

HANDYPERSON SUPPLEMENTAL

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

YEARS IN BUSINESS / EXPERIENCE

____ Years in business as the 'Named Insured' indicated on this application
 ____ Years' experience in the operations indicated on this application - Attach resumes if available

Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING

Licensed License Number: _____ Year License Issued: _____

CONTRACTS

Written contracts are always used with third parties. If not, explain:

LOSS HISTORY

Three years of loss history information on ACORD application or attached to this application

OPERATIONS / EXPOSURES

States where work is anticipated during the policy term:	
You work in the capacity of a <input type="checkbox"/> General Contractor _____ % of the time, and/or <input type="checkbox"/> Subcontractor _____ % of the time	

Commercial / Industrial Work – New-Ground-Up Construction	%
Commercial / Industrial Work – Remodeling (including additions), Repair, Service	%
Residential Work – New-Ground-Up Construction	%
Residential Work - Remodeling (including additions), Repair, Service	%
Total of above percentages must equal 100%	100%

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EXPOSURES (check only those that apply to your operations)

- Above Grade work exceeds 20 feet. _____ Maximum height in feet _____ % of work above 20 feet
- Below grade work exceeds 3 feet _____ Maximum depth in feet _____ % of work below 3 feet
- LPG work exceeds 10% of annual receipts Actual percentage is: _____ %
- Multi-family (apt, condo, co-op, townhome, tract home) exposures. Percentage of annual receipts: _____ %
- Rental of Mobile Equipment with or without operators to third parties (describe):

- Roofing (If payroll exceeds \$7500 for roofing supplemental application required)
- Vanish, Lacquer, Paint, Glue-Controls in place including proper disposal of rags (spontaneous combustion)

SUBCONTRACTORS

- If the insured has subcontractor exposures they are not eligible to be classified, underwritten, rated and issued as a 'Handyperson' account. Re-classification will be required.

EMPLOYEES

- Generally handypersons do not have employees. If you have employees advise how many and what trades they perform:

PAYROLLS / COSTS

All Owner Payroll (Cap at \$16,000 per Owner)	\$
All Employee Payroll (if any)	\$
All Leased Employee Payroll (if any)	\$

RECEIPTS

All Operations	\$
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DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSURED

- Acted in the capacity of a General Contractor and/or Construction Project Manager on new-ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years.
- Discontinued Operations for this application's Named Insured(s) in the past 10 years. Provide details below:

- Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below:

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OVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Theft (i.e. Recovery) – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Overspray Coverage Limitation – U679
- Pollution Exclusion – Limited Exception for Short-Term Event – U680
- Professional Extension – Contractors Professional Liability Coverage Limitation – U146
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B, or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE