



P. O. Box 30527
 Phoenix, Arizona 85046
 (602) 494-6900 (800) 228-1710
 FAX (602) 494-6999

MARKET AREA: AZ, CA, NM, NV, UT

EFFECTIVE: 03/01/15

RATES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

CONTRACTOR'S PROGRAM

This program is designed for artisan's or contractor's businesses having gross receipts less than \$750,000. It is specifically geared to be competitive, flexible and easy to rate for small to medium sized subcontractors.

Applicant:		Producer (Name and Account Number)	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Cell Phone:	Telephone:	Fax:
Location Address (if different from mailing):			
Requested Effective Date		From:	To:
Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
			<input type="checkbox"/> Other (describe)
Applicant's Business:			How long in business?

Previous Carriers (Past 3 Years)	Has any company ever canceled or refused renewal?
1.	<input type="checkbox"/> No
2.	<input type="checkbox"/> Yes (if yes, explain)
3.	

PREVIOUS LOSSES

PRESENT YEAR		LAST YEAR		SECOND PRIOR YEAR	
Type of Loss	Amount Paid	Type of Loss	Amount Paid	Type of Loss	Amount Paid

LIABILITY UNDERWRITING

Risks with more than 25% of subcontracted work performed are not eligible.
 Additional named insureds may be added to the policy for up to \$75.00 each, fully earned. Charge is additional to minimum premium.
 The deductible is \$500 (\$1,000 for classes shown with ²) bodily injury, property damage, loss adjustment and expense.
 All policies are subject to a 25% minimum earned premium or \$100 minimum earned premium, whichever is greater.
 All policies are subject to audit.
Minimum policy premium is \$725.00.
 Each policy will have a \$150.00 inspection fee.
 Premiums are based on \$20,000 for each owner, partner or officer. Charge for employees is based on their actual payroll.
 New venture add 15% surcharge.
 No insurance for the last 90 days, add 15% surcharge.
 Optional Coverages – Submit for Inland Marine, Commercial Property, Named Perils or Special Form.

SUBMIT

1. Risks Where Limits of Liability Exceed \$1 Million	7. Risks Having Two or More Losses in the Past Three Years, or Paid or Reserved Claims of \$5,000 or Higher.
2. More Than Ten Employees	8. Risks With Gross Receipts in Excess of \$750,000 Annually
3. Multiple Classifications	9. Work on Any Buildings Over Three Stories
4. Any Deviation to the Program	10. Work Performed on New Subdivisions or Tract Housing
5. Any Work on Hillside, Slopes or Landfills	11. General Contractors/Project Managers
6. Insureds With Leased Employees	12. Work on New Apartments or Condo Housing

PROHIBITED

1. Asbestos Removal or Lead Paint Removal	5. Soil Testing
2. Oil Field Work of Any Kind - Landfills	6. Builders of Entire Structures or Those Who Purchase Property to Renovate for Sale
3. Any Blasting Work	
4. Pressure Tank or Vessels -LPG Work	7. Any Professional Liability, Architect or Engineer

COVERAGES UNDER THIS PROGRAM

1. Commercial General Liability	4. Medical Payments – \$5,000
2. Products/Completed Operations	5. Fire Legal - \$100,000
3. Personal Injury and Advertising Injury	6. Additional Interests

GENERAL INFORMATION (ALL QUESTIONS MUST BE ANSWERED)

1. Description of Operations:		
2. Is the applicant a subsidiary of another entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the applicant own any subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Any exposure to flammables, explosives or hazardous chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are certificates of insurance required from subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Percentage of work to subcontractor?	_____ %	
6. Do any operations include excavation or earth moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have there been any losses in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Any demolition of buildings or structures of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Any work performed in the last 3 years outside the State where risk is located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REMARKS: Explain all "yes" responses.		

