



Earning Your Business Every Day



Contractors

*New York
Agents Guide*



GENERAL RULES

NEW YORK(31)

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The Merchants Advantage Plus® policy provides both property and liability coverage for eligible businesses. One policy form is available: the Businessowners Coverage Form, BP 00 03. This form provides both mandatory and optional coverages. Optional coverages may be added for an additional charge.



Merchants Advantage Plus® Contractors

GENERAL RULES

NEW YORK(31)

RULE 1 APPLICATION OF THIS MANUAL

This manual contains the rules and rates of the Merchants Advantage Plus® Contractors Program. The rules and rates in this manual may not be amended except as specifically permitted herein.

RULE 2 POLICY TERM

The Policy may be written from inception until expiration (unless cancelled). Each renewal premium shall be computed according to the current rules, rates and forms. Coverage may be renewed annually using a Renewal Declaration Page (e.g., renewal certificate). (All premiums and rates contained in this manual are annual.)

RULE 3 MANDATORY COVERAGE

Property and Business Liability are mandatory policy coverages.

RULE 4 ROUNDING RULE

- A) Round rates to two decimal places. When a third decimal place is 5 or more, round to the next higher number, e.g., .125 = .13
- B) Round the premium for each coverage or exposure for which a separate premium is calculated to the nearest whole dollar, e.g., \$100.50 = \$101.00 while \$100.49 = \$100.00. Charge a premium of at least \$1.00 whenever a separate premium is calculated.



GENERAL RULES

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RULE 5 PREMIUM CHARGES

Additional Premiums

Prorate all changes requiring additional premium (including flat premium charges). Apply the rules and rates in effect on the inception date of the policy in computing the additional premium.

Waiver of Premium

Any return premium due the insured will be granted.

RULE 6 RATING PLANS

Schedule Rating Plan (Refer to the Company)

Expense Reduction Plan (Refer to the Company)

RULE 7 CANCELLATION PROVISIONS

The entire policy must be cancelled if any mandatory coverages are cancelled. All cancelled policies or other evidence of cancellation must be sent to the Company.

All requests for policy cancellation are computed pro rata and rounded to the next higher whole dollar. However, if policy cancellation is made at the request of the insured or for reasons of non-payment of premium the Company will retain a policy minimum of \$150.00.

Non-payment cancellations are computed on a pro rata basis.

If the insured goes out of business, return premium is calculated pro rata and rounded to the next higher whole dollar.



Merchants Advantage Plus® Contractors

GENERAL RULES

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RULE 8 MANDATORY COVERAGE CONDITIONS AND PROVISIONS

Merchants Advantage Plus® policies contain coverages which are mandatory and may not be deleted or modified. Rates for these mandatory coverages produce premium charges, which are less than those which would be obtained by specific rating for individual coverages as is done under other package policies.

RULE 9 MINIMUM PREMIUMS

A minimum premium applies to the Merchants Advantage Plus® policy.

All states except Michigan:	Minimum Premium \$500
Michigan:	Minimum Premium \$600

These minimum premiums are not subject to modification.

RULE 10 MULTIPLE LOCATIONS / ENTERPRISES

Liability coverage on the Merchants Advantage Plus® policy is on a comprehensive basis. More than one location may be written under a single policy. The liability limit applies per location.

RULE 11 OWNERSHIP

When the building and business personal property are under the same or common ownership, both must be included in the same policy. If the building and business personal property are under separate ownership, they may be insured separately.

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New York (31)

RULE 12 POLICY CHANGES AND ENDORSEMENTS

Permissible changes may be grouped as follows:

1. Buildings and business personal property – limits may be increased or decreased.
2. Number of locations – may be increased or decreased.
3. Optional coverages – may be added or deleted – limits may be increased or decreased.

RULE 13 FACTORS AND MULTIPLIERS

Whenever applicable, factors or multipliers are to be applied consecutively and not added together.

RULE 14 CONSTRUCTION

For buildings insured, the construction types are:

FRAME

Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood ironclad or stucco on wood. Light metal buildings must also be rated as frame.

JOISTED MASONRY

Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible (disregarding floors resting directly on the ground).

NON-COMBUSTIBLE

Buildings where the exterior walls, floors and roof are constructed of and supported by, metal, asbestos, gypsum or other non-combustible materials.

MASONRY NON-COMBUSTIBLE

Buildings where the exterior walls are constructed of masonry materials such as abode, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials, with the floors and roof of metal or other non-combustible materials.

MODIFIED FIRE RESISTIVE AND FIRE RESISTIVE

Buildings where the exterior walls, floors, and roof are constructed of masonry or other fire resistive materials, with a fire resistive rating of one hour or more.

GENERAL RULES

NEW YORK(31)**RULE 14 (continued)****MIXED CONSTRUCTION**

When a building is of mixed construction, determine the applicable construction type as follows:

1. If 2/3 or more of the total wall area is of masonry or fire resistive materials, the construction type is:
 - a. Fire Resistive or Modified Fire Resistive, when 2/3 or more of the total floor and roof area is of masonry or fire resistive materials.
 - b. Masonry Non-Combustible, when 2/3 or more of the total floor and roof area is of non-combustible materials.
 - c. Joisted Masonry, when more than 1/3 of the total floor and roof area is of combustible materials.
2. If 2/3 or more of the total wall area and 2/3 or more of the floor and roof area is of non-combustible materials, the applicable Construction Type is Non-Combustible.
3. If more than 1/3 of the total wall area is of combustible materials, the applicable Construction Type is Frame.
4. If none of the above describe the building, Refer to Company for construction type giving construction details.

RULE 15 FIRE PROTECTION

Protection Class is determined from the company manual. The Protection Class Manual includes National Fire Board recognized classes of protection.

RULE 16 SPRINKLERED PROPERTY

A building is classified as sprinklered if the entire building is protected by an automatic sprinkler system. Automatic sprinkler system means any automatic fire protective or extinguishing system. Credits are available where the entire building is sprinklered and rated using this manual.



Merchants Advantage Plus® Contractors

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RULE 17 AUDIT

Liability premiums and exposures that are variable are subject to audit at any time during the policy period or within 180 days of the expiration of the policy.

TERRITORIES
NEW YORK (31)

The following list contains various cities, towns, boroughs and villages in this state together with their counties and territory code assignments. For any cities or towns not specifically named, the territory codes are shown by county at the end of this listing.

