



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

MARKET AREA: ARIZONA, NEVADA, NEW MEXICO, UTAH

EFFECTIVE: 1/1/2009

RATES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

CONTRACTORS PROGRAM

This program is designed for artisans or contractors 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 \$75.00 each, fully earned. Charge is additional to minimum premium.
 The deductible is \$500 (\$1,000 for classes shown with **) 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 \$675.00

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.

SUBMIT

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

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	7. Any Professional Liability, Architect or Engineer
4. Pressure Tank or Vessels -LPG Work	

COVERAGES UNDER THIS PROGRAM

1. Commercial General Liability	4. Medical Payments – \$1,000
2. Products/Completed Operations	5. Fire Legal - \$50,000
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 outside the State of Arizona in the last 3 years?	<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:		

PREMIUM WORKSHEET

Base Limit of Liability	Optional Increased Limits of Liability		
<input type="checkbox"/> \$300/\$300,000	<input type="checkbox"/> \$500/\$500,000	<input type="checkbox"/> \$1/\$1 Million	<input type="checkbox"/> Double Aggregate

DEDUCTIBLES

Base Deductible	Optional Deductibles
<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$1,000.00

Class Code	Premium Base	-CR/+DB Deductible	Surcharge	Increased Aggregate	Increased Limits Factor	Rate	Payroll Per \$1,000	Premium
		X	X	X	X	=	X	=
		X	X	X	X	=	X	=
		X	X	X	X	=	X	=

Optional Coverages	Premium for Optional Coverages	Final Computations	Final Premiums
Additional Interests	\$	Liability Premium	\$
Other		Optional Coverages	
*Terrorism 5% Rate, \$50 M.P.		Terrorism	
		Policy Fee (Fully Earned)	150.00
Tax and Stamping Fees (see below)			
TOTAL	\$	TOTAL PREMIUM	\$
TAX	AZ 3.2%	NV 3.5% + .40% stamping fee	NM 3.003%
			UT 4.5%

***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	96816	Janitorial – No Floor Waxing	15.66
91150	Appliance Repair/Installation	28.39	97047	Landscape Gardening	29.06
91315	Cable TV – Install & Service	11.61	**97447	Masonry – Must Hold License	19.94
**91341	Carpentry – Interior - Must Hold License	31.60	98111	Office Machinery Installation	4.01
**91342	Carpentry – NOC – Must Hold License	33.20	**98304	Painting, Exterior*	25.12
91405	Carpet, Rug, Upholstery Cleaning	21.54	**98305	Painting, Interior	25.88
91436	Ceiling or Wall Installation	30.35	**98449	Plastering or Stucco	29.94
91481	Chimney Sweeps	43.30	**98482	Plumbing, Commercial – Must Hold License	38.79
91629	Debris Removal	60.23	**98483	Plumbing, Residential – Must Hold License	59.75
**92102	Drilling – Water Only	28.95	98805	Septic Cleaning	27.54
92215	Driveway, Parking Lots – Paving – No Foundation Work	21.37	98884	Sheet Metal Work, Outside	22.02
**92338	Drywall or Wallboard Installation	13.16	98967	Siding Installation	28.22
**92451	Electrical Apparatus Installation – Must Hold License	21.17	98993	Sign Erection, Installation, Repair*	62.26
**92478	Electrical Work in Buildings – Must Hold License	14.33	99506	Swim Pool Main. Above Ground	23.75
94276	Fence Erection	27.93	99507	Swim Pool Main. Below Ground	28.74
**94569	Floor Covering, Not Tile or Stone	15.00	99746	Tile, Stone & Marble Floor Install & Service	15.80
95124	Furniture or Fixture Installation	27.66	99777	Tree Trimming (\$500 deductible)	60.35
95625	Handyman (\$1000 compensation limit)	25.18	99826	Upholstering	20.50
96053	House Furnishings Installation	20.68	99344	Wallpaper Hanging	18.79
96409	Insulation	18.06	99948	Water Softening Equipment – Installation & Service	121.22
96611	Interior Decorations	7.05	99975	Window Cleaning*	42.41

***UNDER THREE STORIES**

NEW VENTURES OR NO INSURANCE IN THE PRIOR 12 MONTHS, SURCHARGE 15%. USE ACTUAL PAYROLL FOR EMPLOYEES, AND \$20,000 FOR EACH ACTIVE OWNER. TO DOUBLE GENERAL AGGREGATE, INCREASE RATES BY 3%.

INCREASED LIMITS FACTORS TABLES

\$300/300,000	\$500/500,000	\$1/1 MILLION
Base	1.12	1.30

OPTIONAL

Inland Marine	Named Perils or Special Form	Submit
Bailee (CCC)	Customer Goods Only	Submit
Commercial Property		Submit

TO CHANGE DEDUCTIBLES TO:

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

**\$1,000 Mandatory Deductible on Selected Class

ADDITIONAL INSURED (Must complete supplement*)

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

**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 concurrence with the Secretary of State, 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, 2014, 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% 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 \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 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 \$_____
	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