

E & S Quote
*****Reminder*****

To qualify for an E & S quote, the agent must have declinations from 3 admitted carriers.

Q. How do I obtain a quote with an E&S carrier?

A. In order to qualify for an E&S quote, producer must provide signed due diligence form indicating declinations from 3 admitted carriers.

Q. What if I don't have access to any admitted carriers?

A. Due Diligence form must be completed and signed by agent with a note indicating that agent does not have access to admitted carriers?

Q. What if I don't send the signed due diligence form?

A. Signed **due diligence form is a mandatory requirement** when writing an E&S policy. It must be accompanied with the binder to ensure prompt policy issuance.

Forms can be found at
ProducerPointers.com

PAYMENT PLANS AVAILABLE

Let us handle collections and give you more time to sell! Simply let us know the down payment collected at the time of binding and let Suburban E-Z finance the balance.

Call us at **708-424-6800** or **708-424-0100**, Option 4, if you have any questions.

THINK OF US FIRST

for all of your business ineligible for your standard carriers.

- Distressed accounts
- New Ventures
- Dwellings/Homeowners
- Personal Auto
- Commercial Auto
- Vacant Buildings
- Roofers
- Demolition Contractors
- Garage
- Valet Parking
- Trucking
- Umbrella/Excess
- Cyber Liability
- **And many others**

Call us at **708-424-0100** for immediate service.

APOLLO UPDATE

As many of you know, Apollo Casualty's system went down at the end of April.

They are currently in the process of putting in all the information they lost, and all document should be available by July 3rd.

We are following up on all renewals, endorsements, cancels, & reinstatements.

Thank you so much for your patience during this time and Please do not hesitate to call us. We are here to help in any way possible.

COMMERCIAL LINES

**We are your
Transportation Specialists**

- Long-haul to local
- For-hire trucking
- Intermodal
- Fleet & non-fleet
- Contractors
- Public auto
- School buses
- Taxis/Limousines
- Tow trucks
- Truck driving schools
- Distressed accounts
- New ventures

Call our Transportation Specialist Scott Handelman at **708-424-0100** Option 3, for more information or send your submissions to:

cl@buschbach.com



5615 W. 95th Street
Oak Lawn, IL 60453-6504

***Our Personal Lines Department
Can't be Beat!
Se Habla Español!***

We're here to service your agency 6 days a week.

Monday – Friday 8:30 am to 5:30 pm
Saturdays 9:00 am to 1:00 pm

708-424-0100
Option 1 – Personal Auto
autofax@buschbach.com
Fax: 708-741-4709



**Our staff is dedicated to providing superior service
and immediate policy issuance.**

Esmeralda Ibarra
Eugina Barnes
Leslie Cray

Catherine Liuzzo
Aimie Estrada
Heather Huscher, Supervisor

Online Rating System available for your office
See **Producerpointers.com** for more information

Competitive Premium Financing

Debbie Brozak
Andrea Jennings

Jessica Cardenas
Ginger Conroy

TRANSPORTATION ACCOUNTS

Our markets have a broad appetite



Some Recent Successes

Tow Trucks
Contractors
Gas Haulers
Ambulances
Limousines

School buses
Trucking
Medivans
Transit Mix
Dump Trucks

Fleet or Non-fleet
Distressed accounts

We are your specialty market source for all lines of coverage

***Commercial Lines
Placement Specialists!
Se Habla Español!***

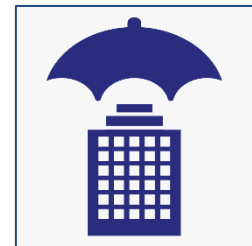
Property, General Liability, Liquor Liability

Carmen Sanchez Colleen Delaney
Ana Teran



Umbrella, Professional

Carmen Sanchez Colleen Delaney
Ana Teran



Commercial Auto & Garage

- Light Commercial Auto
- Limousines, Taxis, Tow Trucks
- Long-haul, Local, Intermediate
- Garage

Colleen Delaney Carmen Sanchez
Scott Handelman (Transportation)



Weekdays 8:30am – 5:30pm

For immediate quotes
Phone: 708-424-0100, Option 3
Fax: 708-425-5077
Email: cl@buschbach.com

Competitive Premium Financing

Debbie Brozak Jessica Cardenas
Andrea Jennings Ginger Conroy

SUBURBAN E-Z PREMIUM PAYMENT PLAN

For all your financing needs!

Suburban E-Z will finance ALL your policies....even those not placed through our office.

We offer:

- Program for 6 or 12 month policies
- Competitive rates
- Low down payments
- Excellent service
- Efficient, courteous staff



Let us handle collections and give you more time to sell!

