



Application ID 957765

**PRODUCER INFORMATION:**

Agency Name: BIN Insurance Holdings, LLC DBA Business Insurance Now

Agency Contact / Producer: Holly Jordan

Agency Address: 1301 Central Expressway South, Suite #115 , Allen, TX, 75013

Agency Telephone: (469) 854-3924

Agency / Producer Email: holly@BusinessInsuranceNow.com

**COMPANY INFORMATION:**

Principal Officer: Lynn GriffinBell Christopher S. Carey

Effective Date: 7/9/2016

Company Name: NuVision Home Improvement, LLC

DBA

Mailing Address: 916 Kent Avenue Catonsville, MD 21228

Physical Address: 916 Kent Avenue Catonsville MD 21228

Phone: 443-315-2978

Fax: -

License #: 130368

Email: -

Entity Type: llc

Years in Business: 2

Years Experience: 31

States in which you do business: MD

**COMPANY OPERATIONS:**

Business Description:

General handyman/home improvements

**TYPE OF WORK PERFORMED:**

Do you perform structural work?

Yes  No

New Construction

Yes  No 0 % of work Residential  Yes  No 100 % of work

Remodeling/Repair/Maintenance

Yes  No 100 % of work Commercial  Yes  No 0 % of work

**ADDITIONAL INFORMATION:**

Maximum # of Exterior Stories 2

Maximum Depth Below Grade<sup>0</sup>

**ESTIMATED EXPOSURE:**

Total Gross Receipts \$ 50,000

Subcontractor Costs \$ 0

Total Payroll \$ 20,000

Number of Field Employees\* : Owner + 1

\*For purposes of this application, "Employee" is defined as an individual working for you (the applicant), which receives a W-2 tax form or you withhold & pay employment related taxes for that individual

**OPERATING PROCEDURES**

Does your company perform any roofing operations (outside of GC/Remodel projects), work on the roof or, deck work on roofs?  Yes  No

If yes, explain:

Confirm roofing operations (outside of GC/Remodel projects), will be subcontracted. INITIAL \_\_\_\_\_

Does your company perform any waterproofing?

Yes  No

If yes, explain

Does your company perform any tract work:

Yes  No

Does your company do OCIP (Wrap-up) work?

Yes  No

If "Yes" what are the estimated receipts for work covered separately under OCIP/Wrap-up?

\$

Estimated Receipts for non-Wrap/OCIP

\$

INSURED SIGNATURE

DATE

**OPERATING PROCEDURES**

Have you been involved or do you subcontract any work involving the following: blasting operations, hazardous waste, asbestos, mold, PCB's, Hospitals (including new construction), medical facilities (including new construction), hospitals (including new construction), oil fields, dams/levees, bridges, quarries, airports, railroads, earthquake , schools, sports field or recreational facility, playgrounds (including new construction), fuel tanks, pipelines, or foundation repair. If "Yes" please explain:  Yes  No

Do you have a written contract for all work you perform (if yes, answer the following questions)  Yes  No

Does the contract identify a start date for the work?  Yes  No

Does the contract identify a precise scope of work?  Yes  No

Does the contract identify all subcontracted trades (if any)?  Yes  No

Does the contract provide a set price?  Yes  No

Is the contract signed by all parties to the contract?  Yes  No

Do you perform work (new/remodel) on single family residences, in which the dwelling exceeds 5,000 square feet?  Yes  No

If yes, explain:

Has any licensing authority taken any action against you, your company or any affiliates?  Yes  No

If yes, explain:

Have you allowed or will you allow your license to be used by any other contractor?  Yes  No

If yes, explain:

Has any lawsuit ever been filed or any claim otherwise been made against your company (including any partnership or any joint venture of which you have been a member of, any of your company's predecessors, or any person, company or entities on whose behalf your company has assumed liability)?  Yes  No

If yes, please explain:

Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  Yes  No

If yes, please explain:

**IF YOU USE SUBCONTRACTORS**

Do you use subcontractors? (if yes, answer the following questions)  Yes  No

Do you always collect certificates of insurance from subcontractors?  Yes  No

Do you require subcontractors to have insurance limits equal to your own?  Yes  No

Do you always require subcontractors to name you as additional insured?  Yes  No

Do you have a standard formal written contract with subcontractors?  Yes  No

If yes, does it have a hold harmless/indemnification agreement in your favor?  Yes  No

Do you require subcontractors to carry Worker's Compensation?  Yes  No

The applicant acknowledges that explanation of the terms, conditions and provisions of the policy of insurance, including but not limited to coverage being afforded, amendments, endorsements, exclusions and any other such information effecting the policy of insurance are to be provided solely by the applicant's agent, broker or producer and NOT the Company. The coverage type, amounts and insurance needs of the insured are the sole responsibility of the applicant and its agent broker or producer. The applicant understands the broker has no authority to act on behalf of the insurance company.

INSURED SIGNATURE

DATE

**WARRANTY**

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Application authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

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Applicant acknowledges that this policy is subject to a self-insured retention. The total limit of liability as stated in the policy declarations shall apply in excess of the self-insured retention. The limits of insurance applicable to such coverages will not be reduced by the amount of such self-insured retention. This policy applies only to the amount excess of the self-insured retention. The self-insured retention shall remain applicable even if the applicant files for bankruptcy, discontinues business or otherwise becomes unable to unwilling to pay the self-insured retention. Your bankruptcy, insolvency, or inability to pay the self-insured retention shall not increase our obligation under this policy. The risk of insolvency is retained by you and is not transferrable to us.

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Applicant acknowledges the self-insured retention shall be satisfied only by the named insured. The named insured must satisfy or pay the full amount of the self-insured retention directly, without reimbursement or contribution from any other source, including but not limited to, subcontractors, other insureds, other insurers, additional insured, reinsurers or any other persons or entities. In particular, the named insured may not apply monies paid on its behalf by others to satisfy its self-insured retention under this policy. Payment by the named insured to another insurer or carrier will not satisfy our self-insured retention requirements. Compliance with this provision is a condition precedent for coverage under the policy. In the event the named insured does not comply with this provision, no damages, loss, cost or expense shall be payable.

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The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

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Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and form a part of such policy and any false information provided on this application will result in the nullification of such policy.

INITIAL \_\_\_\_\_

**Policy Exclusions/(Sub Limits)** Include but are not limited to Expected or Intended Injury, Contractual Liability, Liquor Liability, Workers' Compensation and Similar Laws, Employer's Liability, Pollution, Aircraft, Auto or Watercraft, Mobile Equipment, War, Damage to Property, Damage to Your Product, Damage to Your Work, Damage to Impaired Property or Property not Physically Injured, Recall of Products, Work or Impaired Property, Personal and Advertising Injury, Electronic Data, Distribution of Material in Violation of Statutes, Action Over, Subsidence of Land, \*\* School or Recreational Facility, Deleterious Substances, Professional Services, Course of Roofing Operations and Open Roof, \*\* Heating Devices, Explosives, Communicable Disease, Abuse or Molestation, Assault and Battery, Prior Completed or Abandoned Work, Wrap Up, Expected or Intended Injury, Pollution, Employment Practices, Cross Suits, Fraudulent, Intentional or Criminal Acts, Prior Litigation, Prior Knowledge, Ongoing Operations, Unsolicited Communications, Attorney Fees and Expert Fees of Others, Classification Limitation, Past Work or Construction Projects, Claims under Prior Policies, Buildings and Structures Exceeding Three Stories, \*\* Hospital Project Work, Tract Home Project, Overspray, House/Structure Raising, Fall from Heights, Animals, Material Misrepresentation, Independent Contractors, Airports, Residential Size Restriction, Underground Utility Location, Fire Suppression Systems, Collapse, Injury to Day Laborers, Undisclosed Waterproofing Operations, Pool Pop up and Pool Overflow, Fire Loss - Oil Based Paint and Flammable Products, Louisiana Operations Appliance & Accessories Installation and Handyman class water damage \$5,000 max sub limit, Slip and Fall \$35,000 max sub limit. Please refer to policy for entire list of exclusions/sub-limits.  
 \*\* Coverage excluded unless buyback endorsements purchased

