



8. Is the applicant engaged in any business or profession other than as an EIFS Applicator?

YES ( ) NO ( )

If yes, what percentage \_\_\_\_\_ % of total revenue, please disclose other types of business conducted on a separate sheet.

9. Please indicate the type and percentage of EIFS construction work performed by Applicant:

	<u>Residential</u>	<u>Commercial</u>
New Construction:	_____ %	_____ %
Removal/ Repair/Renovation:	_____ %	_____ %
Wood - Framing / Substrate:	_____ %	_____ %

Any new construction on tract homes? \_\_\_\_\_

If so, how many in a development? \_\_\_\_\_

Any new condo or townhouse work? \_\_\_\_\_

10. Please list the total gross revenues and expenses for the past two years derived from EIFS Applications. In addition, please list projected revenues and expenses for the current year.

<u>YEAR</u>	<u>Gross Receipts</u>	<u>Payroll</u>	<u>Sub-Contracted Costs</u>
a) 20__	\$ _____	\$ _____	\$ _____
b) 20__	\$ _____	\$ _____	\$ _____
c) Current	\$ _____	\$ _____	\$ _____

11. Please provide a list of Applicant's five (5) largest E.I.F.S. jobs or projects during the last three (3) years. Please disclose in detail: 1) project/client name; 2) the nature of service performed for the client; and 3) the contract cost from those services 4) Date job or project was completed by Applicant. Use a separate sheet if necessary.

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12. What percentage of the Applicant's E.I.F.S. business involves subcontracting of work to others? \_\_\_\_\_%. Does the Applicant provide services to business entities in which it retains an ownership interest?  
YES ( ) NO ( ) If yes, please explain, use a separate sheet if necessary:

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13. Has Applicant's request for insurance ever been declined, refused or subsequently cancelled by an insurer or their appointed representative? Has any finance company ever cancelled Applicant for non-payment of premium?  
YES ( ) NO ( ) If yes, please attach full written explanation.

14. Does Applicant currently maintain in force commercial general liability insurance?  
YES ( ) NO ( ) If yes, please provide:

Description of services being covered: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Prior Acts/Retro. Date \_\_\_\_\_

Limits: \$ \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

Length of time coverage has been in-force: \_\_\_\_\_

15. Please schedule all types of commercial insurances currently maintained in-force and in good standing by Applicant. Use a separate sheet if necessary.

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16. Has any of the individuals listed in question No. 7 ever been the subject of disciplinary action by authorities as a result of professional activities?  
YES ( ) NO ( ) If yes, please explain.

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17. Does Applicant have knowledge of any act, error or omission which might reasonably be expected to give rise to a claim?  
 YES ( ) NO ( ) If yes, please attach explanation.
18. After inquiry have any insurance related claims been made against the Applicant during the past three (3) years?  
 YES ( ) NO ( ) If yes, please attach explanation.
19. Has the Applicant ever filed for bankruptcy?  
 Yes ( ) No ( ) If yes, please list date and chapter.
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20. Is the Applicant currently involved in any legal action as defendant or plaintiff?  
 Yes ( ) No ( ) If yes, please explain.
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21. Please advise names of all E.I.F.S. manufacturers that supply material to Applicant and attach the respective conditional E.I.F.S. manufacturers code review approved installation specifications. Also, please attach the Manufacturer training certificate(s) issued in good standing to the Applicator. Use a separate sheet if necessary.
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**It is understood and agreed that with respect to questions 15, 16 and 17 above, that if such knowledge of information exists, any claim or action arising there from is excluded from this proposed coverage.**

**NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING CONCERNING ANY FACT MATERIAL THERETO, IS COMMITTING A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

The Applicant hereby further acknowledges that he/she/it is aware that limits of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such

exceeds the limits of liability. Moreover, **Applicator General Labor Blanket Warranty** to apply (refer to page 6 of 6 of this application for signature).

The Applicant hereby further acknowledges that any fraud, misstatement, misrepresentation or concealment hereon, or in the statements made by or on behalf of the Applicant, prior to the commencement of the commercial general liability insurance or any fraudulent claim made thereunder, shall render the Insurance null and void and all Claims thereunder shall be forfeited.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the self insured retention amount.

**APPLICANT HEREBY DECLARES** that after inquiry, the above written statements and particulars are true, Applicant has not suppressed or misstated any material fact. The Applicant further understands that the completed application shall be the basis for Underwriters and / or their appointed representative consideration in authorizing the binding of the requested insurance coverage. If application is approved and coverage bound, content of this application shall attach to and form part of insurance policy.

This Application form, duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the Insurance.

Signature of Principal authorized to execute on behalf of the Applicant:

Name \_\_\_\_\_  
(Printed Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

A signed facsimile of this agreement shall be considered an original.

Title \_\_\_\_\_

**Exterior Insulation Finishing System**

**Applicator General Labor Blanket Warranty**

\_\_\_\_\_, \_\_\_\_\_ and as duly authorized  
Name (Print) Title

for and on behalf of \_\_\_\_\_, (hereinafter referred to as  
Company

“Applicator”) both jointly and severally, hereby warranty to \_\_\_\_\_ that the installation of the review approved Manufacturer, Exterior Insulation Finish System (“EIFS”) including only EIFS Moisture Drainage (“MD”), One Coat Stucco (“OCS”) or Direct Applied Exterior Finish System (“DEFS”), has been installed in accordance with the requirements, specifications and other information as specified by the approved Manufacturer on behalf of underwriters.

Applicator does hereby further warranty and agree, at no cost; to supply all necessary labor needed to repair and/or correct any defects and/or all other project job requisite repairs as stipulated and determined by an independent \_\_\_\_\_ appointed quality control consultant for a period of five (5) years from the date of completion of the EIFS project system installation.

Applicator is not liable for any INDIRECT, CONSEQUENTIAL OR PUNITIVE DAMAGES, WHETHER ANY CLAIM FOR RECOVERY IS BASED ON THEORIES OF CONTRACT, NEGLIGENCE, TORT, OR STRICT LIABILITY. FURTHER, THE APPLICATOR SHALL NOT BE LIABLE UNDER ANY CIRCUMSTANCES FOR ANY INDIRECT DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS OR DAMAGE TO THE BUILDING OR CONTENTS. TO THE EXTENT THERE IS INSURANCE COVERAGE, THE APPLICATOR WILL BE RESPONSIBLE FOR CONSEQUENTIAL DAMAGES not to exceed policy limitations.

Any claim or dispute arising out of or related to this Warranty, or the breach thereof, shall be resolved by arbitration in accordance with the Arbitration Rules of the International Building Envelope Arbitration Council. Any arbitration under this paragraph shall be commenced within a reasonable time after the occurrence of the event that gave rise to the claim or dispute. Judgment may be entered upon any award rendered by the arbitrator(s) in any court having jurisdiction thereof.

\_\_\_\_\_, \_\_\_\_\_  
(Authorized Signature on behalf of Insured Company)  
(Please print name of authorized signature)

\_\_\_\_\_, \_\_\_\_\_  
Witness (Signature)  
(Please print name of witness signature)