ADDITIONAL INSURED

Name and Address of Additional Interests	<input type="checkbox"/> Certificate Only	<input type="checkbox"/> Additional Interest (Premium Fully Earned. Charge is additional to M.P.)
Interest of Additional Insured:		
<i>No supplement needed if Additional Insured is: Landlord, Owner of Premises, Governmental Entity, Mortgage / Loss Payee, Store (Retailer or Wholesaler)</i>		

SELECT LIMIT OF LIABILITY

SELECT DEDUCTIBLE

<input type="checkbox"/> \$300/\$300,000	<input type="checkbox"/> \$500.00
<input type="checkbox"/> \$500/\$500,000	<input type="checkbox"/> \$1,000.00
<input type="checkbox"/> \$1/\$1 Million	
<input type="checkbox"/> Double Aggregate	

NO COVERAGE WILL BE BOUND UNLESS THE APPLICATION IS SIGNED BY BOTH PRODUCER AND INSURED AND IS ACCOMPANIED BY THE COMPLETED, SIGNED TERRORISM OFFER.

Signature of Producer _____ Date: _____

Signature of Applicant _____ Date: _____

RATES FOR ALL TERRITORIES
PARTNERS OR OFFICERS: \$20,000
DEDUCTIBLE: \$500 B.I., P.D., LAE

All States

Premiums shown are for \$300,000 per occurrence, \$300,000 aggregate.

Code No.	Classifications	Rates	Code No.	Classifications	Rates
91111	Air Conditioning Repair	29.61	96611	Interior Decorations	7.05
91150	Appliance Repair/Installation	28.39	96816	Janitorial – No Floor Waxing	15.66
91315	Cable TV – Install & Service	11.61	97047	Landscape Gardening	29.06
91341 ²	Carpentry – Interior - Must Hold License	31.60	98111	Office Machinery Installation	4.01
91342 ²	Carpentry – NOC – Must Hold License	33.20	98304 ^{1,2}	Painting, Exterior	25.12
91405	Carpet, Rug, Upholstery Cleaning	21.54	98305 ²	Painting, Interior	25.88
91436	Ceiling or Wall Installation	30.35	98482 ²	Plumbing, Commercial – Must Hold License	43.64
91481	Chimney Sweeps	43.30	98483 ²	Plumbing, Residential – Must Hold License	67.22
91629	Debris Removal	60.23	98805	Septic Cleaning	27.54
92102 ²	Drilling – Water Only	28.95	98884	Sheet Metal Work, Outside	22.02
92215 ³	Driveway, Parking Lots – Paving – No Foundation Work	21.37	98967	Siding Installation	28.22
92338 ²	Drywall or Wallboard Installation	13.16	98993 ¹	Sign Erection, Installation & Repair	62.26
92451 ²	Electrical Apparatus Installation – Must Hold License	21.17	99506	Swim Pool Main. Above Ground	23.75
92478 ²	Electrical Work in Buildings – Must Hold License	14.33	99507	Swim Pool Main. Below Ground	28.74
94276	Fence Erection	27.93	99746	Tile, Stone & Marble Floor Installation & Service	15.80
94569 ²	Floor Covering, Not Tile or Stone	15.00	99777	Tree Trimming	60.35
95124	Furniture or Fixture Installation	27.66	99826	Upholstering	20.50
95625 ⁴	Handyman (\$1,000 compensation limit)	25.18	99344	Wallpaper Hanging	18.79
96053	House Furnishings Installation	20.68	99948	Water Softening Equipment – Installation & Service	121.22
96409	Insulation	18.06	99975 ¹	Window Cleaning	42.41

¹ Under Three Stories

² \$1,000 Mandatory Deductible on Selected Classes

³ No Foundation Work Performed

⁴ \$1,000 Maximum Compensation Limit per Job

ADDITIONAL RATING FACTORS

INCREASED LIMITS

RATING FACTOR

\$300,000 / \$300,000	Base
\$500,000 / \$500,000	1.12
\$1 MIL / \$1 MIL	1.30
DOUBLE AGGREGATE	1.03

INCREASED DEDUCTIBLE

\$1,000	10% Credit
---------	------------

POLICY FEE

\$150.00

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD\$
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Syndicate on behalf of certain underwriters at
Lloyd's

Print Name

Policy Number

Date

LMA9104

12 January 2015