

Electrical Contractors Program (ECCP) Supplemental Application



Account Name		Producer Name	
Account Contact Name		Producer e-mail address	
Account web site address	Account e-mail address	Date Completed	

Definitions of *italicized terms* are provided at the end of the supplement.

1. Please attach a list of the risk's jobs (job list) for the last two years as well as a list of the jobs committed to for the next 12 months.
2. Risk is operating as:

<input type="checkbox"/> <i>Construction Manager</i> _____%	<input type="checkbox"/> <i>General Contractor</i> _____%	<input type="checkbox"/> <i>Prime Contractor</i> _____%	<input type="checkbox"/> <i>Subcontractor</i> _____%
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ELIGIBILITY

3. Enter the percentage of operations from the following? %'s based on Sales Payroll

Residential/Habitationl _____%	Commercial _____%	Industrial _____%	Institutional _____%	Total _____%
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If the total is **less than 70%** the risk is ineligible for the ECCP program.

4. Indicate **percentage in the following?**

New Construction _____%	Retrofit/Rehab _____%	Service _____%	Maintenance _____%	Other _____%
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5. Indicate percentage of electrical work in the following scope of operations/specialty, if applicable?

Lighting/fixture/appliance sales & service _____%	Low Voltage/Fiber Optics (VDV) _____%	Traffic/Railway Signals _____%
Electrical Apparatus (switch gear, transformers, etc.) _____%	Airport (including runways) _____%	Fire/Security Alarm Line _____%
High Voltage (over 480 volts) _____%	Passenger/Freight Elevator _____%	Hospital Work _____%
*Selling/Designing/Monitoring of Alarm Systems _____%	*Distribution/Transmission Line _____%	Underground Utility _____%
*Electrical Utility Company Work (substations, etc.) _____%	*Underwater Electrical Work _____%	*Outdoor Sign Erection _____%
*Explosive Environments (Class I, II, III, Division I) _____%	*Asbestos Abatement _____%	*Towers/Antennas Erection _____%

***Ineligible operation, consult underwriting.**

6. Other operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please describe.	

7. Has the risk been cited for any OSHA violations in the last three years? If yes, please explain further.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the insured communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call Service Center prior to all scheduled excavation work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If No, the account is ineligible for the ECCP program.	
9. Does the insured offer 24-hour emergency repair service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Indicate the <u>average</u> percentage of the risk's TOTAL payroll or sales <u>during the past 5 years</u> for the following: Percentages based on: (Check one)	<input type="checkbox"/> Payroll <input type="checkbox"/> Sales

HABITATIONAL WORK

Please complete if the risk does any habitational work.

HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/RENOVATION	+	% SERVICE OR MAINTENANCE	=	
<input type="checkbox"/> CONDOMINIUMS (High And Low Rise)	%	+	%	=	%
<input type="checkbox"/> TOWNHOUSES	%	+	%	=	%
<input type="checkbox"/> TRACT HOUSING	%	+	%	=	%
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	%	+	%	=	%
<input type="checkbox"/> APARTMENTS / CUSTOM HOMES	%	+	%	=	%
<input type="checkbox"/> Other _____	%	+	%	=	%

11. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If **Yes**, please describe.

12. List the states the insured worked in during the last 5 years.
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13. Has the risk ever installed or have any future plans involving the installation of <i>EIFS</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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14. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to <i>subsidence</i> issues or use of <i>EIFS</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If **Yes**, was risk acting as a: general contractor sub-contractor

What type of project? habitational commercial

Provide detail on claims/litigation and how the issue was corrected.

15. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If **Yes**, please describe.

If the answers to questions 11, 13, 14 or 15 are **Yes**, please discuss the risk with your underwriter.

16. Any current or past involvement with <i>wrap-up/OCIP</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Any residential *wrap-ups*? Yes No

17. Does the risk have a quality control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If **Yes**, is it Informal Documented

18. Does the risk retain job files?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If **Yes**, how long are they retained?

