

ADMITTED ARTISAN CONTRACTOR PROGRAM **APPLICATION**

•	Address: 127 West Main Street			
	City/State/Zip: Everett, PA 15537			
	Contact Person: Gary D. Shetter, Jr.			
Proposed Effective Date 3/6/2017	Phone: 814-652-2711			
Expiration Date	Fax: 814-652-6156			
of Current GL Policy 3/16/2017	Contact Email: gary@shetterinsurance.com			
GENERAL INFORMATION				
▼ Individual Corporation Limited Liability Company Joint Venture	Partnership Limited Partnership Limited Liability Partnership Trust			

Applicant	Jay Rand, DBA: Jay Rand Painting					
Location of Premises	8696 River Rd					
City	Alexandria	State	PA	Zip Code	16611	
Mailing Address	8696 River Rd					
City	Alexandria	State	PA	Zip Code	16611	
Phone	(413)344-6561	Inspection Contact	Jay Rand		Inspection Phone	(413)344-6561

Submission Number: QAA03831715

BROKER INFORMATION

Agency Code: IN238

Submission Type: ▼ New □ Renewal □ Conversion

Agency Name: Insurance Intermediaries, Inc.

General The pricing shown below is valid until 4/16/2017 Liability

Occurrence Form (CG 00 01 12/07) Without Sunset \$505

Total Premium and All Fees: \$

This is not a final quote, nor is it an offer of insurance. Pricing is based only upon the rating information your agent has provided and may be subject to change due to additional rating variables. In addition, this is not a policy, but merely a general description of coverages available. Refer to actual policy for full coverage details including exclusions and limitations. Your policy will contain all of the terms and conditions applicable in the event of a loss or claim. Acceptability of this risk is dependent upon company underwriting review and will be subject to an engineering & safety services survey, including compliance with recommendations made.

Issuing Carrier: Security National Insurance Company

Spec	\ial	Co	ndi	itio	ne.
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Spe	cial Conditions:
	No New Residential Construction Work Prior to Certificate of Occupancy is Allowed. Premium Credit is Applied.
	Prior Completed Work Exclusion Has Been Amended or Removed
	Washington - Commission Paid to the Producer is 15% of Premium
	Texas - Prior Completed Work Exclusion Will be Attached to the Issued Policy
	Terrorism Coverage Accepted
	Multi-policy Credit is Applied

UNDERWRITING Description of Oper remodeled or purch	ations: Jay is s	elf employed painte		contracts to paint	t int & ext homes	and hom	es & business that ha	ve been
					Structure 1	уре	Construction 7	Гуре
					Residential	75	New Construction	0
License Number		Years in Busine	ess	1	Industrial	0	Service/Repair	75
Annual Gross Rcpts	\$75,000	Years of Experi	ence	more than 20	Commercial	25		
Subcontractor Costs	\$0	Owners		1				
						100%		100%
BUSINESS EXPE	RIENCE/INSU	RANCE HISTORY	,					
 New In Business □ 2 Years In Business With No Lapse In GL & No Losses □ 3 Years In Business With No Lapse In GL & No Losses □ 4+ Years In Business With No Lapse In GL & No Losses □ 000 Other - Claim In The Past Year □ 1 Year In Business With No Lapse In GL & No Losses □ 1 Year In Business With No Lapse In GL & No Losses □ 2 Years In Business With No Lapse In GL & No Losses □ 000 Other - Claim In The Past Year □ 000 Other - Claim In The Past Year 								
INSURANCE HIST	TORY							
Policy Term	No	Coverage			Insurance Com	pany Na	ame	
2016 - 2017		Gr	Great Lakes Reinsurance					

GENERAL LIABILITY LIMITS AND PAYROLL INFORMATION

General Liability Limits: \$1,000,000/2,000,000/2,000,000

\$ 100,000 Fire Damage Liability \$ 5,000 Medical Payments \$500 PD Per Claim Deductible

CLASSIFICATION SCHEDULE	CLASS CODE	PAYROLI
Paint Exterior (3 stories & Under)	98304	\$2,500
Paint Interior	98305	\$5,000
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LIMITATION OF COVERAGE TO BUSINESS DESCRIPTION

This endorsement modifies insurance provided under the following:

SCHEDULE - COMMERCIAL GENERAL LIABILITY COVERAGE PART

98304 - Paint Exterior (3 stories & Under)

Buildings & appurtenant structures only, including walkways/fences, surface preparation and faux/texture painting. No waterproofing of foundations or exterior of buildings. No exterior work on buildings exceeding 3 stories or roof painting. No work on tanks, streets, roads or bridges.

A. SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 1. Insuring Agreement, b. is amended and the following added:

(4) The "bodily injury" or "property damage" is caused by or results from the business described in the Schedule.

B. SECTION I - COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, 1. Insuring Agreement, b. is amended and the following added:

This insurance applies to "personal and advertising injury" caused by an offense in the course of the business described in the Schedule.

All other terms and conditions remain unchanged.