Phone: 708-424-6800

708-424-0100 – Option 4

Fax: 708-425-5077

Suburban E-Z Premium Payment Plan
5615 W. 95th Street
Oak Lawn, IL 60453-6504

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

GENERAL CONTRACTORS/DEVELOPERS GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Audit/Inspection Contact Name: _____

E-mail Address: _____ **Phone Number:** _____

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$



1. Indicate percentage of work applicant performs in each of the following:

- General Contractor % Subcontractor..... %
 Developer % Construction/Project Manager/Consultant..... %
 Owner/Builder..... %

2. States/areas of operations: _____

Radius of operations from main location:..... miles

3. Describe all operations in detail: _____

4. Any change in the named insured in the last year? Yes No

If yes, advise all prior names: _____

5. Any change in operations in the last year? Yes No

If yes, advise: _____

6. Length of time in business:..... years. **Years of Experience:** _____

Is applicant licensed?..... Yes No

If yes, type of license and number: _____ Year license issued: _____

Length of time in business operating under the name shown above: _____ years or new venture.

Has applicant operated or been licensed under any other name(s) during the past ten (10) years? .. Yes No

If yes, provide prior name and describe type of operations:

Prior Name	Operations Description

7. Total number of employees:

8. Indicate percent (%) of operations involving:

- a.** New construction..... % Remodeling % Demolition %
 Repair % Other (explain below) % (Must total 100%)

Explain other: _____

- b.** Commercial new construction..... % Commercial remodeling %
 Industrial % Institutional %
 Residential new construction % Residential remodeling %
 Apartments..... % Commercial Condominiums %
 Prefab/Modular/Kit home construction % Prefab/Modular/Kit home mfg..... %

(Must total 100%)

c. Residential new construction:

- (1)** Condos (including conversions): %
(2) Townhouses (including conversions): %
(3) Single family or residential dwellings:..... %

Average cost of new homes built: \$



d. Residential remodeling:

(1) Interior work only:.....%

(2) Ground-up construction:.....%

9. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

10. Has applicant been involved as a General Contractor in the building of Residential Homes, Condominiums or Townhouses in the past ten (10) years, including 'conversion' projects?..... Yes No

If yes, indicate maximum number built during any twelve (12) month period, maximum at any one project/development site and expected maximum number to be built during next twelve (12) months: (For these purposes a duplex is equivalent to two single family residences; a triplex equals three homes, etc.)

	No. Residential Homes	No. any one Project/ Development Site	No. Condominiums	No. Townhouses
Next twelve (12) months				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				

11. Advise the maximum number of residential home sites developed in any one year or at any one project site (past, present, future): _____

12. Does applicant have a formal home warranty program?..... Yes No

If yes, provide details: _____

13. Does applicant have model homes?..... Yes No

If yes, provide number and location(s): _____



14. List all major projects completed within the past five years, including work in progress and planned projects:
 (List project name, date, project description, location and revenues): _____

15. Operations By Applicant—Indicate percentage of payroll for each type of construction work performed by applicant’s employees:

Airports	%	Insulation	%	Sewer	%
Asbestos Removal	%	Maintenance	%	Snow Removal	%
Blasting/Explosives	%	Masonry	%	Soil Stabilization	%
Bridges/Elevated Roads	%	Mechanical	%	Steel (ornamental)	%
Carpentry	%	Mold & Spore Remediation	%	Steel (structural)	%
Communication Lines	%	Oil or Gas Facilities	%	Street/Road/Highway	%
Concrete	%	Painting	%	Supervisory Only	%
Drilling	%	Pipeline/Water Main	%	Swimming Pools	%
Earthquake Reinforcement/ Retrofitting	%	Plastering	%	Tiny House Construction or Manufacturing	%
EIFS	%	Plumbing	%	Tunneling	%
Electrical	%	Power Lines	%	Underpinning	%
Excavating	%	Process Piping	%	Waterproofing	%
Fire Proofing	%	Removal/Installation of Underground Tanks	%	Water Restoration	%
Fire Restoration	%	Roofing	%	Wrecking/Demolition	%
Framing of Buildings	%	Rooftop work (other than roofing)	%	Other (describe)	%
Gas Mains	%	Scaffolding	%		

16. Subcontractors Operations Performed for Applicant—Indicate percentage of subcontracted work costs for all construction work performed by applicant’s subcontractors:

Airports	%	Insulation	%	Sewer	%
Asbestos Removal	%	Maintenance	%	Snow Removal	%
Blasting/Explosives	%	Masonry	%	Soil Stabilization	%
Bridges/Elevated Roads	%	Mechanical	%	Steel (ornamental)	%
Carpentry	%	Mold & Spore Remediation	%	Steel (structural)	%
Communication Lines	%	Oil or Gas Facilities	%	Street/Road/Highway	%
Concrete	%	Painting	%	Supervisory Only	%
Drilling	%	Pipeline/Water Main	%	Swimming Pools	%
Earthquake Reinforcement/ Retrofitting	%	Plastering	%	Tiny House Construction or Manufacturing	%
EIFS	%	Plumbing	%	Tunneling	%
Electrical	%	Power Lines	%	Underpinning	%
Excavating	%	Process Piping	%	Waterproofing	%
Fire Proofing	%	Removal/Installation of Underground Tanks	%	Water Restoration	%
Fire Restoration	%	Roofing	%	Wrecking/Demolition	%
Framing of Buildings	%	Rooftop work (other than roofing)	%	Other (describe):	%
Gas Mains	%	Scaffolding	%		