City and County	Territory Code	City and County	Territory Code	City and County	Territory Code
	A				
Albany, Albany.....	002			11235	028
				11236	028
				11237	027
	B			11238	028
Bronx (See New York City)		11201	028	11239	027
Brooklyn (See New York City)		11202	028	11240	028
Buffalo, Erie.....	008	11203	028	11241	028
		11204	028	11242	028
		11205	028	11243	027
		11206	027	11244	028
		11207	027	11245	028
Columbia, Herkimer	015	11208	027	11247	028
	D	11209	027	11248	027
Danube, Herkimer.....	015	11210	028	11249	028
	E	11211	028	11251	028
Ellis Island, New York.....	011	11212	028	11252	027
	F	11213	028	11254	028
Frankfort, Herkimer	015	11214	027	11255	028
	G	11215	028	11256	027
German Flats, Herkimer	015	11216	028		
Governor's Island, New York	011	11217	027		
	H	11218	028		
Hart Island, New York	011	11219	028		
Herkimer, Herkimer.....	015	11220	028		
High Island, New York.....	011	11221	027		
	L	11222	027		
Litchfield, Herkimer	015	11223	030		
Little Falls, Herkimer	015	11224	030		
	M	11225	028		
Mount Vernon, Westchester	003	11226	028		
	N	11227	027		
New Rochelle, Westchester.....	003	11228	027		
		11229	028		
		11230	028		
		11231	029		
		11232	028		
		11233	027		
		11234	028		
					Manhattan (Borough), New York Zip Codes
				10001	030
				10002	031
				10003	031
				10004	031
				10005	031
				10006	031
				10007	031
				10009	031
				10010	027
				10011	030
				10012	031
				10013	031
				10014	031
				10016	027
				10017	027
				10018	030
				10019	030

TERRITORIES
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Zip Code County	Territory Code	City and County	Territory Code	City and County	Territory Code
Manhattan (Borough), New York Zip Codes (Continued)					
10020					
10020	030	10099	031	10158	027
10021	027	10101	030	10159	027
10022	027	10102	030	10160	027
10023	030	10103	027	10161	031
10024	030	10104	030	10162	027
10025	030	10105	030	10163	027
10026	030	10106	030	10164	027
10027	030	10107	030	10165	027
10028	027	10108	030	10166	027
10029	031	10109	030	10167	027
10030	030	10110	027	10168	027
10031	030	10111	027	10169	027
10032	030	10112	030	10170	027
10033	030	10113	030	10171	027
10034	030	10114	030	10172	027
10035	030	10115	030	10173	027
10036	030	10116	030	10174	027
10037	030	10117	030	10175	027
10038	031	10118	027	10176	027
10039	030	10119	030	10177	027
10040	030	10120	030	10178	027
10041	031	10121	030	10179	027
10043	031	10122	030	10184	031
10044	027	10123	030	10185	030
10045	031	10124	030	10196	031
10046	031	10125	030	10197	031
10047	031	10126	027	10199	030
10048	031	10128	027	10203	031
10055	027	10129	030	10211	031
10060	030	10130	027	10212	031
10069	030	10131	027	10213	031
10072	030	10132	030	10242	031
10079	031	10133	030	10249	031
10080	031	10138	030	10256	031
10081	031	10149	030	10257	031
10082	030	10150	027	10258	031
10087	027	10151	027	10259	031
10090	031	10152	027	10260	031
10094	031	10153	027	10261	031
10095	030	10154	027	10265	031
10096	031	10155	027	10268	031
10098	030	10156	030	10269	031
		10157	030	10270	031

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City and County	Territory Code	City and County	Territory Code	City and County	Territory Code
10271	031	11372	032	11691	036
10272	031	11373	032	11692	036
10273	031	11374	032	11693	036
10274	031	11375	032	11694	035
10275	031	11377	032	11695	035
10276	031	11378	032	11697	035
10277	031	11379	032		
10278	031	11380	032		
10279	031	11381	032		
10280	031	11385	032		
10281	031	11386	032		
10282	031	11390	032		
10285	031	11405	033		
10286	031	11411	033		
10292	031	11412	033		
Queens (Borough), Queens Zip Codes					
11101	027	11413	036		
11102	027	11414	032		
11103	027	11415	032		
11104	027	11416	032		
11105	027	11417	032		
11106	027	11418	032		
11351	032	11419	033		
11352	032	11420	036		
11354	032	11421	032		
11355	033	11422	036		
11356	032	11423	033		
11357	032	11424	033		
11358	033	11425	033		
11359	033	11426	033		
11360	033	11427	033		
11361	033	11428	033		
11362	032	11429	033		
11363	032	11430	036		
11364	033	11431	033		
11365	033	11432	033		
11366	033	11433	033		
11367	033	11434	036		
11368	032	11435	033		
11369	032	11436	036		
11370	032	11439	033		
11371	032	11451	033		
		11484	036		
		11499	036		

TERRITORIES
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City and County	Territory Code	City and County	Territory Code	City and County	Territory Code
N		County	A	J	
Staten Island, Richmond		Albany	021	Jefferson	017
a) American Dock Stores		Allegheny.....	019		
and Piers	020				
b) Remainder.....	011				
North Brothers Island,		B		K	
New York.....	011	Bronx (See New York City)		Kings (See New York City)	
		Broome.....	019		
P		C		L	
Peekskill, Westchester	003	Cattaraugus.....	019	Lewis.....	017
Port Chester Village,		Cayuga.....	019	Livingston	019
Westchester.....	003	Chautauqua.....	019		
R		Chemung.....	019	M	
Rochester, Monroe	006	Chenango.....	019	Madison.....	019
		Clinton.....	017	Monroe	019
S		Columbia.....	021	Montgomery.....	015
Schuyler, Herkimer.....	015	Cortland.....	019		
Schenectady, Schenectady	002			N	
Stark, Herkimer.....	015	D		Nassau.....	007
South Brother Island,		Delaware	013	New York (See New York City)	
New York.....	011	Dutchess	021	Niagara.....	014
Syracuse, Onondaga	004				
T		E		O	
Troy, Rensselaer.....	002	Erie	014	Oneida.....	015
		Essex	017	Onondaga.....	015
U		F		Ontario	019
Utica, Oneida.....	005	Franklin	017	Orange	013
		Fulton.....	017	Orleans.....	019
W		G		Oswego.....	019
Warren, Herkimer.....	015	Genesee.....	019	Otsego.....	019
White Plains, Westchester.....	003	Greene	013		
Winfield, Herkimer.....	015			P	
		H		Putnam.....	038
Y		Hamilton	017		
Yonkers, Westchester	003	Herkimer.....	017	Q	
				Queens (See New York City)	

TERRITORIES
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The following list contains various cities, towns, boroughs and villages in this state together with their counties and territory code assignments. For any cities or towns not specifically named, the territory codes are shown by county at the end of this listing.

City and County	Territory Code	City and County	Territory Code
	R		
Rensselaer	021	Westchester	
Richmond	011	(a) All areas south of a line drawn from the north side of North	
Rockland	039	Tarrytown through Kensico	
		Reservoir of the western extremity of Connecticut excluding Mt.	
	S	Vernon, New Rochelle, Port	
Saint Lawrence.....	017	Chester Village, White Plains and	
Saratoga.....	017	Yonkers.....	009
Schenectady.....	021	(b) All areas north of a line drawn from the north side of North	
Schoharie	019	Tarrytown through Kensico	
Schuyler	019	Reservoir of the western extremity of Connecticut excluding	
Seneca	019	Peekskill	038
Steuben.....	019	Wyoming	013
Suffolk	016		
Sullivan.....	013		
	T		Y
Tioga.....	019		
Tompkins.....	019	Yates.....	019
	U		
Ulster.....	013		
	W		
Warren	017		
Washington.....	021		
Wayne.....	019		



Merchants Advantage Plus® Contractors

ELIGIBILITY

ALL STATES

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Contractors (other than Handyman)

Handyman

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ELIGIBILITY

ALL STATES

TARGET RISKS

CONTRACTORS (OTHER THAN HANDYMAN)

Independent Artisan trade contractors who primarily perform construction work at residential properties with no more than 15 employees. Residential type work at commercial properties is also acceptable.