LIMITATION OF COVERAGE TO BUSINESS DESCRIPTION

This endorsement modifies insurance provided under the following:

SCHEDULE - COMMERCIAL GENERAL LIABILITY COVERAGE PART

98305 - Paint Interior

No exterior work. No waterproofing of foundations or exterior of buildings. (Bathtub refinish ok).

A. SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 1. Insuring Agreement, b. is amended and the following added:

(4) The "bodily injury" or "property damage" is caused by or results from the business described in the Schedule.

B. SECTION I - COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, 1. Insuring Agreement, b. is amended and the following added:

This insurance applies to "personal and advertising injury" caused by an offense in the course of the business described in the Schedule.

All other terms and conditions remain unchanged.

U	FIIONAL GOVERAGES
	No New Residential Construction Work Prior to Certificate of Occupancy is Allowed. Premium Credit is Applied.
	Per Project Aggregate (fully earned)
	Employee Benefits Liability (fully earned)
	Employee Benefits Liability (fully earned) Prior Completed Work Exclusion Has Been Amended or Removed
X	Faulty Workmanship Coverage (Contractors Errors and Omissions) Not Available in WA
	(\$500 Deductible / \$10,000 Limit) (Premium is fully earned)
	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 Över (Amendment – Employers Liability Exclusion) Buy Back (49-0103) Not Available in WA
X	49-0117 Limitation of Coverage to Business Description

LIGIBILITY QUESTIONS	
Common Eligibility Questions – 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
Are annual gross receipts over \$1,500,000 in any of the past 2 years?	No
Does the applicant have any current or planned residential jobs where the applicant's contract value (including changes) is greater than \$750,000?	No
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? ote: Prior Work Buy Back is not available for applicants with prior jobs over \$750,000.	No
Has the applicant had more than two (2) losses or more than \$20,000 total paid for losses in the past 4 years?	No
Does the applicant require all subcontractors (if used) to name their company as an additional insured AND does the insured require and maintain oof of general liability and workers compensation insurance of subcontractors?	Yes
Has the applicant completed any work involving, related to, or about the premises of APARTMENT CONVERSIONS (to ondominiums/townhomes/timeshares) or Construction work involving CONDOMINIUMS, TOWN HOMES OR TIME SHARES in the past 10 years or ose the applicant plan to in the future?	No
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, volving, related to, or about the premises of New Homes in TRACTS OR SUBDIVISIONS OF MORE THAN TEN (10) HOMES (including all phases) are there plans to do so in the future?	No
In the past 2 years has the applicant built or is the applicant currently building any structures as a GENERAL CONTRACTOR (ground up onstruction) or DEVELOPER, or performed work as a CONSTRUCTION MANAGER OR PROJECT MANAGER or are there plans to do so in the next ear?	No
D. 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 bs?	No
1. 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 eneral Contractor or are there plans to do so in the next year?	No
2. Has the applicant performed work related to: railroads, gas stations, refineries, chemical plants, airports, public utilities, medical facilities, nursing omes, senior housing, military housing or student dormitories or are there plans to do so in the future?	No
3. Does the applicant own vacant land, real estate development property or model homes?	No
4. Has the applicant had any bankruptcies or tax or credit liens within the last 5 years?	No
5. Has any policy or coverage being applied for been declined/non-renewed, or cancelled for non-payment within the last 3 years?	No
6. Have there been losses, claims or "legal actions" (lawsuits, mediations, arbitrations) against the applicant in the past 5 years or are there any ending against them now? If yes, please provide detailed description.	No
7. Has the applicant had any CONSTRUCTION DEFECT claims and/or "legal actions" (lawsuits, mediations, arbitrations)?	No
3. 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
Trade Specific Eligibility Questions – 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: Paint Interior	
Waterproofing or application of epoxy or specialty coatings?	No
2. Exterior work over 3 stories?	No
3. Road/highway/bridge/overpass work?	No
4. Painting or sealing of roof decks?	No
5. Rental of equipment to others?	No
6. Painting of tanks or items other than buildings?	No

Trade Specific Eligibility Questions (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)	Without Sunset
General Liability Premium	\$325.00
Faulty Workmanship Coverage (Contractors Errors and Omissions) (Premium is fully earned)	\$30.00
Total General Liability Premium	\$355.00
Policy Fee GL (fully earned at binding)* Total General Liability Policy	\$150.00 \$505.00
Grand Total With All Premium and Fees	\$505.00
orand rotal with Air Fermani and rees	ψ303.00
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

Jay Rand, DBA: Jay Rand Painting		is requesting General Liability coverage fron
	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:			
Any person who knowingly and with intent to defraud a insurance or statement of claim containing any materia information concerning any fact material thereto commperson to criminal and civil penalties.	ally false information or conceals for the purpo	ose of misleadin	ng,
I Have Read And Understood All Of The Questions Ask	ed And Have Provided All Information Requir	ed.	
SIGN HERE	Jay Rand		
*Must be owner, executive officer, or partner	Printed Name of Applicant	Date	
I Have Read And Explained All Of The Questions Asked	d And Have Provided All Information Require	d.	
SIGN HERE	Gary D. Shetter, Jr.		
Signature of Producer	Printed Name of Producer	Date	

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