



Insurance when you know BETTER®

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-4 MUST be completed
Current Loss Information - 4 Years
Excess - Brownyard Application & Auto Loss Runs
Note: All Questions Must Be Answered
Application Must Be Submitted by Broker

Business Type: [] New Business [] Renewal GL Policy Number - Renewal Only: []
Line of Business: [] General Liability [] Excess GL Effective Date: []

Interested in: [] Auto (Please attach required forms: ACORD 125, 127, 129 and 137)
[] Property (Attach req. forms: ACORD 125 and 140) [] Inland Marine (Attach req. forms: ACORD 125, 146, and 148)

- 1. Insured Company Name: (Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
2. DBA(s): (List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
3. [] Individual [] Assoc [] Corp [] LLC [] LLP [] Partnership [] C-Corp [] S-Corp [] Sole Proprietor [] Joint Venture [] Trust [] Non-Profit [] Other:
4. Mailing Address: NO. STREET CITY STATE ZIP
5. Physical Address*: NO. STREET CITY STATE ZIP (*Attach a list if multiple locations)
6. County: NAICS/SIC Code:
7. Business Phone: Fax:
8. Company Email: Website:
9. Federal ID Number/FEIN: License Number:
10. Principal: Title: Direct Phone: Mobile: Email:
11. Audit Contact: Title: Direct Phone: Mobile: Email:
12. A. Has the principal(s) of this firm previously operated a similar firm under a different name? [] Yes [] No
B. If yes, please provide the former name:
13. Policy proposed effective date: Date established:
14. How did you hear about us? [] Internet Search [] Social Media [] Ad in which publication: [] Email [] Word of Mouth [] Other:
15. Check limit of General Liability desired: [] \$300,000/\$600,000 [] \$500,000/\$1,000,000 [] \$1,000,000/\$2,000,000

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MANAGEMENT/OWNERSHIP INFORMATION

16. Business Owner(s): _____ % of Ownership: _____ %
17. Number of years in business under the above name: _____
 A. Additional years of Owner's experience: _____ Additional years of Manager's experience: _____
18. Does the Applicant/Owner currently own any other Entities and/or operate any other businesses? Yes No
If yes, please answer A-C.
 A. Provide name and describe operations: _____
 B. Is the Entity/Business still active? Yes No
 C. If still active, is there separate General Liability Insurance in place for their operations? Yes No
19. Is a License required to operate in the State(s) where you are working? Yes No
If yes, please provide your License number(s): _____

RISK MANAGEMENT SECTION

20. Total number of employees: _____ Full Time: _____ Part Time: _____ Laborers: _____
 Supervisors/Foremen: _____ Average Length of Employment: _____
21. Do you conduct regular Safety Meetings? Yes No
22. Are Service Contracts signed between you and your customers? Yes No
23. How long do you retain Written Instructions and Service Contracts? _____ Years
24. Please list any State and/or National Trade Association(s) you belong to: _____

SALES AND PAYROLL SECTION

25. Provide your total Annual Gross **Sales** for the last 3 years:
 Expiring Year: \$ _____ 1st Prior Year: \$ _____ 2nd Prior Year: \$ _____
26. Provide your total Annual Gross **Payroll** for the last 3 years:
 Expiring Year: \$ _____ 1st Prior Year: \$ _____ 2nd Prior Year: \$ _____
27. Provide your total estimated annual Gross **Sales** and **Payroll** for the current year for all applicable operations listed below:

Operation	Class Code	Estimated Annual Gross Sales	Estimated Annual Gross Payroll
Carpentry	91342	\$	\$
Concrete Construction	91560	\$	\$
Contractors – Executive Supervisors/Superintendents	95180	\$	\$
Driveway, Parking Area or Sidewalk – Paving or Repair	92215	\$	\$
Electrical Apparatus – Installation, Servicing or Repair	92451	\$	\$
Fence Erection Contractors	94276	\$	\$
Grading of Land	95410	\$	\$
Landscape Gardening	97047	\$	\$
Lawn Care Services	97050	\$	\$
Masonry	97447	\$	\$
Painting Exterior – Buildings or Structures – Three Stories or Less in Height	98304	\$	\$
Painting Interior – Buildings or Structures	98305	\$	\$
Pest Control Services	43470	\$	\$
Plumbing – Commercial or Industrial	98482	\$	\$
Plumbing – Residential or Domestic	98483	\$	\$
Snow and Ice Removal Contractor	99310	\$	\$
Tree Pruning, Dusting or Spraying, Repairing, Trimming or Fumigating	99777	\$	\$
Window Cleaning	99975	\$	\$
Other - please describe:		\$	\$

OPERATIONS INFORMATION

28. Describe the Owner's duties or involvement in the daily operations: _____
29. Describe the Manager's duties or involvement in the daily operations: _____
30. Provide a percentage breakdown of your operations based on your total Annual Gross Sales (**must equal 100%**):
 Residential: _____ % Commercial: _____ % = 100%

31. Do your operations include any work at New Residential Construction sites? Yes No
If yes, these operations are completed for:
 Individual Homeowners (Single Family Homes) Yes No Apartment Buildings..... Yes No
 Condominiums/Town Houses/Row Houses Yes No Tract Home Developments Yes No
32. What percentage of your total operations involve the following:
 BBQ Pit Installation/Construction: _____ % Plumbing: (i.e., other than Drainage Systems, _____ %
 Carpentry: (i.e., other than Decks, Gazebos or Fences) _____ % Lawn Sprinklers, Ponds or Pools/Spas) _____ %
 Drainage System Installation: _____ % Pool/Spa Construction: _____ %
 Golf Course Maintenance: _____ % Roofing: _____ %
 Lawn Sprinkler Installation: _____ % Spray Painting _____ %
 Playground/Recreational Equipment Installation: _____ % Waterproofing: (i.e., other than Moisture Barrier work) _____ %
33. Do your operations include Electrical operations? Yes No
If yes, is this work limited to the installation of low voltage landscape lighting and/or lawn sprinkler controls?..... Yes No

FOR QUESTIONS 34-40, IF YES, PLEASE COMPLETE APPLICABLE SUBSECTIONS

34. Do your operations include Pest Control?..... Yes No
A. Are chemicals used in accordance with each Manufacturer's instructions (i.e., as listed on the label)? Yes No
B. Do your Pest Control Operations include any of the following:
 Aerial Spraying Yes No
 Agricultural Crop Spraying..... Yes No
 Fumigation (i.e., of buildings or other structures)..... Yes No
C. Do you currently use Glyphosate? Yes No
 Have you ever used Glyphosate? Yes No If Yes, when was use discontinued: _____
35. Do your operations include Tree Pruning, Dusting or Spraying, Repairing, Trimming or Fumigating?
A. Do these operations include Utility Line Clearance work?..... Yes No
B. Do you specialize in Street/Road Tree work for Municipalities?..... Yes No
36. Do your operations include Construction/Installation of Decks and/or Gazebos? Yes No
A. What is the maximum area of any surface area? _____ Square Feet
B. Is any structure ever more than 3 feet off the ground?..... Yes No
37. Do your operations include Excavation or Grading of Land? Yes No
A. What is the maximum depth for Excavation or Grading? _____ Feet
B. What is the maximum diameter for Tunneling? _____ Feet
38. Do your operations include Fence Construction/Installation? Yes No
A. What percentage of your total operations involves Fence Construction/Installation? _____ %
B. Do you construct/install any of the following:
 Pool Enclosures..... Yes No Electrical Fences..... Yes No Highway Guardrails..... Yes No
39. Do your operations include Pond Construction? Yes No
A. What is the maximum depth of these ponds? _____ Feet
B. Do you construct ponds that are used for Koi fish?..... Yes No
40. Do your operations include Retaining Wall Construction?..... Yes No
A. What is the maximum wall height? _____ Feet
B. What is the maximum wall length? _____ Feet
41. Do your operations include Stairway or Elevated Walkway Construction? Yes No
If yes, what is the maximum height differential? _____ Feet
42. Do your operations include any Foundation work (i.e., masonry work for dwellings or buildings)?..... Yes No
 43. Do your operations include any Designing - **other than for your own work?** Yes No
 44. Do you Use, Install, Remove, Remediate and/or Sell EIFS?..... Yes No
 45. Do you Lease or Rent Equipment to others? Yes No
 46. Do you Subcontract work to others? Yes No
If yes, please complete A-F.
A. What percentage of your total operations is subcontracted to others? _____ %
B. What are your annual subcontracted costs? \$ _____
C. What type of work is subcontracted to others? _____
D. Do you obtain Certificates of Insurance evidencing General Liability Limits & Workers' Comp Insurance?..... Yes No
E. Do you require each Subcontractor to add you onto their General Liability Policy as an Additional Insured? Yes No
F. Do you retain all Certificates of Insurance for at least 5 years and make sure insurance is current?.... Yes No

PRIOR GENERAL LIABILITY INFORMATION (please complete every item or indicate N/A)

47. a. Please provide the following information for the prior 5 years, in addition to currently valued loss runs for the prior 4 years.

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Revenue					
Deductible					
Losses					

b. Has any insurer cancelled or non-renewed your insurance over the past 5 years? Yes No
If yes, please explain:

COMMERCIAL EXCESS APPLICATION (only if applicable)

1. Expiring Excess policy number (renewal only): _____ Effective Date: _____
2. Check limit of liability desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other: _____
3. Underlying Insurance *(Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)*

Type	Carrier / Policy Number	Effective Date	Expiration Date	Limits		Premium
General Liability				Per Occurrence		
				Aggregate		
Automobile Liability				Combined Single Limit		Total \$
				Bodily Injury		Liability Only: \$
				Physical Damage		Required if scheduling auto
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Each Employee		

Underlying Auto Information (Required if scheduling auto within excess):

1. **Vehicles:**

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Buses				

Total Insurance Value for Auto Fleet

2. **Use:**
 - a. How are vehicles used? _____
 - b. Do autos go outside the US?..... Yes No
 - c. Are any explosives, flammables or other dangerous cargo hauled? Yes No
 - d. Are passengers carried for a fee? Yes No
3. **Drivers:**
 - a. Are employees allowed to use their personal vehicles for business use?..... Yes No
 - b. If yes, does the insured confirm that minimum limits of personal auto insurance is carried? Yes No
 - c. Are employees allowed to use company vehicles for personal use? Yes No
 - d. Can family members drive company vehicles? Yes No
 - e. Does the underlying insurance include Hired/Non-Owned Auto? Yes No
 - f. Are MVRs checked for all drivers?..... Yes No
 - g. Are MVRs regularly checked during their employment? Yes No If so, how often? _____
 - h. If MVR is poor, what corrective action is taken: _____
 - i. Provide a brief explanation of the driver selection process (e.g. age, MVR review, proof of valid driver's license, drivers test, etc.)

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND 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 fines and confinement in prison.

NOTICE TO 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

NOTICE TO 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.

NOTICE TO 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO 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.

NOTICE TO NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

- **BROKERS:** To submit complete application, please email PDF to info@brownyard.com
- **INSUREDS:** Please save & share with your insurance agent/broker