

**PRE-FABRICATED BUILDING PROGRAM (FOP)  
Supplemental Application**



<b>Account Name</b>		<b>Producer Name</b>	
<b>Account Contact Name</b>		<b>Producer e-mail address</b>	
<b>Account web site address</b>	<b>Account e-mail address</b>	<b>Date Completed</b>	

**ELIGIBILITY**

1.	<b>Please attach a job list or certificate holder list for the last two years.</b>		
2.	Payroll for the following operations (excluding clerical payroll)		
	Builders/Installers	\$ <input type="text"/>	
	Other operations (include description of operations)	\$ <input type="text"/>	
3.	Is the insured the manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Does the insured construct grain elevators?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Does the insured perform residential construction? If yes, percentage of total revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> %	
6.	Does the insured do erection over 3 stories (30 feet & above)? If yes, percentage of total revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> %	
7.	Are the risk's <i>total revenues</i> less than \$10 million?		
8.	Does the insured subcontract work to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Percentage of receipts in work subcontracted to others:	<input type="text"/> %	
	a. Previous years subcontractors cost?	\$ <input type="text"/>	
	b. Estimated subcontractors cost for current year?	\$ <input type="text"/>	
10.	List all operations which are subcontracted, including percentage or receipts for each: <input type="text"/>		
11.	Is the insured a building contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Does the insured act as a general contractor for projects other than pre-fabricated buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, describe operations and include percentage of operations to total operations: <input type="text"/>	<input type="text"/> %	
13.	Indicate the <b>overall</b> percentage of the risk's TOTAL work performed <b>during the past 5 years</b> :		
	Percentages based on: (Check one)	<input type="checkbox"/> Payroll or <input type="checkbox"/> Sales	
<b>RESIDENTIAL</b>		<b>CONDOS &amp; TOWNHOMES</b>	<b>COMMERCIAL/INDUSTRIAL</b>
New Construction*	<input type="text"/> %	New Construction	<input type="text"/> %
Retrofit	<input type="text"/> %	Retrofit	<input type="text"/> %

Service & Repair	<input type="text"/> %	Service & Repair	<input type="text"/> %	Service & Repair	<input type="text"/> %
Subtotal	<input type="text"/> %	Subtotal	<input type="text"/> %	Subtotal	<input type="text"/> %
14.	Indicate the <b>overall</b> percentage of the risk's TOTAL work performed <b>for the coming year</b> :				
	Percentages based on: (Check one)			<input type="checkbox"/> Payroll or <input type="checkbox"/> Sales	
<b>RESIDENTIAL</b>		<b>CONDOS &amp; TOWNHOMES</b>		<b>COMMERCIAL/INDUSTRIAL</b>	
New Construction*	<input type="text"/> %	New Construction	<input type="text"/> %	New Construction	<input type="text"/> %
Retrofit	<input type="text"/> %	Retrofit	<input type="text"/> %	Retrofit	<input type="text"/> %
Service & Repair	<input type="text"/> %	Service & Repair	<input type="text"/> %	Service & Repair	<input type="text"/> %
Subtotal	<input type="text"/> %	Subtotal	<input type="text"/> %	Subtotal	<input type="text"/> %
<b>OTHER WORK: PLEASE DESCRIBE:</b> <input type="text"/>					<input type="text"/> %
<b>TOTAL (THE TOTAL SHOULD EQUAL 100%.)</b>					<input type="text"/> %
15.	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
	d. Asbestos abatement				<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Pollution Remediation				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <b>Yes</b> to any of the above, <b>discuss with your underwriter</b> prior to submitting.				
16.	Does the insured perform any work within 50 feet of a railroad?				<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Has the insured ever built on hillsides, slopes, landfills or in a subsidence area?				<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	List the states the insured worked in during the last 5 years? <input type="text"/>				
19.	Has the risk ever installed or have any future plans involving the installation of <i>EIFS</i> ? If yes, describe.				<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	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 <b>Yes</b> , was risk acting as a general or sub-contractor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If <b>Yes</b> , 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.				
	<input type="text"/>				
21.	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 <b>Yes</b> , please describe.				
	<input type="text"/>				
	If the answers to questions <b>19, 20 or 21</b> are <b>Yes</b> , please discuss the risk with your underwriter prior to submitting.				
22.	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