17. Account history for prior five years and projected current year:

Year	Payroll	Total Revenue	Subcontracted Cost		
			Cost of Labor, Fees, Commissions +	Cost of Materials and Equipment Rental =	Total Subcontracted Cost
Current	\$	\$	\$	\$	\$
1st Prior	\$	\$	\$	\$	\$
2nd Prior	\$	\$	\$	\$	\$
3rd Prior	\$	\$	\$	\$	\$
4th Prior	\$	\$	\$	\$	\$
5th Prior	\$	\$	\$	\$	\$

18. Dollar value of average job completed:\$ _____

19. Subcontractors:

- a. Are all subcontractors required to carry General Liability insurance? Yes No
If yes, minimum General Liability limits required: \$ _____
- b. Are all subcontractors required to carry Workers Compensation insurance? Yes No
- c. Are certificates of insurance obtained from all subcontractors? Yes No
- d. Is applicant named as an additional insured on all subcontractors' policies? Yes No
- e. Does applicant use uninsured subcontractors? Yes No
If yes, percentage of total subcontracted cost: _____%
- f. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No
If no, explain when not required: _____
- g. Does applicant normally use the same subcontractors? Yes No
If no, is subcontracted work put out for bids? Yes No
- h. Does applicant own or operate a salvage yard and/or act as a secondhand building materials dealer? Yes No

20. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)? Yes No

If yes:

- a. Any work on residential structures? Yes No
- b. Any work performed without drainage channels? Yes No
- c. Number of years experience with EIFS applications: _____
- d. Any prior claims involving EIFS application? Yes No
If yes, provide details: _____

21. Any exterior stucco and/or plastering work by insured or subcontractor? Yes No

22. Indicate if any work done involving systems that provide:

- Medical and/or industrial life support Process piping Dams/levees

23. Indicate if work requires monitoring by:

- Certified inspectors Resident inspectors Part-time When called

24. Any work performed above two stories in height from grade? Yes No

If yes, maximum number of stories: _____



25. Any work performed below grade?..... Yes No
 If yes, maximum depth: _____ ft..... _____ % of total work

26. Is scaffolding owned, rented or erected? _____
 Are other contractors at job site allowed to use it?..... Yes No

27. Does applicant have a formal safety program in operation?..... Yes No
 Explain and/or provide a copy: _____

28. Has applicant ever built or intend on building on hillsides, slopes, former landfills/dumps or in
 subsidence areas?..... Yes No
 If yes, explain: _____

Percent of grade ____% Prior testing (geological, topical)?..... Yes No
 If yes, explain: _____

Which geological survey engineering firm does applicant use? _____
 Underpinning? Yes No
 Any past subsidence losses? Yes No
 If yes, explain: _____

29. Any mobile equipment leased from others? Yes No
 If yes, from whom? _____
 Lease basis? _____
 Operators provided? Yes No
 Type of equipment leased? _____

30. Does applicant own any Vacant Land? (Raw land with no developmental or improvement activity, held
 only for investment or possible development more than twelve [12] months in the future. No buildings on
 property.) Yes No
 If yes, property is zoned: Residential Commercial/Retail/Industrial Other: _____

No. of Acres	No. of Lots	Location Description

31. Does applicant own any Real Estate Development Property? (Land with improvements—streets,
 roads, utilities, etc. completed or under construction) Yes No
 If yes, property is zoned: Residential Commercial/Retail/Industrial
 If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

32. Does applicant or any of applicant employees hold a Real Estate Agent's license? Yes No
 If yes, has Professional Liability Coverage been obtained? Yes No
 Limit of Liability:\$ _____

33. Does applicant hold other persons' property for service, storage or repair? Yes No
 If yes, explain: _____

34. Any underground storage tanks? Yes No
 If yes, when inspected and by whom? _____

35. Any employees working under:
 U.S. Longshoremen's and Harborworkers' Act? Yes No
 Jones Maritime Act? Yes No
 If yes, what percent of payroll? ____% Give city and state: _____

36. Does applicant have Workers' Compensation coverage in force?..... Yes No

37. Does applicant lease employees from others? Yes No
 Does applicant lease employees to others?..... Yes No

38. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? Yes No
 If yes, provide details: _____

39. List all active owners, partners and executive officers and their job duties/responsibilities: _____

40. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies? Yes No
 If yes, describe: _____

41. Additional Insured Information:

Name	Address	Interest

42. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

43. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
 If yes, explain: _____

44. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium	\$	\$	\$	\$	\$

45. Has applicant ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit? Yes No

If yes, provide details of losses or suits older than five years:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

46. Loss History—Five Year Period:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. Check if no losses in the last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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



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 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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.

NOTICE TO 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.

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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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: 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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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.

We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.