The maximum quotable amount of insurance for building and business personal property is \$6,000,000 per location. For higher limits—contact your underwriter.

All policies include an Exclusion for Hot Tar Roofing Operations (Form MU 85 45).

See our Marketing Guide for class specific eligibility.

HANDYMAN

A Handyman is an independent contractor hired to do a variety of miscellaneous work found in a residential household environment. A Handyman is not licensed in any one trade and is not trained as a professional artisan. A handyman can have no more than two full-time and one part-time employee.

The maximum quotable amount of insurance for building and business personal property is \$6,000,000 per location. For higher limits—contact your underwriter.

See our Marketing Guide for class specific eligibility.

All handyman policies include the following endorsements:

MU 85 44• Insured Contract - Redefined

This endorsement limits contractual coverage to Lease of Premises; Sidetrack Agreement; Easement or License agreement (except in connection with construction or demolition operations or within 50 feet of a railroad); obligation required by ordinance to indemnify a municipality except in connection with work for the municipality; or an elevator maintenance agreement.

MU 85 43• Exclusion of Injury to Employees, Contractors and Employees of Contractors.

This endorsement amends the policy to exclude injury to any employee.

MU 85 40• Roofing Exclusion

This endorsement excludes coverage if work is done to more than 35% of the roof.

MU 85 45• Hot Tar Exclusion

This endorsement excludes coverage from any hot tar roofing operations.

ELIGIBILITY**ALL STATES**

DESIRABLE RISKS

(Applicable to all contracting risks, including handyman)

- Buildings
 - Buildings no more than 75 years old
 - No more than 20% of the square footage is vacant, unoccupied or undergoing renovation
 - Building use is office or shop
 - Building height of no more than 4 stories
 - Separate storage building up to 5,000 square feet
- Operations
 - Financially stable
 - Favorable loss experience
 - Not cancelled or non-renewed by the prior carrier
 - Annual sales/receipts less than \$2,500,000
 - Total construction cost up to \$1,000,000
 - Subcontracted work should not exceed 30% of the total operation
 - a. Exception: For handyman risks, no subcontracted work is allowed
 - Retail sales of 50% or less of total receipts
 - Work up to 2.5 stories
 - Snow plowing
 - a. Snowplowing of residential driveways and sidewalks, other than apartments and condominiums is acceptable
 - b. Commercial plowing with light or medium vehicles at commercial properties such as offices and single occupant commercial buildings is acceptable
 - c. No plowing with dump or heavy vehicles
 - d. No plowing of strip plazas, grocery stores or other high traffic areas
 - e. No plowing of streets or roads
 - f. Inland Marine coverage on snow removal equipment requires company approval
 - g. No blanket additional insured completed operations coverage

Refer to Company for any Exceptions to the above Guidelines



ELIGIBILITY

ALL STATES

INELIGIBLE RISKS

(Applicable to all contracting risks, including handyman)

- Risks in a building listed on the National Historic Registry
- Risks that directly import goods
- Products sold under the insured's own label
- Risks with more than three eligible Contractor classifications
 - a. Exception: For handyman risks, no other Contractor classifications are allowed
- General Contractors or Home Builders
- Industrial work
- Work involving EIFS (Exterior Insulation Finishing System)
- Hazardous materials abatement work
- Demolition, wrecking or blasting operations
- Renting or leasing equipment to others
- Operations involving repair, installation or service of high pressure boilers. High pressure boilers provide steam at pressure above 15 lbs. per square inch or provide hot water at temperatures exceeding 250 degrees Fahrenheit
- Operations involving explosives, pesticides (other than over the counter) or asbestos
- Roofing Contractors
- Work done at nuclear plants
- Wrap ups
- Underground work greater than 12 feet
- LPG work (tank or line in) or LPG sales
- No water well drilling for industrial or irrigation purposes, no laying of water lines or water mains, no building of storage tanks, and no installation of pumping equipment
- No alarm certification, no fire protection or sprinkler work
- No installation repair or service of solar energy systems
- No handling of chemical or industrial waste

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Cooking Factor

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- Windstorm Protective Device
- Windstorm or Hail Deductible

BUILDING & BUSINESS PERSONAL PROPERTY

1. Building Coverage and/or Business Personal Property coverage is mandatory
 - Determine the occupancy class (Office, Shop, Storage/Retail)
 - Buildings with shop occupancy must be rated as shop
 - Buildings with office and storage occupancy will be rated as storage
 - Buildings with office occupancy only will be rated as office
 - Buildings with retail occupancy shall be rated as storage/retail
2. Determine the ISO Businessowners rating territory applicable to the location of the property to be insured
3. Determine the protection class
4. Determine the construction of the building
5. Obtain the base rate for each coverage from the applicable State Rate Page using the Business Classification, Protection Class and Construction type
6. Determine if any modifications apply to the Building and Business Personal Property rates
 - Actual Cash Value Factor (Building rate only)
 - Age of Building Factor
 - Cooking Factor (Building rate only)
 - Functional Building Value Factor (Building rate only)
 - Property Deductible Factor
 - Protective Safeguards Factor
 - Single Occupancy Credit
 - Sprinkler Credit
 - Theft Exclusion Factor (Business Personal Property rate only)
 - Windstorm Protective Device Factor (NY Building rate only)
 - Windstorm or Hail Deductible Factor
7. If applicable, adjust the base rates for Building and Business Personal Property by the applicable modifications
8. Multiply the adjusted rates by the amount of insurance, per \$1,000, to develop the Building & Business Personal Property premiums
9. Multiply by the applicable Tier Factor

BUSINESS LIABILITY

1. Select the limits of liability desired
2. Determine the applicable classification(s) and class code(s) for each employee
 - When more than one classification applies to an employee, use the highest rated classification
3. For each applicable classification, calculate the Full Time Premium by multiplying the Full Time Base Rate by the number of full time employees
4. For each applicable Classification, calculate the Part Time Premium by multiplying the Part Time Base Rate by the number of part time employees
5. Add the Full Time and Part Time Premiums together
6. If applicable, apply the Property Damage Deductible – Liability Factor
7. Multiply by the applicable Tier Factor

OPTIONAL COVERAGE PREMIUMS

Refer to the Coverage & Options Rating Instructions in this section

TOTAL PREMIUM

Develop the total premium by adding the following:

- Building Premium
- Business Personal Property Premium
- Business Liability Premium
- Optional Coverage Premiums

Determine if an adjustment applies for the following:

- Account Credit
- IRPM (if applicable)

Add any applicable State Fees to develop the Total Policy Premium

*RATING INSTRUCTIONS**NEW YORK (31)***DEFINITION OF EMPLOYEE**

Rating is based on the number of full time and part time employees as defined below

FULL TIME

- There must be at least one full time employee
- Each owner, partner or corporate officer that is active in the business is considered a full time employee
- Any person working 1,000 hours or more in any one year is also a full time employee. This includes temporary, leased and seasonal employees.

PART TIME

- Any person who works less than 1,000 hours in any one year is a part time employee. This includes temporary, leased and seasonal employees.
- For premium computation purposes, compute the total number of hours worked by all part time employees and divide by 1,000 hours. Round to the next highest whole number. This number will be used as the ratable number of part time employees.

