

Bankers Insurance Company
P.O. Box 33060 • St. Petersburg, FL 33733
Phone: (727) 823-4000 • (800) 627-0000

Proposed Effective Date:

From: _____ 200_____ Time: _____

Vector Application - CALIFORNIA
AGENT INFORMATION
Agency Code No.
Agency Name
Address
City/State/Zip
Phone
Contact Person

GENERAL INFORMATION

Applicant _____
Mailing Address _____
City / State / Zip _____
Location of Premises (if other than mailing address) _____
Insured's Phone # _____ Inspection Contact _____
Form of Business Individual Partnership Corporation Is Insured Within Municipal City Limits? Yes No

DESCRIBE THE OPERATIONS PERFORMED BY APPLICANT:
➔

No. Years in Business _____ No. Years Experience _____ Type of License Held _____

UNDERWRITING INFORMATION – (Explain all YES responses)

	Yes	No
1. Does applicant hold a General Contractors or Builders License?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does applicant ever act in the capacity of a General Contractor or Builder?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does applicant ever do any exterior work on buildings that exceed three stories in height?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does applicant sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the applicant had any construction defects, products liability or other negligence claim made against them?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the applicant ever been named in a lawsuit alleging construction defects?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does applicant manufacture or sell products under his name?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does applicant perform work on boats or ships or engage in boating or shipping operations	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the applicant lease equipment with/without operators?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? If yes, contact Company or General Agent, if applicable, for approval.	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
12. Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does applicant draw plans, designs, or specifications?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has applicant ever done or plan to do any asbestos removal?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has applicant performed any work of new residential properties, town homes, condominiums, row homes, apartments, housing project or dwellings prior to the certificate of occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
16. Will applicant ever perform work on new residential properties, town homes, condominiums, row homes, apartments, housing project or dwelling prior to the certificate of occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
17. What are the applicant's anticipated annual gross receipts _____		
18. What is the applicant's anticipated annual payroll? _____		
19. What are the anticipated costs of subcontracted work _____		
20. What is the percentage of: Residential Work _____ Commercial Work _____		
Applicant's Initials _____		←

(NB) New in business. Name of prior employer: _____
(WP) In business without prior insurance or where there has been a gap in prior insurance of 30 days or more.
(IB) Prior carrier: _____ Policy Number: _____ Expiration Date: _____ *

* Attach copy of renewal notification or policy declaration from prior carrier expiring less than 30 days from effective date to qualify for discount.

