



**APPLICATION FOR NADRA MEMBERS**

**IMPORTANT: THIS IS NOT A BINDER**

*Information provided in this application will be used only for the purpose of determining eligibility for coverage in a specific general liability and completed operations program. Stratus Insurance Services, Inc. will not sell or otherwise provide your name and information to a third party for any reason other than for the purpose specified above.*

**NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."**

**SECTION A -- APPLICANT INFORMATION**

1. Name of Insured as it is to appear on policy \_\_\_\_\_
2. Business Mailing & Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Web site: \_\_\_\_\_
4. Name of Owner or Insurance Contact: \_\_\_\_\_
5. Are you a member of the **North American Deck and Railing Association (NADRA)** \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are you a member of any other associations? If "yes", please list: \_\_\_\_\_
7. Total experience in this type of business: \_\_\_\_\_ years

**SECTION B -- INSURANCE INFORMATION**

1. Current insurance company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Liability Premium: \_\_\_\_\_
2. Deductible requested \$ \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_
3. Have you ever had similar insurance cancelled or non-renewed? [ ] yes [ ] no If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
4. What other types of Insurance does applicant currently have in place? (e.g. Auto, E & O, etc.) \_\_\_\_\_  
 \_\_\_\_\_

## SECTION C – FACILITY OVERVIEW

1. Description of Operation/Location: \_\_\_\_\_

**Annual Gross Receipts:** \$ \_\_\_\_\_

<u>Operation</u>	<u>Percentage of overall operation</u>
Building Material Dealer (Lumber, Sheetrock, etc.)	_____ %
Saw Mill or Planing Mills	_____ %
Wood Products Manufacturing (Prefab Decks)	_____ %
Swimming Pools/Hot Tubs	_____ %
Other: _____	_____ %

**(Above must total 100)**

**Activity:**  
 General Contractor \_\_\_\_\_ %  
 Subcontractor \_\_\_\_\_ %

**Payroll:**

Owners/Partners (use \$16,000 for each – TX use \$20,000)	\$ _____
Field payroll including installation, repair and/or service of Decks/Rails	\$ _____
Field payroll for Installation of spas/hot tubs	\$ _____
Administrative payroll including sales, accounting, clerical.	\$ _____
Uninsured Subcontractor Payroll	\$ _____
<b>Total Payroll:</b>	<b>\$ _____</b>

### SUBCONTRACTED WORK

Subcontractor Cost \$ \_\_\_\_\_

What work are the subcontractors hired to do?  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No  
 Minimum Limits Required \$ \_\_\_\_\_

Are you named as an additional insured on the subcontractor's policy?  Yes  No

Do subcontractors carry Worker's Compensation  Yes  No

Do you have any prior or planned jobs covered under "wrap-up" or OCIP policies?  Yes  No

Please explain \_\_\_\_\_

1. Do you comply with NADRA Guidelines when local codes do not supercede? \_\_\_ Yes \_\_\_ No
2. Are you familiar with, and do you adhere to all local laws and regulations relative to your business? \_\_\_ Yes \_\_\_ No
3. Have you ever been cited for non-compliance of any statutory regulations? \_\_\_ Yes \_\_\_ No  
If yes, please explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_
4. Number of staff: full-time/permanent \_\_\_\_\_ full-time/seasonal \_\_\_\_\_ part-time \_\_\_\_\_ contract \_\_\_\_\_
5. Do you have a program in place for training staff in all relevant aspects of your operations? \_\_\_ Yes \_\_\_ No  
If yes, please list the topics covered in training: \_\_\_\_\_
6. Do you have a "Drug-Free Workplace" policy in place? \_\_\_ Yes \_\_\_ No
7. Do you maintain client sign off for completed installations:  
\_\_\_\_\_
8. Do you retain a copy of all written communications between you and your clients? \_\_\_ Yes \_\_\_ No  
If yes, for how long? \_\_\_\_\_
9. Do you have emergency procedures in place in the event of an accident, injury or illness? \_\_\_ Yes \_\_\_ No  
If yes, please briefly describe: \_\_\_\_\_
10. Do you use written contracts/agreements with your customers? \_\_\_ Yes \_\_\_ No

### SECTION D – WORK OVERVIEW

List the last 3 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

1. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_
2. Do any prior operations differ substantially in nature from current operations? Yes  No   
Please explain \_\_\_\_\_
3.
  - a. Are you a licensed architect or engineer? Yes  No
  - b. Do you have any operations other than contracting? Yes  No
  - c. In the past 3 years have you owned, operated or controlled any businesses not listed on the application? Yes  No
 Description \_\_\_\_\_
4. Do you own vacant land, real estate development property, or model homes? Yes  No   
Description \_\_\_\_\_
5. Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.  
Have you performed, or will you perform work involving, related to, or about the premises of:

		Remodel/ repairs	New construction
a.	Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Assisted living facilities, retirement homes, military housing, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Description \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)? Yes  No   
 Maximum degree of slope? \_\_\_\_\_ Description \_\_\_\_\_

7. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes  No   
 Description \_\_\_\_\_

If retaining walls have been or will be built, maximum height \_\_\_\_\_ ft.