EXCLUDED EMPLOYEES

- Inactive partners or corporate officers are not to be included
- Executive officers of a corporation and individual insureds or co-partners engaged principally in clerical operations or as outside salespersons are not to be included
- Outside salespersons and clerical office help are not to be included
- Drivers, if over 50% of their duties are to work on or in connection with automobiles, are not to be included

OTHER EMPLOYEE DEFINITIONS

- *Executive Officers* – The Executive Officers of a corporation are those persons holding any of the officer positions created by the name insured's charter, constitution or bylaws or any other similar governing document
- *Inactive Corporate Officers* – The Inactive Corporate Officers are not involved in the day to day operations, supervisory activities or administrative duties
- *Clerical Office Employees* – Clerical Office Employees are those employees whose duties are strictly limited to keeping the insured's books or records or conducting correspondence, including any other employees engaged in clerical work in the same area
 - Clerical Office Employees duties are performed in an area which is physically separated by walls, floors or partitions from all other work areas of the insured
- *Salespersons, Collectors, or Messengers* – Salespersons, Collectors or Messengers are those employees engaged principally in such duties away from the premises of the employer
 - This term does not apply to any employee whose duties include the delivery of any merchandise handled, treated or sold
- *Replacement Employees* – Replacement Employees are employees that are hired to fill a position vacated by a previous employee and are not to be considered an additional employee

ADDITIONAL EMPLOYEE PROVISIONS

- Short term policies or policies cancelled prior to expiration will be rated on a pro rata basis to determine full and part time status
For example:
For a policy with a period from January 1 through June 30, times the 1,000 hours per year by the pro rate factor of .493 which would equal 493 hours. Any employee working 493 hours or more would be considered full time. Employees with less than 493 hours for that period would be considered part time.



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RATING INSTRUCTIONS

NEW YORK (31)

COVERAGE & OPTIONS

ACCOUNT CREDIT

An Account Credit is available if other commercial insurance is written for the same insured.

Apply an Account Credit to the total MAP Policy premium if there is a supporting Commercial Auto, Workers Compensation or Umbrella policy written as of inception. The Account Credit will apply for a period of one year and eligibility will be determined annually.

- ✓ Account Credit ▪ 0.925

ACCOUNTS RECEIVABLE

Coverage is included to protect businesses against their inability to collect their accounts receivable due to the loss of supporting records destroyed by a covered Cause of Loss. Provides coverage for payable of additional expenses and other reasonable expenses incurred to re-establish records.

- Coverage is automatically included for \$25,000 On Premises / \$10,000 Off Premises
- Options are available to increase the On Premises Limit only
- Property deductible applies

Obtain the rate and multiply by the increased On Premises Limit per \$1,000 for each building.

LIMIT	RATE PER \$1,000
\$25,000 On Premises / \$10,000 Off Premises	Included
Excess of \$25,000 on premises	\$1.50

ACTUAL CASH VALUE

An Actual Cash Value option is available as a loss settlement provision. Consideration is given for factors such as replacement value less depreciation, market value, rental value, the use of the building, the area in which it is located, obsolescence, assessed valuation and any other factor that would have an effect upon the value.

If Actual Cash Value is selected, Ordinance or Law Coverage cannot be included.

Obtain the optional Actual Cash Value Factor and apply to the Building rate.

- ✓ ACV Factor ▪ 1.100

ADDITIONAL INSURED

Provides coverage to any person or organization when the named insured has agreed in a contract or agreement to name that person or organization as an insured on the policy.

- Blanket Additional Insured coverage is automatically provided under endorsement **MU 82 77 Additional Insured- By Contract, Agreement or Permit**. This endorsement should only be used when an additional insured is required to be named in the policy. **Not available with the Handyman class.**
- Optional coverage is available if the Additional Insured is required to be named on the policy.

FORM #	PREMIUM
BP 04 02	\$ 30.00
BP 04 10	\$ 0.00
BP 04 16	\$ 30.00
BP 04 47	\$ 50.00
BP 04 48	\$ 30.00
BP 04 50	\$ 50.00
BP 04 52	\$ 0.00
MU 85 30	\$200.00
Other	\$ 20.00

- ✓ Charge only if the additional insured is required to be named on the policy.

BP 04 02 Additional Insured — Managers or Lessors of Premises

Provides coverage for the owner, lessor or property manager for liability when an insured leases a premises from them. Coverage does not apply to occurrences that take place after the insured ceases to be a tenant. This form is used to name an insured's landlord as an additional insured when contractually required.

BP 04 06 Additional Insured — Controlling Interest

Provides coverage for a person or organization having financial control of the named insured or premises that the additional insured owns, maintains or controls while the named insured leases or occupies these premises. Liability is excluded for structural alterations, new construction or demolition performed by or for the additional insured. **Not available with the Handyman class**

BP 04 07 Additional Insured — State or Political Subdivisions — Permits Relating to Premises

Provides coverage for a state or political subdivision with respect to certain hazards for which the additional insured has issued a permit to the insured in connection with the premises. **Not available with the Handyman class.**

BP 04 08 Additional Insured — Townhouse Associations

Provides coverage for each individual townhouse owner for their liability as a member of the association. Coverage does not apply to the individual owner's liability arising out of the real property for which the member has title. **Not available with the Handyman class.**

BP 04 09 Additional Insured — Mortgagee, Assignee or Receiver

Provides coverage for a person or organization with respect to liability as mortgagee, assignee or receiver arising out of the ownership, maintenance or use of the named insured's premise. Coverage does not apply to structural alterations, new construction and demolition operations performed by or for the additional insured. **Not available with the Handyman class.**

*RATING INSTRUCTIONS**NEW YORK (31)***BP 04 10 Additional Insured — Owners or Other Interests from Whom Land Has Been Leased**

Provides coverage for the owner or other interests from whom the named insured has leased land, for liability arising from ownership, maintenance or use of land leased to the insured. **Not available with the Handyman class.**

Coverage does not apply to occurrences that take place after the lease ends or structural alterations, new construction or demolition operations performed by or for the additional insured. **Not available with the Handyman class.**

BP 04 11 Additional Insured — Co-Owner of Insured Premises

Provides coverage for the person or organization with respect to their liability as a co-owner of the premises. **Not available with the Handyman class.**

BP 04 13 Additional Insured — Engineers, Architects or Surveyors

Provides coverage for architects, engineers or surveyors hired by the named insured but only to the extent liability arises out of the premises or work performed on behalf of the named insured. Coverage does not apply to rendering of, or failing to render, professional services. **Not available with the Handyman class.**

BP 04 16 Additional Insured — Lessor of Leased Equipment

Provides coverage for a person or organization leasing equipment to the named insured. Covers liability arising out of the maintenance, operation or use by the insured of the lessor's equipment. **Not available with the Handyman class.**

BP 04 47 Additional Insured — Vendors

Provides coverage to Vendors for liability that arises out of the insured's products that are distributed or sold in the vendor's normal business operations. **Not available with the Handyman class.**

BP 04 48 Additional Insured — Designated Person or Organization

Provides coverage for any person or organization where other additional insured endorsements would more specifically apply. Protects the additional insured for liability that arises out of the additional insured ongoing operations or premises that are owned by or rented to the additional insured. **Not available with the Handyman class.**

BP 04 49 Additional Insured — Engineers, Architects or Surveyors Not Engaged By the Named Insured

Provides coverage for engineers, architects, or surveyors hired by common project owners or for whom the insured is required to add an additional insured. Protects the additional insured for liability that arises out of the insured contractor's ongoing operations. **Not available with the Handyman class.**

BP 04 50 Additional Insured — Owners, Lessees or Contractors

Provides coverage for any person or organization for which the insured contractor is performing work. Protects the entity scheduled for liability that arises out of insured contractor's ongoing operations.

