

APPLICATION
CONTRACTOR PROGRAM
ADMITTED ARTISAN

	APPLICATION				aft Lake S Washburn S ecatur, TX 7623	
				t Person: Tre	ey Horn	
Proposed Effective	ve Date 2/2/2017				0-626-2188	
Expiration Date of Current GL Pol	icy 2/2/2017	_	Conto		06262189	
			Conta	ici Email. (no	orn@farmersag	ent.com
GENERAL INI	FORMATION orporation  Limited Liability	Company	Partners	nip Limited Pa	artnership Limite	d Liability Partnership
Applicant	Derrick Vaughan, DBA	A: Derrick Vaughan Sep	otic, LLC			
Location of Premises	317 CR 4767					
City	Boyd		State	TX	Zip Code	76234
Mailing Address	317 CR 4767					
City	Boyd		State	TX	Zip Code	76234
Phone	(817)944-2744	Inspection Contact	Derrick	Vaughan	Inspection Phone	(817)944-2744
The pricing shown below is valid until 3/4/2017  Occurrence Form (CG 00 01 12/07) Without Sunset  Spoon  Broker Fee: \$  Total Premium and All Fees: \$						
has provided a a general desc limitations. You of this risk is	inal quote, nor is it an and may be subject to cleaription of coverages aver ar policy will contain all of dependent upon comey, including complian	hange due to additional railable. Refer to actual f the terms and conditio pany underwriting re	I rating valing valid policy for applications applications and an exitem and applications are set of the set o	ariables. In ac or full coverag able in the ev d will be sub	ddition, this is no ge details includ ent of a loss or o	ot a policy, but merely ding exclusions and claim. <b>Acceptability</b>
	r: Security National Ins					
Prior Com	itions: Residential Construction apleted Work Exclusion on - Commission Paid to	Has Been Amended or	Remove	ed	owed. Premium	Credit is Applied.

🗷 Texas - Prior Completed Work Exclusion Will be Attached to the Issued Policy

Submission Number: QAA03228410-1

BROKER INFORMATION

Agency Code: KR031

Submission Type: ☐ New 🗷 Renewal ☐ Conversion

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☐ Terrorism Coverage Accepted✗ Multi-policy Credit is Applied

UNDERWRITING Description of Oper stepping out on his 5. Are there any cha	ations own.	: Working se	-				er for years befo	re establi	shing LLC this year ar	nd
							Structure	Type	Construction	Type
							Residential	50	New Construction	50
License Number			Years in Bus	siness	4		Industrial	0	Service/Repair	25
Annual Gross Rcpts	\$30,0	000	Years of Exp	perience	4		Commercial	50	·	
Subcontractor Costs	\$0		Owners		1					
								100%		100%
BUSINESS EXPE	RIFNO	CF/INSURA	NCF HISTO	RY						
<ul> <li>New In Business</li> <li>□ 2 Years In Business With No Lapse In GL &amp; No Losses</li> <li>□ 3 Years In Business With No Lapse In GL &amp; No Losses</li> <li>□ 4+ Years In Business With No Lapse In GL &amp; No Losses</li> <li>□ 60+ Days Without General Liability Coverage</li> <li>□ 1 Year In Business With No Lapse In GL &amp; No Losses</li> <li>□ Other - Claim In The Past Year</li> </ul>										
INSURANCE HIST	TORY									
Policy Term		No Co	overage				Insurance Cor	npany N	ame	
2016 - 2017				AmTrus	st					
GENERAL LIABIL	.ITY L	IMITS AND	PAYROLL I	INFORM	ATION					
General Liability Li	imits :	\$ 100,0	),000/2,000, 000 Fire Dar 0 Medical Pa	mage Lia	ability					

\$1,000 PD/BI Per Claim Deductible

CLASSIFICATION SCHEDULE	CLASS COD	E PAYROL
eptic Tank Installation	98806	\$25,500
	•	•

