

CONTRACTORS APPLICATION – WESTCAP INSURANCE SERVICES, INC.

1. PRODUCER NAME:											
2. PRODUCER ADDRESS:											
3. PRODUCER TELEPHONE:		4. PRODUCER CONTACT NAME									
5. PRODUCER FAX		6. PRODUCER E-MAIL									
7. APPLICANT NAME											
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LLC	<input type="checkbox"/>	OTHER
8. APPLICANT STREET ADDRESS											
9. CITY		10. STATE		11. ZIP							
12. APPLICANT MAILING ADDRESS											
13. CITY		14. STATE		15. ZIP							
16. PHONE NUMBER & EMAIL ADDRESS		17. INSPECTION CONTACT NAME:									
18. YEARS IN BUSINESS UNDER CURRENT NAME		YEARS		19. TOTAL YEARS EXPERIENCE AS A CONTRACTOR		YEARS					
20. CONTRACTOR LICENSE NUMBER (S)		21. LICENSED STATE (S)		22. TAX ID NUMBER							
23. PROPOSED POLICY EFFECTIVE DATE		24. REQUESTED PER OCCUR. LIMIT		\$		25. REQUESTED AGGREGATE LIMIT		\$		26. REQUESTED PER CLAIM DEDUCTIBLE	
27. DESCRIPTION OF YOUR OPERATIONS											

EXPLAIN ALL "YES" RESPONSES IN REMARKS

28. HAVE YOU PERFORMED IN THE PREVIOUS THREE (3) YEARS, OR PLAN TO PERFORM IN THE NEXT YEAR, ANY OF THE FOLLOWING:

	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"/>						

REMARKS:

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NEXT 12 MONTHS - TYPE OF WORK PERFORMED:

29. PERCENTAGE OF WORK PERFORMED = 100%	RESIDENTIAL	%	COMMERCIAL	%
30. PERCENTAGE OF WORK PERFORMED = 100%	GENERAL CONTRACTOR	%	SUBCONTRACTOR	%
31. PERCENTAGE OF WORK PERFORMED = 100%	NEW CONSTRUCTION	%	OTHER	%

NEXT 12 MONTHS - TYPE OF BUILDINGS TO BE BUILT OR WORKED ON:

32. IN THE NEXT 12 MONTHS, HOW MANY BUILDINGS WILL YOU WORK ON IN THE FOLLOWING CATEGORIES:	CUSTOM HOMES	#:	TRACT HOMES - 2 TO 10 TRACTS	#:	TRACT HOMES - 11 TO 50 TRACTS	#:	TRACT HOMES IN TRACTS OVER 50	#:
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33. IN THE NEXT 12 MONTHS, HOW MANY BUILDINGS WILL YOU WORK ON IN THE FOLLOWING CATEGORIES:	APARTMENTS	#:	CONDOMINIUMS	#:	TOWN-HOMES OR ROW HOMES	#:	COMMERCIAL BUILDINGS	#:
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FINANCIAL INFORMATION:

PERIOD	34. YEAR	35. # OF PROJECTS COMPLETED	36. # OF PROJECTS WORKED ON	37. GROSS RECEIPTS	38. SUBCONTRACTING COSTS	39. 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	40. POLICY PERIOD	41. INSURANCE COMPANY	42. POLICY NUMBER	43. POLICY PREMIUM	44. POLICY RATE	45. POLICY LIMIT	46. POLICY DED.
A. CURRENT YEAR				\$	\$	\$	\$
B. 1 ST PRIOR YEAR				\$	\$	\$	\$
C. 2 ND PRIOR YR.				\$	\$	\$	\$

EXPLAIN ALL "YES" RESPONSES IN REMARKS – NEXT PAGE (FOR PAST, PRESENT OR PLANNED FUTURE OPERATIONS):

#	QUESTIONS	YES	NO	#	QUESTIONS	YES	NO
47.	DOES APPLICANT LEASE EQUIPMENT TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	48.	HAS APPLICANT ALLOWED OR WILL YOU ALLOW YOUR LICENSE TO BE USED BY ANY OTHER CONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>
49.	DOES APPLICANT HAVE ANY OPERATIONS OTHER THAN CONTRACTING?	<input type="checkbox"/>	<input type="checkbox"/>	50.	HAS APPLICANT EVER BEEN ADJUDGED BANKRUPT OR INSOLVENT?	<input type="checkbox"/>	<input type="checkbox"/>
51.	HAS THE APPLICANT EVER BEEN REFUSED A PERFORMANCE BOND OR HAD LIABILITY INSURANCE CANCELLED.	<input type="checkbox"/>	<input type="checkbox"/>	52.	HAS APPLICANT WORKED OR WILL YOU OR YOUR EMPLOYEES WORK UNDER THE USL&H ACT OR THE JONES ACT (MARITIME WORK)?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "NO" RESPONSES IN REMARKS:

53.	DOES APPLICANT ALWAYS CHECK WITH LOCAL UTILITIES AUTHORITY BEFORE DIGGING?	<input type="checkbox"/>	<input type="checkbox"/>	54.	DOES THE APPLICANT CARRY WORKERS COMPENSATION ON ALL OF ITS EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>
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REMARKS (ATTACH SHEET (S) IF NECESSARY)

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PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS:

#	QUESTION	ANSWER	#	QUESTION	ANSWER
55.	HOW MANY BUILDINGS WILL APPLICANT BUILD AS A GENERAL CONTRACTOR IN THE NEXT YEAR?		56.	WHAT IS THE MAXIMUM NUMBER OF STORIES OF A STRUCTURE THE APPLICANT WILL WORK ON IN THE NEXT YEAR?	
57.	WHAT IS THE GREATEST NUMBER OF BUILDINGS THE APPLICANT HAS BUILT AS A GENERAL CONTRACTOR IN ANY ONE YEAR (LAST 3 YEARS)?		58.	STATES IN WHICH THE APPLICANT HAS OR WILL PERFORM CONTRACTING WORK (LAST 3 YEARS AND NEXT YEAR).	

PLEASE LIST YOUR THREE LARGEST JOBS IN THE LAST THREE YEARS:

	59. PROJECT NAME	60. PROJECT TYPE	61. NATURE OF WORK	62. GROSS RECEIPTS
A				\$
B				\$
C				\$

PLEASE LIST THREE LARGEST PROJECTS THAT YOU ARE CURRENTLY WORKING ON OR WILL COMMENCE IN THE NEXT 12 MONTHS:

	63. PROJECT NAME	64. PROJECT TYPE	65. NATURE OF WORK	66. GROSS RECEIPTS
A				\$
B				\$
C				\$

REGARDING SUBCONTRACTORS WHO DO WORK FOR APPLICANT. (QUESTIONS 67, 68, 70 & 71 ARE CONDITIONS OF ANY POLICY THE COMPANY MAY ISSUE AND MUST BE COMPLIED WITH:)

#	QUESTIONS	YES	NO
67.	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"/>
68.	ARE YOU NAMED AS AN ADDITIONAL INSURED ON YOUR SUBCONTRACTORS' POLICIES?	<input type="checkbox"/>	<input type="checkbox"/>
69.	DOES APPLICANT HOLD OTHERS HARMLESS AND/OR ARE YOU REQUIRED TO PROVIDE ADDITIONAL INSURED ENDORSEMENTS FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
70.	ARE YOUR SUBCONTRACTORS REQUIRED TO PROVIDE YOU WITH A CERTIFICATE OF INSURANCE BEFORE COMMENCING WORK?	<input type="checkbox"/>	<input type="checkbox"/>
71.	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"/>

LOSS AND CLAIM INFORMATION (5 YEARS):

PERIOD	72. YEAR	73. TOTAL LOSSES	74. # OF CLAIMS	75. LARGEST LOSS	76. CAUSE OF LARGEST LOSS
A. CURRENT YEAR		\$		\$	
B. 1 ST PRIOR YEAR		\$		\$	
C. 2 ND PRIOR YEAR		\$		\$	
D. 3 RD PRIOR YEAR		\$		\$	

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ARE YOU AWARE OF ANY FACTS, CIRCUMSTANCES, INCIDENTS, SITUATIONS, DAMAGES OR ACCIDENTS THAT MAY GIVE RISE TO A CLAIM OR LAWSUIT (WHETHER VALID OR NOT OR WHETHER COVERED BY INSURANCE OR NOT)? – ANSWER YES OR NO: Yes No IF YES PLEASE COMPLETE THE FOLLOWING:

	77. PROJECT NAME	78. PROJECT TYPE	79. NATURE OF YOUR WORK	80. CLAIMED DAMAGES
A				\$
B				\$
C				\$
D				\$
E				\$

#	QUESTIONS	YES	NO
81.	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"/>
82.	WITHIN THE LAST FIVE YEARS HAVE YOU BEEN NAMED IN LITIGATION REGARDING FAULTY CONSTRUCTION?	<input type="checkbox"/>	<input type="checkbox"/>
83.	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"/>
84.	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 QUESTIONS 81, 82, 83 OR 84 WITH A YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CLAIM AND OR LAWSUIT:

	85. PROJECT NAME	86. PROJECT TYPE	87. NATURE OF YOUR WORK	88. CLAIMED DAMAGES
A				\$
B				\$
REMARKS:				

89.	BLANKET ADDITIONAL INSURANCE COVERAGE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	90.	BLANKET WAIVER OF SUBROGATION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
91.	SUNSET CLAUSE LIMITATION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	92.	PREMIUM FINANCING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
93.	LIST SPECIFIC ADDITIONAL INSUREDS IF BLANKET IS NOT SELECTED	NAME				ADDRESS					

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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