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19.	List the types of work subcontracted.	
	a. Does the risk obtain Certificates of Insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is there a Diary System in place to track expiration dates of Certificates of Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is the risk named as an additional insured on all subcontractors' policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Does the risk require all subcontractors to carry primary limits equal to or greater than their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. If subs are hired does legal counsel or the insurance agent review all contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Indicate the types of subcontractor agreements the risk typically signs.	
	<input type="checkbox"/> Standard (AGC, AIA contracts) <input type="checkbox"/> Custom <input type="checkbox"/> Other	
21.	Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Are safety meetings held on a quarterly basis; do managers and employees attend, and are attendance records kept? If less than quarterly, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Does the risk have an architect or engineer on staff? (If yes, please answer 18a.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes , does the risk carry professional liability insurance? (If no, please answer 18b.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No , does the risk require that the architect or engineer carry his/her own professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Trade association affiliation? <input type="checkbox"/> IEC <input type="checkbox"/> NECA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Answering this question is optional. Association membership is not a requirement for insurability.	

HISTORICAL EXPOSURE

	Expiring Year Term: _____	1st Prior Year Term: _____	2nd Prior Year Term: _____	3rd Prior Year Term: _____	4th Prior Year Term: _____
Premium					
General Liability Payroll					
Receipts					

Will you commit to participation in the Claim Documentation Program, which will be included in your costs?

_____*

(*Required to participate)

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Please complete if umbrella is needed.

Personal Usage

36. Does the insured allow anyone to take vehicles home? Yes No
If so, who and how many? _____
37. Do they have written guidelines on personal use of company vehicles? Yes No
38. Do they allow family members to drive the company cars? Yes No
39. Do they report personal usage as additional income? Yes No

DEFINITIONS

Construction Manager – Construction management takes two forms - "pure agency" construction management and "at risk" construction management. "A pure agency construction manager" is an agent of the owner, neither designing nor constructing the project. Instead, the manager administers the construction contract throughout the planning, design and construction phases of the project. An "at risk construction manager" provides construction advice and construction leadership on a project during the planning and design stages and also provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase.

EIFS – Exterior Insulation Finishing Systems – multi-layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

General Contractor – is a contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

Habitational work – Condominiums, triplexes, duplexes and townhouses; planned unit developments; and tract housing or similar planned communities.

Prime Contractor – Any contractor on a project having a contract directly with the owner. The principal contractor on a project.

Subsidence – Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

Wrap-up (OCIP) – A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program or a CCIP (Contractor Controlled Insurance Program).

WORKERS COMPENSATION

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

RISK MANAGEMENT

Hiring Practices:

40. Do you have check references for new hires? Yes No
41. Do you conduct pre-employment drug testing? Yes No
42. Do you conduct pre-employment physicals? Yes No
43. Do you conduct pre or post employment road tests for drivers? Yes No

Pre-Lost Procedures:

44. Do you have a Safety Director? Yes No
45. Do you have a Formal Safety Program?
If yes, how does Management support it? _____ Yes No
46. Do you have Safety Training? Yes No

If yes, what is the frequency of the training? _____

Is attendance mandatory?

Yes No

Are they documented?

Yes No

47. Do you have tailgate safety meetings? Yes No

Post-Lost Procedures:

48. Do you have a Return-to-Work Program?
If yes it is written and formal? _____ Yes No

MANAGEMENT

49. What is your employee turnover ratio? Yes No

Employee Stability: _____

50. What is the average tenure of your employees? Full time _____ Part time _____

51. Do you use temporary employees? Yes No

52. Do you promote temporary employees to permanent? Yes No

53. What is your employee turnover ratio? _____

Employee Relations:

54. Do you provide employee benefits? Yes No
55. Do you subsidize the cost of benefits? Yes No
56. How does your pay scale compare with the industry in your locale? _____

HISTORICAL EXPOSURE

	Expiring Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Premium:					
Workers Comp Payroll					
Experience Modifier					
Currently Valued Losses					

Please attach the current experience modification worksheet.

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Producer's Signature

Date

Applicant's Signature

Date