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U	FIIONAL COVERAGES
	No New Residential Construction Work Prior to Certificate of Occupancy is Allowed. Premium Credit is Applied.
Ш	Per Project Aggregate (fully earned)
	Employee Benefits Liability (fully earned)
	Prior Completed Work Exclusion Has Been Amended or Removed
	Faulty Workmanship Coverage (Contractors Errors and Omissions) Not Available in WA
	49-0116 Scheduled Additional Insured Endorsement (fully earned)
	Remove Earth Movement Exclusion 49-0100 (Subsidence)
	Washington Stop Gap - Employers Liability Coverage Endorsement Insurance: \$1,000,000 Limit (fully earned)
	Action Over (Amendment – Employers Liability Exclusion) Buy Back (49-0103) Not Available in WA
	49-0117 Limitation of Coverage to Business Description

- 10 0111 Elimitation of obvoluge to Business Bussinption	
ELIGIBILITY QUESTIONS	
<b>Common Eligibility Questions</b> – Note: The following questions apply to work done in any capacity (i.e. as an artisan contractor, site work contractor, or supplier)	
Does the applicant have at least 2 years of construction experience in the field of their current business/trade?	Yes
2. Are annual gross receipts over \$1,500,000 in any of the past 2 years?	No
3. Does the applicant have any current or planned residential jobs where the applicant's contract value (including changes) is greater than \$750,000?	No
4. In the past three (3) years, has the applicant worked on a job where the applicant's contract value (including changes) was greater than \$750,000? Note: Prior Work Buy Back is not available for applicants with prior jobs over \$750,000.	No
5. Has the applicant had more than two (2) losses or more than \$20,000 total paid for losses in the past 4 years?	No
6. Does the applicant require all subcontractors (if used) to name their company as an additional insured AND does the insured require and maintain proof of general liability and workers compensation insurance of subcontractors?	Yes
7. Has the applicant completed any work involving, related to, or about the premises of APARTMENT CONVERSIONS (to condominiums/townhomes/timeshares) or Construction work involving CONDOMINIUMS, TOWN HOMES OR TIME SHARES in the past 10 years or does the applicant plan to in the future?	No
8. In the past 4 years has the applicant performed or completed or is the applicant currently performing any work, prior to the certificate of occupancy, involving, related to, or about the premises of New Homes in TRACTS OR SUBDIVISIONS OF MORE THAN TEN (10) HOMES (including all phases) or are there plans to do so in the future?	No
9. In the past 2 years has the applicant built or is the applicant currently building any structures as a GENERAL CONTRACTOR (ground up construction) or DEVELOPER, or performed work as a CONSTRUCTION MANAGER OR PROJECT MANAGER or are there plans to do so in the next year?	No
10. Does work covered under "wrap-up" or OCIP policies comprise more than 15% of the applicant's receipts and are there any current or planned jobs?	No
11. In the past 5 years has the applicant performed any repair or remediation of fire damage, water damage, mold damage or termite damage as the General Contractor or are there plans to do so in the next year?	No
12. Has the applicant performed work related to: railroads, gas stations, refineries, chemical plants, airports, public utilities, medical facilities, nursing homes, senior housing, military housing or student dormitories or are there plans to do so in the future?	No
13. Does the applicant own vacant land, real estate development property or model homes?	No
14. Has the applicant had any bankruptcies or tax or credit liens within the last 5 years?	No
15. Has any policy or coverage being applied for been declined/non-renewed, or cancelled for non-payment within the last 3 years?	No
16. Have there been losses, claims or "legal actions" (lawsuits, mediations, arbitrations) against the applicant in the past 5 years or are there any pending against them now? If yes, please provide detailed description.	No
17. Has the applicant had any CONSTRUCTION DEFECT claims and/or "legal actions" (lawsuits, mediations, arbitrations)?	No
18. Does the applicant do any work outside of the state he/she is domiciled in?	No