23.	<b>Best Practices for Risk Transfer:</b>	
	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 23 is <b>No</b> , the account is <b>ineligible</b> for the <b>FOP</b> .	
24.	<b>Standard Contract Agreement:</b> Please attach a copy of the standard contract agreement the insured uses with all their subcontractors.	
	Has this agreement been reviewed by a contract specialty attorney? If yes, on what date? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	<b>Safety Program</b>	
	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: <input type="text"/>	
	c. If available, please include a copy of the insured's Safety/Training Manual.	
	d. Does the insured have a drug testing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Does the insured have a written quality control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Does the risk retain job files? If yes, how long? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. 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
	h. Does the insured have a new hire orientation program with pre-physicals, drug screening, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the answer to any part of question 25 is <b>No</b> , the account is <b>ineligible</b> for the <b>FOP</b> .	
26.	Has the risk been cited for any OSHA violations in the last three years? If yes, please explain. <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Have there been any citations in the last three years with any Federal or State agencies? If yes, please explain. <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	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
29.	Description of all named insureds (use separate page, if necessary).	

**HISTORICAL EXPOSURE**

	<b>Expiring Year Term: _____</b>	<b>1<sup>st</sup> Prior Year Term: _____</b>	<b>2<sup>nd</sup> Prior Year Term: _____</b>	<b>3<sup>rd</sup> Prior Year Term: _____</b>	<b>4<sup>th</sup> Prior Year Term: _____</b>
<b>Premium</b>					
<b>General Liability Payroll</b>					
<b>Receipts</b>					

***Please complete if umbrella is needed.***

**Personal Usage**

30. Does the insured allow anyone to take vehicles home? Yes No  
 If so, who and how many? \_\_\_\_\_
31. Do they have written guidelines on personal use of company vehicles? Yes No
32. Do they allow family members to drive the company cars? Yes No
33. 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:** 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.

**Total revenue:** The gross amount charged by the insured for:

- services rendered,
- total construction value for jobs where the insured is the lead on a Design-Build job,
- goods or products sold or distributed,
- rentals,
- dues or fees.

Total revenue includes:

- amounts passed through to subcontractors,
- foreign exchange discounts,
- freight allowance to customers,
- sales of consigned goods and warehouse receipts,
- trade or cash discounts,
- bad debts and the amount actually collected on items which have been sold on installments, but repossessed.

Total revenue does not include:

- sales or excise taxes which are collected and submitted to a governmental division,
- credits for repossessed merchandise and products returned,
- allowances for damaged and spoiled goods,
- finance charges for installment payments for goods, products or services sold on installments,
- freight charges on sales if freight is charged as a separate item on the customer's invoice,
- royalty income from patent rights or copyrights which are not product sales,
- rental receipts for products liability coverage only.

**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).

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

(\*Required to participate)

## WORKERS COMPENSATION

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

### RISK MANAGEMENT

#### Hiring Practices:

34. Do you have check references for new hires?  Yes  No
35. Do you conduct pre-employment drug testing?  Yes  No
36. Do you conduct pre-employment physicals?  Yes  No
37. Do you conduct pre or post employment road tests for drivers?  Yes  No

#### Pre-Lost Procedures:

38. Do you have a Safety Director?  Yes  No
39. Do you have a Formal Safety Program?  
If yes, how does Management support it? \_\_\_\_\_  Yes  No
40. 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

41. Do you have tailgate safety meetings?  Yes  No

#### Post-Lost Procedures:

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

### MANAGEMENT

43. What is your employee turnover ratio?  Yes  No

Employee Stability: \_\_\_\_\_

44. What is the average tenure of your employees? Full time \_\_\_\_\_ Part time \_\_\_\_\_

45. Do you use temporary employees?  Yes  No

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

47. What is your employee turnover ratio? \_\_\_\_\_

Employee Relations:

48. Do you provide employee benefits?  Yes  No
49. Do you subsidize the cost of benefits?  Yes  No
50. How does your pay scale compare with the industry in your locale? \_\_\_\_\_

**HISTORICAL EXPOSURE**

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

**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.

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**Producer's Signature**

**Date**

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**Applicant's Signature**

**Date**