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\*\*\* Unlicensed Applicants, Applicants whose license is or becomes suspended or inactive at any time during the policy period, or Applicants performing operations other than their licensed trades, if approved for binding, must comply with state licensing board regulations; any projects that do not meet state specified regulations will be afforded no coverage under the policy.

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During the last five (5) years, I/we warrant that with respect to the insurance being applied for that I/We have not sustained a loss; have not had a claim made against us; have not been denied coverage or had coverage canceled by an insurance company; and have no knowledge or a reason to anticipate a claims or loss. If my business is less than five (5) years old, the above referenced warranty applies to work performed through all my prior business entities whether as an owner or an employee. I/we understand that this warranty will be incorporated into the insurance contract.

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**Warranty:** The purpose of this application is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given.

**\*Deposit Premium & Fees are fully earned**

The applicant understands that the broker has no authority to act on behalf of the insurance company. The applicant additionally understands that, if a policy is issued, the policy will include an Arbitration Endorsement by which the Company and the Applicant agree to submit to binding arbitration any and all disputes relating to or arising out of any insurance policy

3rd Party Finance Date: \_\_\_\_\_

Company (Member): NuVision Home Improvement, LLC

Signature: \_\_\_\_\_

Signature of Producer (Agent or Broker): \_\_\_\_\_



**Rating Breakdown**

Application ID 957765

**CLASSIFICATION**

**Number of field Employees:** 1      **Payroll:** 0-30,000

**GENERAL LIABILITY COVERAGES**

<b>Aggregate:</b>	2,000,000
<b>Occurrence:</b>	1,000,000
<b>Products/ Completed Operations:</b>	2,000,000
<b>Personal/ Advertising Injury:</b>	1,000,000
<b>Property Damage:</b>	1,000,000
<b>Bodily Injury:</b>	1,000,000
<b>Fire Legal:</b>	50,000
<b>Med Pay :</b>	5,000
<b>Self-Insured-Retention:</b>	1,000

**PREMIUM ESTIMATE (All figures commissionable)**

<b>Pure Premium:</b>	447.30
<b>Taxes &amp; Fees:</b>	0

**ASSOCIATION COSTS (All figures commissionable)**

<b>Program Fee:</b>	100.00
<b>Association Dues:</b>	175.00
<b>AI Endorsements:</b>	0.00
<b>Inspection Fee:</b>	100.00

**Broker Fee:** 125.00

**Total Cost of Policy:** \$ 947.30

**ENDORSEMENTS**

BLANKET AI, PW, AND WOS, ENDORSEMENT NO. 10  
 HANDYMAN, APPLIANCE INSTALLATION - WATER DAMAGE LIMIT, ENDORSEMENT NO. 74

**CLASS CODES**

A/C & Refrigeration		Glass Installation/ Glazing
Air Conditioning System Installation	✓	Handyman
Appliance & Accessories Installation		HVAC
Carpentry (Interior/Woodwork/Shop) - No Framing		Janitorial (No Floor Waxing)
Carpet Cleaning		Landscape
Cleaning (Outside Building)		Masonry
Concrete Flat Only - No Foundations		Painting (Exterior)
Debris Removal		Painting (Interior)
Door and Window Installation		Remodel Contractor (Commercial)
Drywall		Remodel Contractor (Residential)
Electrical		Sheet Metal
Fencing		Siding and Decking
Floor Coverings		Swimming Pool Cleaning
Garage Door Installation		Tile & Marble Installation