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Common Eligibility Questions (cont.) – Note: The following questions apply to work done in any capacity	
(i.e. as an artisan contractor, site work contractor, or supplier	
19. Is the applicant a subsidiary or affiliate of another entity or does the applicant have any subsidiaries or affiliates?	No
20. In the past 4 years, has the applicant performed or completed or is the applicant currently performing any work involving, related to or about the premises of NEW MOBILE HOME PARKS CONTAINING MORE THAN TEN SPACES (Including all phases) or are there plans to do so in the future?	No
<b>Trade Specific Eligibility Questions</b> – Answer "No" if you have not performed, supervised, or subcontracted the following a the past 10 years. Answer "Yes" if you have or will perform, supervise, or subcontract the following activities	ctivities in
Classification: Septic Tank Installation	
1. Any use of explosives?	No
2. Any pumping or cleaning service not related to installation?	No
3. Work on gas lines, pumps, or LPG?	No
4. Environmental clean up?	No
5. Work more than 12 feet below grade?	No
6. Rental of equipment to others?	No
7. Hillside construction (with slope of greater than 20 degrees?	No

<b>Trade Specific Eligibility Questions</b> (cont.) – Answer "No" if you have not performed, supervised, or subcontracted the following activities in the past 10 years. Answer "Yes" if you have or will perform, supervise, or subcontract the following activities.				
ADDITIONAL UNDERWRITING INFORMATION				

PREMIUM BREAKDOWN  Occurrence Form (CG 00 01 12/07)  General Liability Premium  Total General Liability Premium  Policy Fee GL (fully earned at binding)*  Total General Liability Policy  Grand Total With All Premium and Fees	Without Sunset \$750.00 \$750.00 \$150.00 \$900.00 \$900.00
All Business is placed through Builders & Tradesmen's Insurance Services, Inc.	
6610 Sierra College Blvd., Rocklin, CA 95677 916.772.9200 phone 916.772.9292 fax (CDI# 0D10271)	

### LOSS WARRANTY

Derrick Vaughan, DBA: Derrick Vaughan Septic, LLC is requesting General Liability coverage from AmTrust North America (herein after collectively referred to as "Company").

### **WARRANTY**

This letter is submitted in connection with the Application of the above captioned Proposed Named Insured for the proposed insurance described above. It is understood and agreed that Company has relied upon this letter as being accurate and complete, and such letter is material to the risk assumed by Company in connection with its underwriting and decision to bind coverage for the proposed Insured.

The undersigned hereby warrant and represent that they have made an inquiry of the proposed Insured, and that, as of the date this application is executed, they have no knowledge or information of any claim, fact, proceeding, circumstance, act, error or omission which has already given rise or might possibly be expected to give rise to a "Claim" (as defined below) within the meaning of the proposed insurance, against any Insured in the past or future, except for such claims, facts, proceedings, circumstances, acts, errors or omissions, if any, which have been disclosed on the attached application, regardless of the resolution of such.

On behalf of the proposed Insured, the undersigned acknowledges and agrees that no coverage shall be afforded under the proposed insurance with respect to any "Claim" arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any claim, fact, proceeding, circumstance, act, error or omission which the proposed Insured had any reason to expect prior to the inception of the captioned policy period might give rise to a "Claim" against any Insured in the future.

In addition, the undersigned understands and accepts the provision that (a) coverage may be denied for any "Claim", (b) the Policy may be cancelled or rescinded and/or (c) the Insured may not be offered renewal terms should it be determined by Company that the Insured violated the representations and warranties contained in this Warranty in any way.

"Claim" means a request or demand for money or services because of bodily injury, property damage, personal injury or advertising injury, received by or known by the Proposed Named Insured, including, but not limited to, the service of civil proceedings, institution of arbitration, or any other alternative dispute resolution proceeding.

### DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT OF 2002

### A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

# B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

## C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

APPLICANT / BROKER SIGNATURES		
WARNING:		
State law requires complete and truthful information by ar information that would be material to your business organ material information can result in the insurance company responsible for any claims which are presented. To avoid truthfully and completely.	nization. Your failure to provide truthful and electing to rescind your policy. This means	swers and all s they will not be
I Have Read And Understood All Of The Questions Asked	And Have Provided All Information Requir	ed.
SIGN HERE		
Signature of Applicant * *Must be owner, executive officer, or partner	Printed Name of Applicant	Date
I Have Read And Explained All Of The Questions Asked A	and Have Provided All Information Required	d.
SIGN HERE	Trey Horn	
Signature of Producer	Printed Name of Producer	Date

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