BP 04 51 Additional Insured — Owners, Lessees or Contractors with Additional Insured Requirement in Construction Contract

Provides coverage for any person or organization for which the insured contractor is performing work, however, granting additional insured status should be required by written agreement. Protects the entity scheduled on the endorsement for bodily injury or property damage liability that arises out of the insured contractor's operations in the applicable contractor's agreement. **Not available with the Handyman class.**

BP 04 52 Additional Insured — State or Political Subdivisions — Permits

Provides coverage for any state or political subdivision that the insured must add as an additional insured in order to obtain a permit to perform work for others.

MU 85 30 Additional Insured – By Contract, Agreement or Permit (including Products/ Completed Operations)

Provides coverage for persons or organizations that the insured has agreed to in writing in a contract, agreement or permit to be listed as Additional Insured. **Not available with the Handyman class.**

Refer to the actual endorsement for a completed description of coverage, conditions and limitations or exclusions.

AGE OF BUILDING FACTOR

The age of the building is the actual date of construction. If the wiring, plumbing, heating and roof have been updated, use the completion date of the oldest update (also known as effective age).

Apply a factor to the Building and Business Personal Property rates based on the actual or effective age of the building.

AGE	FACTOR
0 – 10 years	0.900
11 – 15 years	0.950
16 – 50 years	1.000
Over 50	1.100

AGGREGATE LIMITS PER LOCATION

Amends the General Aggregate (other than Products Completed Operations) limit for Business Liability to apply separately to each location owned by or rented to the insured.

- Automatically included

AGGREGATE LIMITS PER PROJECT
Designated Construction Projects – General Aggregate

Coverage is included to amend the General Aggregate limit to apply separately to each construction project.

- Automatically Included

BP 07 02 ▪ Amendment – Aggregate Limits of Insurance (per project)
AUTOMATIC INCREASE IN INSURANCE

The Building limit of insurance may increase up to 5% during the policy year. It is intended to assist the insured in maintaining adequate property limits in times of inflation.

- Automatically included

BAILEES CUSTOMERS

Coverage is available for damage to customer's goods as a result of a covered Cause of Loss.

- \$500 Deductible
 - Optional coverage is available up to \$50,000
 - Higher Limits - Refer to Company
- ✓ Multiply the Business Personal Property rate by 1.20.
- ✓ Multiply the adjusted rate by the Bailees Limit of Insurance per \$1,000 for each building.

BRANDS AND LABELS

Coverage is included in the Business Personal Property limit for the cost of re-labeling covered property that has been damaged by a covered Cause of Loss.

- Automatically included in the Business Personal Property limit
- Property deductible applies

BUILDING

Coverage is available for buildings and structures including:

- Completed additions;
- Fixtures, including outdoor fixtures;
- Permanently installed machinery and equipment;
- Personal property in apartments, rooms, or common areas furnished by the insured as landlord;
- Personal property owned by the insured that is used to service the building or structure or premises;
- If not covered by other insurance:
 - a. Additions under construction, alterations and repairs to the building or structures
 - b. Materials, equipment, supplies and temporary structures used for additions, alterations or repairs to the buildings or structures.

Reference: Building & Business Personal Property Rating Instructions, Contractors– Page 1

BUSINESS INCOME AND EXTRA EXPENSE

Coverage is included on an Actual Loss Sustained basis for the insured's net income, normal expenses, and rental expenses. Coinsurance does not apply. Extended Business Income is also included for 120 days. (If Business Income is excluded, or if the Business Income Specified Limit is selected, this coverage does not apply.)

- Automatically included for Actual Loss Sustained (ALS) – 12 Months 24 hour wait (unless excluded or limited)
- Option To Exclude Coverage
- Option for Specified Limit Coverage

Business Income Exclusion

To exclude coverage for Business Income, apply the Business Income Exclusion Factor of 0.940 to the Business Personal Property rate for each building.

MU 82 74 • Business Income & Extra Expense Exclusion
Business Income – Specified Limit

Obtain the applicable factor from the table below for the limit desired. Apply the factor to the Business Personal Property rate for each building.

Reference: **Building & Business Personal Property Rating Instructions, Contractors– Page 1**

LIMIT	FACTOR
\$100,000	0.985
\$200,000	0.990
\$300,000	0.995
\$400,000	0.996
\$500,000	0.997

MU 82 51 • Business Income & Extra Expense Limitation
BUSINESS INCOME AND EXTRA EXPENSE – INTERRUPTION OF COMPUTER OPERATIONS

Coverage is included for Business Income and Extra Expense and is extended to apply to loss sustained by a suspension of operations due to destruction or corruption of electronic data by a covered Cause of Loss. The covered Causes of Loss are certain named perils, including computer virus, subject to limitations.

(If Business Income is excluded, this coverage does not apply.)

- Automatically included for \$25,000 – Unless Business Income is Excluded
- Options to increase
- Obtain the Business Personal Property rate and multiply by the increased Interruption of Computer limit per \$1,000 for each building.

BUSINESS INCOME FROM DEPENDENT PROPERTIES

Coverage is included for loss of Business Income the insured sustains due to physical loss or damage at the premises of a dependent property caused by or resulting from a covered Cause of Loss.

(If Business Income is excluded, this coverage does not apply.)

- Automatically included for \$25,000 – unless Business Income is excluded
- 72 hour waiting period



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RATING INSTRUCTIONS

NEW YORK (31)

BUSINESS PERSONAL PROPERTY

Coverage is available for Business Personal Property in or on buildings at the described premises, including property in the open, in vehicles, or within 1,000 feet of the described premises.

- Automatically includes \$2,500 office Business Personal Property.
- Replacement Cost included

The following types of property are included:

- Business Personal Property that is owned and used in the named insured's business. Includes stock, furniture and other equipment.
- Business Personal Property belonging to others that is in the named insured's care, custody and control. Such property must be located on or within 1,000 feet of the described premises.
- Tenants improvements and betterments:
 - a. Made a part of the building or structure occupied, but not owned by the insured
 - b. Acquired by the insured but cannot legally be removed

Reference: Building & Business Personal Property Rating Instructions, Contractors– Page 1

CLAIMS EXPENSE

Coverage is included for all reasonable expenses incurred as a result of our request to have the insured assist us in the investigation or defense of the claim, including the actual loss of earnings up to \$500 a day, due to time off from work. Coverage applies to the cost of taking inventories and preparing other documentation to show the extent of the loss.

- Automatically included for \$5,000 including Loss of Earnings – up to \$500 / Day

COMMUNICATION EQUIPMENT

Coverage is included for radio telephone equipment, including cellular phones, pagers, portable fax machines and any antennae related to the aforementioned equipment that the insured uses in business while away from the insured premises.