PRIOR LOSS INFORMATION – If any losses, refer to Company for approval

ENTER ALL LOSSES FOR THE PRIOR 5 YEARS. NONE

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS, CORRECTIVE MEASURES (IF APPLICABLE)	AMOUNT PAID	RESERVE

California Application

Deductible: \$1,000 per Claim - Property Damage CLASSIFICATION SCHEDULE	CLASS CODE	FULL-TIME PART-TIME	NO. OF EMPLOYEES	LIMITS IN THOUSANDS			
				\$100/\$100	\$300/\$300	\$500/\$500	\$1,000/\$1,000
Appliances and Accessories – Installation, servicing and repair of household appliances & accessories. No commercial appliances.	91155	FT		884	1135	1269	1451
		PT		295	378	423	484
Cable or Subscription Television – Installation of low voltage wiring and equipment at customer premises – no cable line construction or satellite dish installation.	91315	FT		395	489	538	595
		PT		132	163	179	198
Carpentry – Commercial Only. Includes framing, woodwork, trim, wooden doors, cabinet installation, shelving and rough carpentry work NO roofing or exterior work on buildings exceeding 3 stories.	91342	FT		1024	1385	1599	1922
		PT		341	462	533	641
Carpentry – Residential. Includes framing, wood siding, woodwork, trim, wooden doors, cabinet installation, shelving and rough carpentry. work NO roofing or work on buildings exceeding 3 stories.	91340	FT		990	1271	1421	1624
		PT		330	424	474	541
Carpet, Rug, Furniture or Upholstery Cleaning – on customer premises.	91405	FT		924	1143	1257	1391
		PT		308	381	419	464
Ceiling or Wall Installation – metal	91436	FT		722	927	1037	1185
		PT		241	309	346	395
Concrete Construction–Buildings & Dwellings. Includes pouring, placing & finishing concrete. NO exterior work on buildings exceeding 3 stories, pool construction or concrete coring/cutting operations	91560	FT		987	1289	1455	1704
		PT		329	430	485	568
Driveway, Parking Area or Sidewalk – Includes pouring, placing & finishing of above-grade concrete flatwork, asphalt or paver installation. No street or road work. No excavation.	92215	FT		876	1066	1165	1273
		PT		292	355	388	424
Drywall or Wallboard Installation – No insulation work.	92338	FT		480	584	638	698
		PT		160	195	213	233
Electrical Apparatus Work – no power line construction, burglar or fire alarm system work.	92451	FT		635	815	912	1042
		PT		212	272	304	347
Electrical Work within Buildings – no power line construction, burglar or fire alarm system, electrical machinery or auxiliary apparatus work.	92478	FT		672	863	965	1103
		PT		224	288	322	368
Fence Erection Contractors – No child-safety or electrically charged fencing. No exterior spray painting.	94276	FT		849	1090	1219	1393
		PT		283	363	406	464
Floor Covering Installation – No dealers. Installation of carpeting, laminate and hardwood flooring. -- Ceramic tile, stone, marble or terrazzo work should be separately classified.	94569	FT		787	1010	1130	1291
		PT		262	337	377	430
Glass Dealer/Glazier – bending, grinding, beveling or silvering of plate glass, no work on buildings exceeding 3 stories in height.	13590	FT		211	271	303	346
		PT		70	90	101	115
Heating and Air Conditioning Systems - No refrigeration, or liquefied petroleum gas (LPG) equipment sales or work.	95647	FT		1348	1640	1793	1959
		PT		449	547	598	653
House Furnishing Installation – Residential Only. Includes installation of pictures, mirrors, window treatments and closet organizers. No furniture repair or moving services.	96053	FT		713	915	1024	1170
		PT		238	305	341	390
Janitorial – Office only, No residential, retail work or sales of chemicals or cleaning supplies.	96816	FT		643	795	875	968
		PT		214	265	292	323

(Continued on Next Page)

California Application

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				\$100/\$100	\$300/\$300	\$500/\$500	\$1,000/\$1,000
Landscape Gardening—Landscape/lawn care service, sprinkler installation-NO pesticides, tree removal, fountain or pond construction, cement work, land clearing or grading of land. (Note 1)	97047	FT		1224	1399	1486	1586
		PT		408	466	495	529
Masonry—Residential Only. Includes cutting & laying of bricks, block, stone and other unit masonry or clay product and mortar work- NO work on buildings exceeding 3 stories or cast-in-place concrete work.	97447	FT		669	829	915	1030
		PT		223	276	305	343
Painting—Buildings & appurtenant structures only, incl. walkways/fences, surface prep & faux/texture painting-NO work on tanks, buildings exceeding 3 stories, exterior spray painting or roof painting.	98304	FT		1099	1337	1462	1598
		PT		366	446	487	533
Paperhanging - Includes surface preparation, covering walls and ceilings with wallpaper, fabric, vinyl or other wall coverings.	98344	FT		853	1038	1134	1240
		PT		284	346	378	413
Plastering or Stucco Work - Excludes Exterior Insulation and Finish Systems (EIFS) work and exterior work on buildings exceeding 3 stories in height.	98449	FT		685	879	983	1124
		PT		228	293	328	375
Plumbing—Residential & Incidental Commercial—NO fire sprinkler, liquefied petroleum gas (LPG), septic tank, excavation, swimming pool, process piping, public utilities, hospital, or industrial work.	98483	FT		2112	2569	2809	3070
		PT		704	856	936	1023
Refrigeration Equipment – installation, service and repair of commercial refrigeration systems. No liquefied petroleum gas (LPG) equipment sales or work.	98636	FT		704	904	1011	1155
		PT		235	301	337	385
Satellite Dish Installation, Service or Repair – No work on buildings exceeding 3 stories in height	99650	FT		531	646	706	772
		PT		177	215	235	257
Siding & Gutter Installation – Includes soffit/fascia & decorative shutters--NO spray on siding, roofing, roof flashings or work on buildings exceeding 3 stories. See Carpentry for wood siding.	98967	FT		879	1148	1296	1518
		PT		293	383	432	506
Sign Painting or Lettering – No electric signs or sign erection work above the first floor level.	99004	FT		1205	1466	1603	1752
		PT		402	489	534	584
Swimming Pool Maintenance—Routine maintenance of water chemical balance, cleaning/replacing filters, vacuuming & scrubbing--NO installation, service, repair. No resurfacing, painting or pump work.	99505	FT		940	1163	1279	1415
		PT		313	388	426	472
Telephone Equip Installation--wiring, cables & circuits for telephone and communications equip. operating at <50 volts. NO telephone line construction, burglar, fire alarm or emergency systems work.	91551	FT		554	711	795	909
		PT		185	237	265	303
Tile, Stone, Marble, Mosaic or Terrazzo Work – Installation and repair of these materials to floors, walls or counter-tops. NO swimming pool work or roofing operations.	99746	FT		534	685	767	876
		PT		178	228	256	292

