Exterior Insulation and Finish System (EIFS) Supplemental Application

Instructions

Answer all questions completely. If a question does not apply, state N/A in the space provided. Please provide supporting information separately and reference the applicable question.

Please attach a list of all completed jobs during the last three years and list all current EIFS jobs in progress or planned for the next year.

Additionally, please attach a copy of your most recent subcontract agreement used with the EIFS contractor.

NOTE: If your subcontract agreement has changed over the past five years be sure to attach latest versions.

Submission Applicant Information

Named Insured:	

List each state and license number where you perform EIFS work:

State	License Number

How long have you been performing EIFS work under this business name?		
Have you performed EIFS-related work under any prior entities, additional entities or DBA's not listed on this application?	Yes ☐	No ☐

If yes, explain:

Do you currently maintain Commercial General Liability insurance including coverage for EIFS?	Yes ☐	No ☐
Are there any coverage limitations on the current EIFS coverage?	Yes ☐	No ☐

If yes, explain:

Overall Operations

Describe in detail EIFS construction operations:

Are you a member of any EIFS-related trade organization or associations?	Yes ☐	No ☐

If yes, list:

Have all personnel involved with EIFS operations, including job supervisors employed by you and your subcontractors, successfully completed EIFS installation training programs by the manufacturer for all products used?	Yes ☐	No ☐

List the manufacturer and specific product or system for all materials you use.

Do you, or any of your subcontractors, get a warranty from the manufacturer on all EIFS products and systems used?	Yes ☐	No ☐

If no, explain:

Do you repair the work of others?	Yes ☐	No ☐
Do you ever “mix and match” different manufacturers’ products on one job?	Yes ☐	No ☐
Do you ever install EIFS over wood?	Yes ☐	No ☐

If yes, how often?

Do you have a standardized installation and quality control program?	Yes ☐	No ☐
Does your quality control include an inspection and documentation of any post-work changes made by others (sign placement, lighting installations, etc.)?	Yes ☐	No ☐
Does your quality control program include documented inspections of EIFS work product?	Yes ☐	No ☐
Do your quality control inspections include photos of EIFS work product?	Yes ☐	No ☐
How often are quality control inspections done? Daily, Weekly, Monthly, Annually		
Are third parties/manufacturers’ representatives involved in the quality control inspection process for EIFS work?	Yes ☐	No ☐
How often? Daily, Weekly, Monthly, Annually		
Do you have dedicated quality control personnel or is QC a shared responsibility?	Yes ☐	No ☐

Loss History

Has any lawsuit ever been filed, or any claim been made against the applicant related to EIFS or a similar product or related work over the past 10 years?	Yes ☐	No ☐
If yes, explain:		
Do you have any knowledge of any occurrence, situations, accidents, defective workmanship, product failure, BI, PD, act, error or omission at a location or project where your company has performed EIFS related work that might become a claim or lawsuit?	Yes ☐	No ☐
If yes, explain:		
Have you, your subcontractors, suppliers, owners or vendors been made aware of or have been notified of your being named a defendant in a class action lawsuit of any kind?	Yes ☐	No ☐
If yes, explain:		
Have you ever been involved in a claim or suit alleging construction defects or faulty workmanship involving EIFS work?	Yes ☐	No ☐
If yes, explain:		

EIFS Work: Breakdown Expected for Upcoming Policy Year Self-performed or Subcontracted Work

Please complete the following table.

EIFS Operations	New Construction	Removal/Repair Work	Payroll – Your Employees	Subcontractor Cost	Gross Sales
Residential Construction – Single Family					
Residential Construction – Condominium/Townhouse					
Commercial Construction					
Apartment Construction					
Have you, or will you, work on an apartment to condominium conversion?				Yes ☐	No ☐
If yes, what percentage of your gross sales for the next 12 months is attributed to conversions?				%	

EIFS Work: Breakdown of EIFS Operations

Which type of EIFS do you and your subcontractors use?	Residential	Commercial	Apartments
Barrier Wall System	%	%	%
Drainable EIFS	%	%	%

Please complete the following table:

Type of Construction	Percentage of Total Operations	Percentage of Self-performed	Percentage of Work Done by Subcontractors
Frame	%	%	%
Masonry	%	%	%
Steel	%	%	%
Other	%	%	%
Total	**100 %**	%	%

List the gross sales, payroll and subcontracted costs for EIFS work only.

	Gross Sales	Payroll	Subcontracted Costs
Next 12 months	$	$	$
1st year prior	$	$	$
2nd year prior	$	$	$
3rd year prior	$	$	$
4th year prior	$	$	$
5th year prior	$	$	$

Subcontracted Work

Do you receive a copy of the GL and Umbrella policy confirming the No EIFS exclusion?	Yes	No
Do you receive a signed subcontract agreement prior to commencement of work?	Yes	No
Do you hire the same subcontractors for EIFS-related work?	Yes	No
Do you confirm subcontractors are approved installers for the EIFS work they are performing?	Yes	No
Do your safety and quality control programs contractually apply to subcontractors?	Yes	No

Fraud Warning Statements

FOR UTAH APPLICANTS ONLY: ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CALIFORNIA APPLICANTS: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Warranty, Authorized Signature and Continuing Duty to Update

The person signing the application is authorized to make the above representations on behalf of the applicant, and a representation that the information is accurate. Signing this application does not bind coverage. The applicant's acceptance of the company's quotation is required before insurance coverage is bound and a policy issued. The application must be signed and dated by an authorized representative of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge that all of the foregoing statements in this application and the information included in all applications, supplements, attachments, supporting information and replies to underwriter inquiries:

1. are true, accurate and complete; and
2. will be relied upon by The Hartford in determining the acceptability of the application and the premium amount to be charged; and
3. will be considered an integral part of the resultant insurance contract. The undersigned further agrees that the applicant has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Signature of Authorized Applicant:		Signature of Broker/Agent:	
Print Name:		Print Name:	
Title:		Title:	
Date:		Date:	

Please submit this proposal and appropriate materials to:

The Hartford