- Automatically included for \$1,000
- \$100 Deductible
- Option to increase – Subject to a maximum of \$10,000

Multiply the rate by the increased limit per \$1,000 of Communication Equipment.

LIMIT	RATE PER \$1,000
\$1,000	Included
Excess of \$1,000	\$10.00

MU 82 86 • Communication Equipment



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RATING INSTRUCTIONS

NEW YORK (31)

COMPUTER COVERAGE

Coverage is automatically included in the Business Personal Property limit for loss or damage to computers from a covered Cause of Loss.

- Automatically included in the Business Personal Property Limit plus \$40,000 Computer Equipment
- Property deductible applies

Obtain the rate and multiply by the increased Data Restoration limit per \$1,000 (excess of \$10,000) for each building.

- ✓ Data Restoration Rate ▪ \$2.57

COMPUTER FRAUD & FUNDS TRANSFER

Coverage is included for loss of and damage to money, securities, and other property resulting directly from the use of any computer to fraudulently cause a transfer of that property from inside your premises or banking premises to a person (other than messenger) outside those premises or to a place outside those premises.

Coverage includes loss of money and securities resulting from a fraudulent instruction directing a financial institution to transfer, pay, or deliver money and securities from your transfer account.

- ✓ Automatically included \$10,000

CONDOMINIUM COMMERCIAL UNIT OWNERS

Coverage is available for Condominium Commercial Unit-Owners. Business Personal Property coverage is extended to provide modified coverage for the special needs of condominium commercial unit-owners.

- BP 17 02 ▪ Condominium Commercial Unit-Owners Coverage



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RATING INSTRUCTIONS

NEW YORK (31)

CONDOMINIUM COMMERCIAL UNIT OWNERS OPTIONS

Loss Assessment

Coverage is available for assessments charged to the unit-owners by the Condominium Association as a result of loss or damage to property in which each unit-owner has an undivided interest.

- \$500 Deductible Per Unit

Obtain the premium for the Loss Assessment limit for each unit.

LIMIT	PREMIUM
\$ 1,000	\$ 6.00
\$ 5,000	\$ 10.00
\$ 10,000	\$ 13.00
Each Additional \$5,000	\$ 2.00

Miscellaneous Real Property

Coverage is available for condominium property in a condo unit or condo property required to be insured by the Condominium Association Agreement and excludes property that may be insured under Business Personal Property. If the Condominium Association has other insurance covering the same property, our coverage is excess.

Obtain the rate and multiply by the Miscellaneous Real Property limit per \$1,000 for each unit.

- Property deductible applies
- ✓ Miscellaneous Property Rate ▪ \$10.00

BP 17 03 ▪ Condominium Commercial Unit-Owners Optional Coverages

Provides coverage for Loss Assessment and/or Miscellaneous Real Property for Condominium Commercial Unit-Owners.

CONTRACTORS ERRORS & OMISSIONS COVERAGE

Stand-alone coverage part that provides liability for consequential financial damages incurred by a third party from the failure or alleged failure of an insured's work. Includes protection for claims resulting from wrongful acts or alleged wrongful acts by or on behalf of the insured. Contractors E&O is a separate coverage part; it does not modify the CGL.

* This is *claims-made coverage*.

- Retroactive Date – any Contractors error or omission first committed prior to the Retroactive Date is not covered, even if a claim is first made during the policy period or any applicable Extended Reporting Period. The Retroactive date cannot be changed.
- At termination of coverage, there is an automatic extended reporting period of 60 days to allow reporting of claims that occurred during the policy period.
- Insured can elect to purchase an optional extended reporting period, which provides an additional 36 months (from the date of termination) in which the insured can report claims that occurred during the policy period (prior to termination date). The charge for the optional extended reporting period is 75% of the annual premium that was charged for the coverage prior to termination.
- No other limits or deductibles are available, other than those published



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RATING INSTRUCTIONS

NEW YORK (31)

LOW HAZARD CLASSES

CHARGE THIS % OF GENERAL LIABILITY PREMIUM							
E&O LIMIT		DEDUCTIBLE	GL LIMIT OF LIABILITY				MINIMUM
PER CLAIM	AGGREGATE	PER CLAIM	300,000	500,000	1,000,000	2,000,000	PREMIUM
\$10,000	\$50,000	\$1,000	9.0%	8.2%	7.6%	6.9%	\$100
\$25,000	\$75,000	\$1,500	10.8%	9.8%	9.0%	8.2%	\$150
\$50,000	\$100,000	\$2,500	11.5%	10.5%	9.6%	8.8%	\$200

HIGH HAZARD CLASSES

CHARGE THIS % OF GENERAL LIABILITY PREMIUM							
E&O LIMIT		DEDUCTIBLE	GL LIMIT OF LIABILITY				MINIMUM
PER CLAIM	AGGREGATE	PER CLAIM	300,000	500,000	1,000,000	2,000,000	PREMIUM
\$10,000	\$50,000	\$1,000	15.1%	13.8%	12.6%	11.5%	\$150
\$25,000	\$75,000	\$1,500	18.0%	16.4%	15.0%	13.7%	\$200
\$50,000	\$100,000	\$2,500	19.2%	17.5%	16.1%	14.6%	\$250

- The premium calculation for Contractors E&O Coverage is a percentage of the unmodified General Liability premium, subject to a minimum premium.
- Do not apply any rate modification to Contractors E&O coverage premium.
- Low Hazard and High Hazard classifications are outlined in the published underwriting guidelines.

CLAIMS-MADE MULTIPLIERS

Claims-made rates are calculated by applying a claims-made multiplier to the appropriate mature claims-made rate. The base company rates or ISO loss costs are on a mature claims-made basis. Mature claims-made rates are defined as 5 or more years in the claims-made program.

Claims-made multipliers vary by the appropriate year in claims-made. These claims-made multipliers assume a Retroactive Date coincide with the effective date of the insured's first claims-made policy in an uninterrupted claims-made program. The Retroactive Date cannot be changed.

YEARS IN CLAIMS-MADE	MULTIPLIER
1 st	.34
2 nd	.41
3 rd	.54
4 th	.58
5 th or More	.76

MU 9116 – NEW YORK REGULATION 21

Mandatory attachment to all new business and renewals. Informs the insured of the nature of claims-made coverage and the importance of, an availability of, extended reporting periods.

MU 9121 – NOTICE – AVAILABILITY OF THE OPTIONAL EXTENDED REPORTING PERIOD

At termination, this notice will automatically generate to inform the insured of the automatic basic extended reporting period of 60 days and the offer of an optional extended reporting period.

MU 9117 – OPTIONAL EXTENDED REPORTING PERIOD

This optional endorsement extended the claims reporting period to thirty-six (36) months after termination date. This endorsement cannot be cancelled once in effect. Premium is fully earned at inception.

PREMIUM DETERMINATION – MU 9117 – OPTIONAL EXTENDED REPORTING PERIOD

Charge 75% of the last full annual premium determined for the Contractors Errors & Omissions Coverage Part.

CONTRACTOR'S INSTALLATION, TOOLS AND EQUIPMENT

Coverage is available for unscheduled contractors tools, equipment and installation materials. Replacement Cost is automatically included.

