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Business Insurance Application



The Fresh Start Company



I. Location Information

1. Name Insured (as written on policy):						
2. Contact Name and Title:						
Website:		Email:		Phone:		
Current Mailing address:						
City:		State:		ZIP Code:		
FEIN Number:						
2. How many years has the applicant performed plumbing services?						
3. Is the applicant an industry group member? Yes <input type="checkbox"/> No <input type="checkbox"/>					If Yes, which one (s)?	
4. Named insured is a: Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:						
5. Is the applicant directly or indirectly associated with, controlled by, or owned by any other person or entity? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please discuss below?						
6. Has the applicant's name or form of business entity changed, or has any other person or entity been purchased by or merged with or consolidated into the application? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, please detail changes in chronological order since inception in notes.</i>						

II. Standard business procedures

7. Please list your current liability coverage information:						
Coverage	Carrier	Premium	Limits	Expiration	Deductible	Retro Date
Contractors Pollution Occurrence/Claims Made						
General Liability*						

*Please attach expiring Dec page with this application and special endorsement

III. Exposure history please provide gross revenue history

Please provide gross revenue results for the years noted:	Projected Year	Expiring Year	First Prior Year	Second Prior Year
Gross Sales (\$)				

IV. Operations

9. Do you work for any 3rd party claims administrators? Yes No
If Yes, please list:

10. Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired:

11. Have there been any significant changes in business strategy or management over the past year?
Yes No
If Yes, please describe.

12. Has the applicant filed for bankruptcy in the last five years? Yes No
If Yes, please describe.

13. Do you do remodeling or new construction operations before 1st occupancy?
Yes No

8. What is the geographical extent of the Application operations? Please provide the state/country, where services are performed and associated percentage of revenue:
State/County:
% of Revenue:
Are operations conducted outside of the United states? Yes No

V. Break out and Operations

14. What percentage of your work is derived from insurance carriers? (%)

15. Please indicate total gross revenue for each operation applicable to your firm:

	Total Gross Revenue (\$)	% Sub-Contracted	Services breakout for the current projected year	Total Gross Sales	% Sub-Contracted
Mold Abatement-Commercial			Interior Painting		
Mold Abatement-Residence			Plumbing		
Drywall/Wallboard Installation			Roofing		
Carpentry			Siding & Window Installation		
Electrical			Interior Demolition		
General Contracting			Debris Removal		
HVAC			Concrete/Masonry		
Insulation			Flooring		
Water Extraction/Restoration			Carpet/Upholstery Cleaning		
Duct Cleaning			Janitorial		
Sewage Cleanup			Drug Lab Cleanup		
Other:			General Remodeling		
Other:			Other:		

Total Revenues for projected: \$
(Should equal amount noted in Sec. III)

16. How much work is performed on second floor or above in any building? (%)

17. What are the insureds water shut off and turn on procedures?

Any instructions given to property owner in the event of a water leak?

18. What Percent (%) of work is for:

Apartments

Single Family Homes

Condos

Town Homes

VI. Claims and Circumstances

19. Has the applicant ever been subject to any claim by any client or other third party?

Yes No

If Yes, Please provide claim details & loss runs before quoting

20. Has the Applicant ever been subject to any formal or informal disciplinary or enforcement action arising from any contracting operations or any action by any regulatory agency or any private party for any violation of any legal or any professional standard? Yes No

If Yes, please describe in the notes section.

21. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from any contracting operations ever provided by the Applicant? Yes No

Or know of any releases of any substance into the environment subsequent to the Applicant's involvement in the project, from or at any project where the Applicant ever provided contracting operations? Yes No

If Yes, please describe in the notes section.

NOTES: (Please indicate what section or question to which the note(s) pertains

VII. Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATURE ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGES IN THE OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY. ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

Applicant's Name (Print):	
Title:	Date:
Signature:	

Insurance Representative:		
Agency Name:		
Current Mailing address:		
City:	State:	ZIP Code:
Telephone:		
Email:		

VIII. Notice to Applicant- State fraud warnings

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and word denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning. The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.

Notice to Arkansas Applicant "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Colorado Applicant "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies."

Notice to Florida Applicant "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Notice to Kentucky Applicant "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime." **Notice to Louisiana Applicant** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Maine Applicant "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

Notice to Nebraska Applicant "No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under this policy or contract unless such misrepresentation or warranty: 1. Was material; 2. Was made knowingly with the intent to deceive; 3. was relied and acted upon by the company; and, 4. deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

Notice to New Jersey Applicant "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Notice to New Mexico Applicant "Any person who knowing presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties."

Notice to New York Applicant "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any

materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Notice to Ohio Applicant "Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Oklahoma Applicant "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Notice to Pennsylvania Applicant "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Notice to Tennessee Applicant "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 coverage."

Notice to Utah Applicant "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

Notice to Virginia Applicant "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, fine and denial of insurance benefits."

Notice to Washington D.C. Applicant "It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Notice to All Other State Applicants "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions."