



VICTORY® INLAND MARINE PROGRAM APPLICATION

Builders & Tradesmen's Insurance Services, Inc.
License# 0D10271
6610 Sierra College Boulevard
Rocklin, CA 95677
916.772.9200 | fax: 916.772.9292

Submission Number: QNI02240535-3
Submission Type: <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Conversion
BROKER INFORMATION
Agency Code: CO101
Agency Name: Relation Insurance Services Inc
Address: 1221 Pleasant Grove Blvd, Ste 180
City/State/Zip: Roseville, CA 95678
Contact Person: Rory Czapkay
Phone: 916-415-1930
Fax:
Contact email: rory@whitneyoaksinsurance.com

Proposed Effective Date 3/26/2017
Expiration Date of Current GL Policy 3/26/2017

GENERAL INFORMATION

Individual Corporation Limited Liability Company Joint Venture Partnership Limited Partnership

Applicant	McKim Corporation, DBA:					
Location of Premises	60 W. FOURTH ST., SUITE 204					
City	Gilroy	State	CA	Zip Code	95020	
Mailing Address	60 W. FOURTH ST., SUITE 204					
City	Gilroy	State	CA	Zip Code	95020	
Phone	(408)488-8700	Inspection Contact	Maria	Inspection Phone	(408)488-8700	

The pricing shown below is valid until 4/25/2017
 Property/Inland Marine Create Your Own : \$873 Base premium + \$100 Policy fee = \$973 Total premium
 Broker Fee: \$ 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:

Special Conditions:

- Washington - Commission paid to the producer is 15% of premium
- Terrorism Coverage Accepted

UNDERWRITING INFORMATION

Description of Operations: Applicant is engaged in concrete construction for sidewalk/curb/gutter replacement Will also perform paving operations for commercial/public parking lots and private residential driveways.
 Comments:
 6. Are there any changes in operations from the previous policy period? No

Years in Business	4	Years of Experience	more than 20	License Number	
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INLAND MARINE COVERAGES	
COVERAGE TYPE	LIMIT(S) OF INSURANCE
Office Contents	
Miscellaneous Tools (\$1,500 in value and under)	
Computer Systems – Equipment	
Computer Systems – Data and Media	
Computer Systems – Extra Expense	
Scheduled Equipment – Light to Medium (Please see Contractor Equipment Schedule)	
Scheduled Equipment – Heavy (Please see Contractor Equipment Schedule)	\$69,200
Installation Floater	
Rented/Leased Equipment	\$10,000

INLAND MARINE ELIGIBILITY QUESTIONS	
1. Has the applicant incurred more than \$5,000 in paid Inland Marine losses (including expenses) or had more than one (1) claim?	No
2. Is the applicant's Inland Marine loss ratio for the past four (4) years greater than 40%?	No
3. Are annual rental costs for rented equipment (if any) over \$50,000?	No
4. Is the applicant involved in activities involving CRANES, ASPHALT PLANTS, BRIDGE BUILDING or DREDGING or WATER WAYS?	No
5. Is the applicant involved in activities involving EQUIPMENT RENTAL TO OTHERS WITHOUT AN OPERATOR?	No
6. Is the applicant involved in activities involving FARMING, LOGGING or MINING - SURFACE OR UNDERGROUND?	No
7. Is the applicant involved in activities involving NON-CONTRACTING ACTIVITIES, RECLAMATION OF LANDFILLS or OIL FIELDS?	No
8. Is the applicant involved in activities involving STRUCTURAL DEMOLITION or ROOFING?	No

ELIGIBILITY QUESTION COMMENTS

COVERAGE/DESCRIPTION OF COVERAGE INLAND MARINE	VALUATION	CO-INSURANCE	MAXIMUM LIMITS AVAILABLE	DEDUCTIBLE INFORMATION	
				THEFT DEDUCTIBLE	ALL OTHER PERILS DEDUCTIBLE
<p>SCHEDULED EQUIPMENT - HEAVY: This coverage is intended to cover equipment such as loaders, bulldozers, graders, scrapers, and power shovels. Equipment used in asphalt plants, demolition, dredging, farming, logging, mining, oil field, landfill, roofing, scrap yards or cranes, booms, material handling conveyer equipment are types of equipment that are not eligible for coverage.</p>	Actual Cash Value	80%	\$2,000,000 all contractors equipment (total insured values)	\$2,500	1% of the amount of insurance on the item(s) lost or damaged but not less than \$500
<p>RENTED/LEASED EQUIPMENT: This coverage applies to equipment rented or leased from others. The lease or rental term on the equipment cannot exceed 12 consecutive months.</p>	Actual Cash Value	80%	\$500,000	\$2,500	1% of the amount of insurance on the item(s) lost or damaged but not less than \$500

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 an applicant for insurance. That includes providing any information that would be material to your business organization. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.



Signature of Applicant * **Printed Name of Applicant** **Date**

**Must be owner, executive officer, or partner*

I Have Read And Explained All Of The Questions Asked And Have Provided All Information Required.



Signature of Producer **Printed Name of Producer** **Date**

INLAND MARINE LOSS WARRANTY



Re: **McKim Corporation, DBA:**

Empty rectangular box for name

(INSURED'S LEGAL BUSINESS NAME)

is requesting Property/Inland Marine coverage(s) from Navigators Specialty Insurance Company (formerly NIC Insurance Company) or Navigators Insurance Company (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 exhaustive inquiry of the proposed Insured, and that, as of the date indicated below, 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 Exhibit, 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.



Empty checkbox

The Proposed Named Insured has had no "claims" in the past four (4) years

Empty checkbox

A description of "claim(s)" is provided (details should be attached including date of loss, description, reserves/payments, and open/closed status)



Applicant Signature
(must be Owner, President or equivalent)



Producer Signature

Date

Date

QNI02240535-3

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