

**OVERHEAD DOOR PROGRAM (FOP)
Supplemental Application**



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

ELIGIBILITY

1.	Please attach a job list or certificate holder list for the last two years.					
2.	Estimated total sales for the coming year			\$		
3.	Estimated total payroll for coming year (excluding clerical payroll)			\$		
4.	Are the risk's <i>total revenues</i> less than \$10 million?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	What door and/or operator manufacturers do you represent as a dealer?					
	How long have you represented them?					
6.	Does the risk's installation of overhead garage door openers conform to the UL 325 Safety Reverse Standards (residential only)?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	Percentage of the risk's own payroll and/or sales that emanate from the installation, service, distribution or repair of residential, commercial or industrial overhead doors, openers and controls including entry doors and windows for residential and commercial usage:			%		
8.	Percentage of receipts in work subcontracted to others:			%		
	What operations are subcontracted?					
9.	Indicate percentage of work performed for the following:					
	<input type="checkbox"/> Direct for clients _____%	<input type="checkbox"/> General Contractor _____%	<input type="checkbox"/> Subcontractor _____%			
10.	Indicate the overall percentage of the risk's TOTAL work performed during the past 5 years :					
	Percentages based on: (Check one)			<input type="checkbox"/> Payroll or <input type="checkbox"/> Sales		
	RESIDENTIAL		CONDOS & TOWNHOMES		COMMERCIAL/INDUSTRIAL	
	New Construction*	%	New Construction	%	New Construction	%
	Retrofit	%	Retrofit	%	Retrofit	%
	Service & Repair	%	Service & Repair	%	Service & Repair	%
	Subtotal	%	Subtotal	%	Subtotal	%
11.	Indicate the overall percentage of the risk's TOTAL work performed for the coming year :					
	Percentages based on: (Check one)			<input type="checkbox"/> Payroll or <input type="checkbox"/> Sales		
	RESIDENTIAL		CONDOS & TOWNHOMES		COMMERCIAL/INDUSTRIAL	
	New Construction*	%	New Construction	%	New Construction	%

Retrofit	%	Retrofit	%	Retrofit	%
Service & Repair	%	Service & Repair	%	Service & Repair	%
Subtotal	%	Subtotal	%	Subtotal	%
OTHER WORK: PLEASE DESCRIBE: _____					____%
TOTAL (THE TOTAL SHOULD EQUAL 100%.)					____%
12.	Does the insured get involved in any of the following operations?				
	a. Blasting				<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. USL&H				<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Maritime				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes to any of the above, discuss with your underwriter prior to submitting.				
13.	Does the insured perform any work within 50 feet of a railroad?				<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	List the states the insured worked in during the last 5 years?				
15.	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
	a. If Yes , was risk acting as a general or sub-contractor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If Yes , was it a habitational or commercial project?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Provide detail on claims/litigation and how the issue was corrected.				
16.	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
	If Yes , please describe.				
17.	Any current or past involvement with <i>wrap-ups/OCIP's</i> ?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any residential <i>wrap-ups</i> ?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the answers to questions 15, 16 or 17 are Yes , please discuss the risk with your underwriter prior to submitting.				
18.	Best Practices for Risk Transfer:				
	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. 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
	d. Is the risk named as an additional insured on all subcontractors' policies on a primary and non-contributory basis?				<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. Does the insured verify that all sub-contractors follow all industry requirements and applicable state and local codes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Does the insured maintain control and direction of all job sites and reserve the right to correct any loss control survey deficiencies?				<input type="checkbox"/> Yes <input type="checkbox"/> No

	If the answer to any part of question 18 is No , the account is ineligible for the FOP .	
19.	Safety Program	
	a. Does the insured employ a full time safety director and have a written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If yes, explain and give details of training/program	
	c. Does the insured have a construction defect prevention or warranty program in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. If yes, explain and give details of training/program	
	e. Does the insured have a drug testing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Does the insured have a written quality control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Does the risk retain job files? If yes, how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. 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
	i. Does the insured have a new hire orientation program with pre-physicals, drug screening, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	j. If the answer to any part of question 19 is No , the account is ineligible for the FOP .	
20.	Has the risk been cited for any OSHA violations in the last three years? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Is the risk a member of any trade associations? Which ones? Note: Answering this question is optional; membership in an association is not a requirement for insurability.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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					

Please complete if umbrella is needed.

Personal Usage

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

WORKERS COMPENSATION

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

RISK MANAGEMENT

Hiring Practices:

26. Do you have check references for new hires? Yes No
27. Do you conduct pre-employment drug testing? Yes No
28. Do you conduct pre-employment physicals? Yes No
29. Do you conduct pre or post employment road tests for drivers? Yes No

Pre-Lost Procedures:

30. Do you have a Safety Director? Yes No
31. Do you have a Formal Safety Program?
If yes, how does Management support it? _____ Yes No
32. Do you have Safety Training? Yes No

If yes, what is the frequency of the training? _____	
Is attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

33. Do you have tailgate safety meetings? Yes No

Post-Lost Procedures:

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

MANAGEMENT

35. What is your employee turnover ratio? Yes No

Employee Stability:

36. What is the average tenure of your employees? Full time _____ Part time _____ _____
37. Do you use temporary employees? Yes No
38. Do you promote temporary employees to permanent? Yes No

39. What is your employee turnover ratio? _____

Employee Relations:

40. Do you provide employee benefits? Yes No

41. Do you subsidize the cost of benefits? Yes No
42. 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

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 manage" 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: 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, townhouses and tract homes.

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.

Tract Housing: Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expanse of land.

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).