Contractor's Installation

PREMIUM CHARGE	INCLUDED	\$150	\$300
At any covered job site	\$10,000	\$25,000	\$ 50,000
At all covered job sites	\$10,000	\$75,000	\$150,000
In transit	\$ 5,000	\$ 7,500	\$ 10,000
At any one storage location	\$ 5,000	\$ 7,500	\$ 10,000

- \$250 deductible applies
- Obtain the premium charge for the optional increased installation limits

Contractor's Leased or Rented Equipment

Coverage is included in the Contractors Segment on a blanket basis for \$50,000 of equipment leased or rented from others under a signed lease or rental agreement.

For increased limits, optional coverage can be purchased under either Contractor's Scheduled Tools and Equipment or Non-Owned Tools and Equipment.

MU 90 21 • Contractors Leased or Rented Equipment
Contractor's Unscheduled Tools and Equipment

Coverage is included in the Contractors Segment for \$3,000 of tools and equipment on a blanket basis; optional increased limits are available.

- \$3,000 Included
- Option to increase up to \$50,000
- Maximum: \$3,000 per item
- \$250 Deductible (options for higher deductibles are available)

Obtain the rate and multiply by the increased limit (up to \$50,000) of insurance per \$1,000.

LIMIT	RATE PER \$1,000
\$ 3,000	Included
Excess of \$ 3,000 / up to \$50,000	\$ 25.00

MU 83 69 • Contractors' Installation, Tools and Equipment Coverage
Contractor's Scheduled Tools and Equipment

Coverage is available for scheduled contractor's tools and equipment.

- Optional coverage is available up to \$150,000
- Higher Limits – Refer to State pages
- \$250 Deductible (options for higher deductibles are available)
- Replacement Cost Value automatically included

Obtain the rate and multiply by the limit of insurance (up to \$150,000) per \$1,000.

- ✓ Contractors Scheduled Tools and Equipment Rate • Refer to State Rate pages

Non-Owned Tools and Equipment

Coverage is available for non-owned tools and equipment leased or rented from others that are in the insured's care, custody or control.

- Options up to \$10,000
- \$250 Deductible

Obtain the rate and multiply by the limit of insurance (up to \$10,000) per \$1,000.

LIMIT	RATE PER \$1,000
Up to \$10,000	\$ 25.00

Employee Tools

Coverage is available for employee tools that are used in connection with the insured's operations.

- Options up to \$10,000
- \$250 Deductible

Obtain the rate and multiply by the limit of insurance (up to \$10,000) per \$1,000.

LIMIT	RATE PER \$1,000
Up to \$10,000	\$ 25.00

MU 83 69 ▪ Contractors' Installation, Tools and Equipment Coverage
CONTRACTORS PLUS ENDORSEMENT – MU 85 55

Endorsement **MU 85 55** is automatically included on all Contractors Segment policies (excluding the Handyman class). This endorsement offers various coverage and coverage extensions. Refer to the online manual for a complete description of coverages.

COOKING FACTOR

Apply a factor to the Building coverage if any occupant, other than our insured, performs commercial cooking. Commercial cooking includes deep fat frying, grilling, open broiling, roasting, barbequing, solid fuel cooking (mesquite, charcoal or hardwood) or other processes using appliances that produce grease laden vapors.

- ✓ Cooking Factor ▪ 1.200

DATA COMPROMISE
As of December 1, 2017, this coverage is no longer available.

Coverage is available for personal data of others that is in the insured's care, custody or control. Personal Data is covered when lost, stolen or inadvertently published. Affected individuals may be current, former or prospective customers, clients, vendors, members, directors or employees of the insured.

Coverage 1

- Legal and forensic information technology review
- Assistance in the review of the personal data compromised and affected individuals
- Subject to a \$5,000 sub-limit

Coverage 2

- Notification to affected individuals

Coverage 3

- Services to Affected Individuals
 - Information materials
 - Toll Free Help Line
 - Credit Monitoring
 - Identity restoration case management
- \$50,000 Annual Aggregate
- \$1,000 Deductible (per event)

- ✓ Charge an additional premium of \$150 (per policy)
- ✓ The total annual policy premium should not exceed \$25,000.

MU 83 96 ▪ Data Compromise Coverage

DEBRIS REMOVAL

Coverage is included for expense to remove debris from the premises after a covered Cause of Loss; the claim must be reported within 180 days of the date of loss or damage. Coverage is limited to 25% of the direct physical loss plus \$25,000 per location.

- Automatically includes up to 25% of direct physical loss plus \$25,000
- Property deductible applies

DOWN THE HOLE COVERAGE

Coverage is available for physical loss to contractor's equipment that is lost underground during installation, repair or removal at a job site or during installation repair or removal from a water well. **Not available with the Handyman class.**

The charge for this endorsement is \$250.

Limits

Underground Equipment	\$10,000
Retrieval Expense	5,000
Deductible	250

MU 85 32 ▪ Down the Hole Coverage**EARTHQUAKE**

Coverage is available for loss or damage created by earthquake (including volcanic eruption). Earthquake or volcanic eruption that begins prior to the inception of coverage is excluded.

- 2% Deductible Applies

Obtain the rate below based on the building construction. Multiply the rate by the Building and Business Personal Property total limit of insurance per \$1,000, to develop the additional premium for each building.

BUILDING	RATE PER \$1,000
Frame	0.280
Masonry	1.060
Other	0.760

- a) Apply a factor of \$4.00 to the Frame rate if the exterior walls are of masonry veneer construction.
- b) Apply a factor of \$1.50 to the Masonry or Other rate if the exterior walls are of tile, terra cotta, or concrete block construction.

BP 10 03 ▪ Earthquake

ELECTRONIC DATA LIABILITY

Coverage is available for liability for causing loss to another party as a result of damaging their electronic data. The loss must be the result of "physical injury to tangible property". The limit cannot exceed the Business Liability Occurrence Limit.

Limit	Rate Per Employee	Minimum Premium
\$25,000	\$38.00	\$130.00
\$50,000	\$45.00	\$150.00
\$75,000	\$52.00	\$170.00
\$100,000	\$59.00	\$190.00
\$250,000	\$75.00	\$300.00
\$500,000	\$90.00	\$450.00
\$1,000,000	\$98.00	\$640.00

BP 05 95 • Electronic Data Liability – Limited Coverage
EMPLOYEE BENEFITS LIABILITY

Coverage is available on a Claims-Made basis for damages the insured causes by negligent acts, errors or omissions related to the administration of their employee benefits program. Coverage is subject to a Retroactive Date

- Optional Coverage – Claims-Made
- \$1,000 deductible applies to each employee
- Extended Reporting Period Option – 5 years

Employee Benefits Liability Limits – Per Employee/Aggregate

Obtain the premium charge for the Employee Benefits Limit of Liability (per policy).

LIMIT	PREMIUM
\$300,000 / \$300,000	\$120.00
\$500,000 / \$500,000	\$150.00
\$1,000,000 / \$1,000,000	\$180.00
\$2,000,000 / \$2,000,000	\$250.00

The limit must be equal to the Business Liability Occurrence limit subject to a maximum of \$2,000,000 aggregate.

