ANY REASON? IF YES, ATTACH DETAILS.	<input type="checkbox"/>	<input type="checkbox"/>
70.	DO YOU ISSUE GUARANTEES OR WARRANTIES TO PURCHASERS?	<input type="checkbox"/>	<input type="checkbox"/>
71.	DO YOU HAVE A WRITTEN PROCEDURE FOR THE HANDLING OF COMPLAINTS ABOUT YOUR PRODUCTS AND ANY ACCIDENTS/INJURIES INVOLVING YOUR PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
72.	DO YOU AGREE TO HOLD ANY 3 RD PARTIES HARMLESS AGAINST CLAIMS OR SUITS IN CONNECTION WITH YOUR PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
73.	IF YOU ARE A DISTRIBUTOR, ARE YOU INSURED BY THE MANUFACTURER OF YOUR PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
74.	IF YOU ARE A DISTRIBUTOR, DO YOU HAVE AN INDEMNITY AGREEMENT WITH THE MANUFACTURER?	<input type="checkbox"/>	<input type="checkbox"/>
75.	ARE ANY OF YOUR PRODUCTS USED BY THE AIRCRAFT OR AEROSPACE INDUSTRY?	<input type="checkbox"/>	<input type="checkbox"/>
76.	DO YOU PLAN TO MANUFACTURE OR DISTRIBUTE ANY NEW PRODUCTS IN THE NEXT 12 MONTHS? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
77.	HAVE YOU CEASED TO MANUFACTURE OR DISTRIBUTE ANY PRODUCTS IN THE PAST 5 YEARS? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
78.	HAS YOUR PRODUCT EVER BEEN SUBJECT TO ANY INQUIRY OR INVESTIGATION BY ANY GOVERNMENTAL AGENCY CONCERNING ITS FUNCTION, ADEQUACY OF LABELING, HAZARDOUS CONTENTS OR SAFETY? IF YES, PLEASE ATTACH DETAILS.	<input type="checkbox"/>	<input type="checkbox"/>

79. TO WHOM DO YOU GENERALLY SELL YOUR PRODUCTS?	
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ATTENTION:

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS (“THIS APPLICATION”), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION BECOMES INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE QUESTIONNAIRE AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

WASHINGTON RESIDENTS: NO ORAL OR WRITTEN MISREPRESENTATION OR FALSE WARRANTY MADE IN THE NEGOTIATION OF AN INSURANCE CONTRACT BY THE INSURED OR ON THE INSURED’S BEHALF SHALL BE DEEMED MATERIAL OR DEFEAT OR AVOID THE CONTRACT OR PREVENT IT ATTACHING UNLESS THE MISREPRESENTATION OR FALSE WARRANTY IS MADE WITH INTENT TO DECEIVE.

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN ANY POLICY ISSUED PURSUANT TO THIS APPLICATION WILL VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE COMPANY’S POLICY FORM PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT PROVIDED UNDER THE “ISO” INSURANCE POLICY OR THE POLICIES ISSUED BY OTHER COMPANIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE THAT IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

(“APPLICANT”, “YOU”, “YOUR” AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

Signature of Applicant: _____

Date: _____

Title (Officer, Partner or Owner) _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

WASHINGTON RESIDENTS: 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.

MAIL, FAX OR E-MAIL APPLICATION TO

WESTCAP INSURANCE SERVICES, INC.
320 ALISAL ROAD, SUITE 200 SOLVANG, CA 93463
PHONE (805) 688-4995 FAX (805) 688-2668
applications@exstarfin.com