

APPLICATION

QUOTATION NUMBER

Page 1

EDITION DATE

NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER

PRODUCER

Robert Hawkins DBA Hawkins Insurance Services
P.O. Box 2207
Spring Valley, CA 91979-2207
Tel: 619-670-1136
Fax: 619-670-5026
bondpro1@cox.net
DOI 0655770 DOI OB33276

APPLICANT'S OPERATIONS AND LOCATION/PREMISES

CONTRACTOR - N.O.C.

State:CA

10-04 P/A 061 RT 027 20101111

This is NOT an insurance policy, nor an offer to provide coverage. Coverage will not be effective until confirmed in writing by

**All questions pertain to the subject
Location/Premises unless otherwise
indicated.**

1. Business entity: _____
1=Individual 2=Joint venture 3=Partnership
4=Corporation 5=Limited Liab. Co. 6=Other
2. Completely describe operations:

3. List client, duties and contract price for
2 largest contracts during the last
12 months:

4. How long has applicant
been in this type of business:

5. How long has applicant
owned this business:

6. Estimated gross receipts for coming 12
months: \$ _____
7. Gross receipts for last 12 months: \$ _____
8. Annual payroll (include only
managers, employees, clerical): \$ _____
9. Number of employees (include owners,
officers, managers, employees, clerical):
Full time: _____
Part time: _____
10. Does the applicant work out of home:

(If yes, skip to question 22)
11. Total area (in square feet): _____
12. Parking area or number of spaces: _____
13. Building age: _____ years
Date and extent of remodeling: _____
14. Does the building's plumbing system have
all copper supply pipes/no galvanized:

15. Number of floors: _____

16. Construction type: _____
1=Frame 2=Other
If other, explain: _____
17. Properly functioning fire extinguishers: _____
Properly functioning sprinklers: _____
Properly functioning smoke detectors: _____
18. Fire alarm: _____
1=Local 2=Central station 3=None
Burglar alarm: _____
1=Local 2=Central station 3=None
19. Name of alarm company: _____
Phone number: _____
20. Fire protection classification (NBC): _____
21. Describe all unusual hazards and unusual
physical conditions at the property:

22. Past, present or expected operations
include the following (Y or N):
 - a. Function as general contractor: _____
 - b. New Construction or Other Major Work
on multi-family structures or tract
housing: _____
 - c. Remodeling or room additions: _____
 - d. Build foundations, retaining walls,
sea walls or piers: _____
 - e. Sandblasting, welding or
propane torch soldering: _____
 - f. Waterproofing, sealing or weather
proofing: _____
 - g. Roofing or roof work: _____
 - h. Perform any city, state or federal work
(including service of city or municipal
main gas or water lines): _____
 - i. Excavate more than 4 feet: _____
 - j. Exterior work over 2 stories: _____
 - k. Use heavy equipment (i.e., cranes, lifts,
scaffolding, bulldozers, backhoes, etc.): _____

If the answer to any above is yes, explain:

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23. Contractor's license number: _____
Class: _____
Current and valid (Y or N): _____
24. Percentage of work subcontracted: _____
What work is subcontracted: _____

- Obtain certificates of insurance
from subcontractors: _____
1=Yes 2=No 3=N/A
25. Percentage of residential work: _____
Percentage of commercial work
(including apartments and condominiums): _____
26. Percentage of interior work: _____
Percentage of exterior work: _____
27. Describe all unusual operations or business
practices not customary to this type
of business: _____

28. 4-year policy history (Company/Pol.#/Dates)

29. Loss history for the past 13 years:
(include claims reported, unreported, and
known occurrences which may result
in claims):
Description Date Amount Open/Closed

30. Has applicant had a fire loss at this or
other property or business within 10 years:

If yes, describe: _____
31. Is the subject risk currently insured
for both Property and Liability: _____
32. Any prior coverage declined, cancelled,
or non-renewed in the past 3 years:

If yes, explain: _____

33. Has producer seen risk in last 60 days:

Overall condition: _____
34. Is applicant in receivership or
involved in any bankruptcy proceedings:

35. Underwriter's comments:

- Coverage and premiums are subject to inspection and acceptance in writing by _____ No coverage will be effective without written confirmation by _____ Brokers do not have binding authority.
- This application contains a description of all exposures and hazards known, by the applicant and by the producer, including a true description of all operations of the applicant. All information is provided by the applicant or by the applicant's authorized representative. Misrepresentation on the application may void all insurance.
- If a policy is issued, it is agreed that the applicant agrees to promptly implement all reasonable loss control requirements as may be determined.
- The above named applicant understands that service fees, if any, are not premium and are for services other than insurance; and the producer acknowledges that he or she has advised the applicant of this fact and complies with applicable law.
- If the application is signed by the producer, the producer acknowledges that he or she has advised the applicant of all the above stated facts. If the producer is a broker, the broker further acknowledges that he or she is acting with the authority of the applicant as the applicant's authorized agent in providing the information contained herein.
- This application may be executed and transmitted by facsimile or email and in counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same application.

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Signature of Applicant _____ Date _____

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SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
_____ % Coinsurance Applies
\$ _____ Deductible Applies
Check All That Apply:
_____ General Form
_____ Special Form
_____ Replacement Cost
_____ Agreed Value
_____ Inflation Guard: _____ %
_____ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Personal Property Coverage
General Form
_____ % Coinsurance Applies
\$ _____ Deductible Applies
Check if Applies:
_____ Replacement Cost

SECTION II LIABILITY COVERAGE

Special Multi Peril Liability
Bodily Injury Liability and
Property Damage Liability
Combined Single Limit
\$ _____ Per Occurrence Limit
\$ _____ Aggregate Limit

\$ _____ Incidental Contractual Liability
Per Occurrence Sublimit
(Subject to Special Multi Peril
Liability Aggregate Limit)

\$ _____ Products and Completed Operations
Per Occurrence Sublimit
(Subject to Special Multi Peril
Liability Aggregate Limit)

\$ _____ Real Property Liability-Fire Damage
Per Occurrence Sublimit
(Subject to Special Multi Peril
Liability Aggregate Limit)

Personal Injury Liability Insurance
\$ _____ Per Occurrence Limit
(Subject to Special Multi Peril
Liability Aggregate Limit)

\$ _____ Deductible Applies Per Each Occurrence
to all Liability Coverages

SECTION III CRIME COVERAGE

\$ _____ Burglary Endorsement
\$ _____ Deductible Applies

MISCELLANEOUS (Attach addresses)

Number of Additional Insureds: _____
Number of Mortgagees: _____
Number of Lender's Loss Payables: _____
Number of Loss Payables: _____

TOTAL ANNUAL PREMIUM FOR THIS APPLICATION:

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Signature of Applicant Date