8. Do you perform work above two stories in height (other than interior remodeling)? Yes  No   
 If so, what percentage? \_\_\_\_\_% Maximum height \_\_\_\_\_ ft  
 Description \_\_\_\_\_

9. Do you perform any work below ground level? Yes  No   
 If so, what percentage? \_\_\_\_\_% Maximum depth \_\_\_\_\_ ft  
 Description \_\_\_\_\_

10. Have you filed for bankruptcy in the past 5 years? Yes  No

20. For each of the following activities check:  
 Yes: if you have or will perform, supervise, or subcontract that activity  
 No: if you have never performed, supervised, or subcontracted that activity and have no plans to do so.

	Yes	No					
a.	demolition	<input type="checkbox"/>	<input type="checkbox"/>	m.	swimming pool construction	<input type="checkbox"/>	<input type="checkbox"/>
b.	concrete tilt-up construction	<input type="checkbox"/>	<input type="checkbox"/>	n.	road/highway/bridge/overpass construction	<input type="checkbox"/>	<input type="checkbox"/>
c.	LPG work	<input type="checkbox"/>	<input type="checkbox"/>	o.	underground tank removal, repair, or installation	<input type="checkbox"/>	<input type="checkbox"/>
d.	seismic retrofitting	<input type="checkbox"/>	<input type="checkbox"/>	p.	work on gas lines or pumps	<input type="checkbox"/>	<input type="checkbox"/>
e.	elevator or escalator work	<input type="checkbox"/>	<input type="checkbox"/>	q.	asbestos or lead abatement	<input type="checkbox"/>	<input type="checkbox"/>
f.	boiler installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	r.	environmental cleanup	<input type="checkbox"/>	<input type="checkbox"/>
g.	industrial machinery repair or installation (millwright work)	<input type="checkbox"/>	<input type="checkbox"/>	s.	dam or levee work	<input type="checkbox"/>	<input type="checkbox"/>
h.	use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	t.	traffic signals/controls work	<input type="checkbox"/>	<input type="checkbox"/>
i.	rental of equipment to others	<input type="checkbox"/>	<input type="checkbox"/>	u.	alarm installation/repairs/monitoring	<input type="checkbox"/>	<input type="checkbox"/>
j.	EIFS work (exterior finish insulation system or similar products).	<input type="checkbox"/>	<input type="checkbox"/>	v.	roofing – installation or repairs	<input type="checkbox"/>	<input type="checkbox"/>
k.	playground equipment install/repair	<input type="checkbox"/>	<input type="checkbox"/>				
l.	process piping	<input type="checkbox"/>	<input type="checkbox"/>				

**SECTION H -- CLAIMS HISTORY FOR THE LAST 5 YEARS**

Describe all claims (regardless of fault) that have occurred in the last 5 years. If none, state "**none**":

Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____

**\*\*Please attach a copy of Loss History from current/prior insurance carriers\*\***

I hereby certify that the above information is true to the best of my knowledge: \_\_\_\_\_ (Initial Here)

**Before you submit your completed application, did you:**

- Answer all questions. If a question did not apply, did you mark it "N/A"?**
- Attach a loss run/claim history from current and prior carriers(Last 5years)**
- Attach copies of any company brochures**
- Attach a copy of any customer agreements**

**Declaration**

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase a contract of insurance. However, if I/we are issued insurance by the Company and I/we purchase such contract of insurance, I understand and agree that the representations and answers contained herein this application shall be considered a part of such contract of insurance and shall be as fully a part of such contract as is fully set forth herein. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that failure to correct a misrepresentation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

Applicants Name: \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Application must be signed by Insured)

**Please Return Application to:**  
**STRATUS INSURANCE SERVICES, INC.**  
 947 SOUTH 500 EAST, STE. 301  
 AMERICAN FORK, UT 84123  
 866-395-1308 (TOLL FREE)  
 801-763-1374 (FAX)