Note 1: Note 1: Includes Landscape Gardening Coverage, BGL 99.338.0805

California Application

GENERAL LIABILITY PREMIUM		No. of Employees:	Full Time: _____	
			Part Time: _____	
Select Limit Requested (Limits in Thousands): <input type="checkbox"/> 100/100 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500 <input type="checkbox"/> 1,000/1,000			Premium = _____	
<input type="checkbox"/> INCREASED AGGREGATE <input type="checkbox"/> 100/200 <input type="checkbox"/> 300/600 <input type="checkbox"/> 500/1,000 <input type="checkbox"/> 1,000/2,000				
Factor (1.02) (1.02) (1.01) (1.01)			Factor X _____	
<input type="checkbox"/> IN BUSINESS WITH NO PRIOR INSURANCE OR LAPSE IN COVERAGE MODIFICATION (Modification 1.50)			Modification X _____	
<input type="checkbox"/> PROOF OF PRIOR DISCOUNT (Discount .85) Attach copy of renewal notice, non-renewal or policy declaration in order to qualify for discount			Discount X _____	

Minimum Premiums	
Occurrence Limit	Minimum Premium
\$100,000	\$750
\$300,000	\$750
\$500,000	\$750
\$1,000,000	\$1,000

GENERAL LIABILITY PREMIUM = _____

ADDITIONAL INSURED CHARGE = _____

POLICY FEE = 250

TOTAL = _____

OPTIONAL COVERAGE

ADDITIONAL INSURED Leased Equipment Lessor/Mgr Contractor City/State

Name: _____ No premium charge made for

Street: _____ additional insured endorsements.

City, State, Zip Code: _____

APPLICANT / AGENT SIGNATURE

Applicant's Signature: I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I hereby certify that I have read and answered all questions on this application and that all information contained in this application is accurate and complete. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the Company.

I understand this insurance will not provide coverage or supplementary payments for defense or expense costs under any parts of the policy arising out of the following operations and affirm such operations are not performed by my Company: Operations which are not customary to the classification of operations shown in the classification schedule; exterior work on buildings exceeding three stories in height; street or road work; roofing work; power line construction; burglar or fire alarm system work; electrical machinery or auxiliary apparatus work; liquefied petroleum gas (LPG) equipment sales or work; pesticide spraying; tree trimming, pruning or removal; painting of tanks;; fire sprinkler installation or service; sign erection or sign work above the first floor; swimming pool installation, service or repair; telephone or cable line construction; satellite dish installation; exterior insulation or finish systems work; work performed on new residential properties, town homes, condominiums, row homes, apartments, housing project or dwelling prior to the certificate of occupancy.

Agreed Signature of - Applicant _____ Date: _____

Agent's Signature: The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and then signed by the applicant; and that the initials of the applicant contained herewith were made by the applicant. I also certify that all questions on the application have been asked to and answered by the applicant. No coverage was bound by me until all questions were answered by the applicant and the application was signed by the applicant.

Signature of Agent: _____ Agent License No.: _____ Date: _____

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.