MU 84 07 • Employee Benefits Liability Coverage – NY
Employee Benefits Liability Multiplier – New York

Multiply the final premium calculated above by the factor shown below based on the insureds Retroactive Dated.

# YEARS IN CLAIMS	PREMIUM
1	0.740
2	0.870
3	0.940
4	0.960
5+	1.000

Extended Reporting Period For Employee Benefits Liability Coverage

If the Extended Reporting Period Option is requested in writing within 60 days of policy expiration or cancellation, the additional premium will be the EBL premium, times a factor of 1.00, and is fully earned.

MU 84 08 • Extended Reporting Period For Employee Benefits Liability Coverage
EMPLOYEE DISHONESTY

Coverage is included for loss of or damage to Business Personal Property and Money and Securities resulting from dishonest acts committed by any of the insured's employees (up to a maximum of 50 employees).

- Automatically included for \$25,000
- \$250 Deductible
- Options to increase to \$200,000
- ERISA Extension option
- If more than 50 employees – Coverage is excluded

Obtain the premium for 1 to 5 Employees based on the limit per occurrence; add the premium for each additional employee over 5; use the total employees at all locations subject to a maximum of 50.

LIMIT PER OCCURRENCE	1 TO 5 EMPLOYEES	EACH ADDITIONAL EMPLOYEE
\$ 25,000	Included	Included
\$ 50,000	\$ 150.00	\$ 40.00
\$ 100,000	\$ 360.00	\$ 50.00
\$ 150,000	\$ 440.00	\$ 55.00
\$ 200,000	\$ 520.00	\$ 60.00

- ✓ ERISA Extension Option - \$25 (Employee Dishonesty does not provide Fiduciary Liability Insurance)

MU 82 52 • ERISA Extension
EMPLOYMENT PRACTICES LIABILITY

Coverage is included for eligible risks on a Claims-Made basis for injuries to employees due to demotion, wrongful termination, wrongful denial of opportunities, including wrongful hiring and supervision, retaliatory actions, coercion, harassment and other types of work-related discrimination, libel, humiliation and similar acts.

- Automatically included for \$100,000 Aggregate Limit
- \$10,000 Deductible Per Claim
- EPL - Extended Reporting Period Option – 1 year

Employment Practices Liability – Extended Reporting Period Coverage Elected

Multiply the total policy premium by .08 to obtain the EPL – Extended Reporting Period premium charge.

The Employment Practices Liability - Extended Reporting Period Option must be requested in writing and the additional premium paid by the later of (1) 60 days after termination of coverage, or (2) 30 days after the date of the Extended Reporting Period premium notice.

MU 82 94 • Employment Practices Liability – NY
MU 84 52 • NY Extended Reporting Period Elected

EQUIPMENT BREAKDOWN COVERAGE

Coverage is included for loss or damage caused by or resulting from an accident to covered equipment; an accident includes mechanical breakdown and boiler explosion.

Equipment Breakdown is automatically included in the property limits

- Property deductible applies

MU 82 39 ▪ Equipment Breakdown Coverage (Building and Business Personal Property)

FINE ARTS COVERAGE

Coverage is included in the Business Personal Property Limit for damage to fine arts that are the insured's property or the property of others that is in the insured's care, custody or control. For increased limits (over \$25,000), a schedule is required.

- Automatically included in the Business Personal Property limit plus \$25,000.
- Options to Increase to \$250,000
- \$250 deductible applies

Multiply the rate by the limit of insurance over \$25,000 for each building.

LIMIT	RATE PER \$1,000
BPP Plus \$25,000	Included
Excess of \$25,000	\$7.00 (Schedule required)

MU 82 85 ▪ Fine Arts Coverage

FIRE DEPARTMENT SERVICE CHARGE

Coverage is included for fire department service charges that are assumed by the insured by contract or agreement (prior to a loss) or required by local ordinance.

- Automatically included for \$10,000
- No Deductible

FIRE EXTINGUISHER SYSTEMS RECHARGE EXPENSE

Coverage is included for the cost of recharging the fire extinguishing system or fire extinguishers resulting from the discharge of the fire extinguishing agent; discharge must result from a covered Cause of Loss.

- Automatically included for \$15,000
- No Deductible

FIRE LEGAL LIABILITY

Coverage is included for property damage to buildings or parts of buildings, which are rented to an insured, if the damage is caused by a fire and the insured is legally liable for the fire damage

- Automatically included for \$500,000
- Option to increase

Multiply the rate by the increased limit per \$1,000 of Fire Legal Liability (subject to a maximum of \$2,000,000)

LIMIT	RATE PER \$1,000
\$500,000	Included
Excess of \$500,000	\$1.50

The Fire Legal Liability Limit must not exceed the policy Business Liability Occurrence limit

FORGERY OR ALTERATION

Coverage is included for the alteration of an insured's check, draft, promissory note, bills of exchange or other written promise of payment that can be converted to money. Coverage applies to instruments that are issued by the named insured, the named insured's agent or by someone who impersonates the named insured or his agent.

- Automatically included for \$25,000
- Options to increase to \$200,000
- Property deductible applies

Obtain the rate and multiply by the increased amount of insurance per \$1,000 for each building.

LIMIT	RATE PER \$1,000
\$25,000	Included
Excess of \$25,000	\$2.50

FUNCTIONAL BUILDING VALUATION

The valuation condition may be amended to Functional Building Valuation. Functional Building Valuation provides coverage to replace a damaged building on the same site with a functional equivalent building. This endorsement includes ordinance or law coverage, therefore automatic Ordinance or Law Coverage would not apply.

Apply a factor to the Building Rate

- ✓ Functional Building Value Factor ▪ 1.250

BP 04 84 ▪ Functional Building Valuation

FUNGUS

Coverage is included for loss or damage to covered property caused by fungi, wet rot or dry rot or bacteria, including the cost of removal. Excludes liability coverage for Fungus.

- Property deductible applies

BP 01 15 ▪ New York Changes**HANDYMAN PLUS ENDORSEMENT – MU 86 84**

MU 86 84 is automatically included on all Handyman policies. This endorsement offers various additional coverages and extensions designed for Handyman risks. Refer to the online manual for a complete description of coverages.

HIRED AUTO AND NON-OWNED AUTO LIABILITY

Coverage is available when the insured does not have a separate Commercial Auto policy. Coverage includes hired or non-owned autos (not including mobile equipment) used in the insured's business that are leased, hired or borrowed, except from employees or members of their households or from partners or executive officers (not available if delivery).

- Optional Coverage (Unless there is a separate Commercial Auto Policy)

Obtain the premium from the table below, based on the limit

LIMIT	PREMIUM
\$300,000 / \$600,000	\$ 70.00
\$500,000 / \$1,000,000	\$ 80.00
\$1,000,000 / \$2,000,000	\$ 90.00
\$2,000,000 / \$4,000,000	\$100.00

BP 04 36 ▪ Hired Auto and Non-Owned Auto Liability – NY**IDENTITY RECOVERY COVERAGE**

Provides coverage for identity theft, including expense reimbursement and recovery services to assist in resolving and correcting credit history and identity records.

- Automatically included for \$15,000 annual aggregate

MU 85 89 ▪ Identity Recovery Coverage – NY

LESSORS' RISK (OFFICE 132039)

Coverage is available for Lessors Risk (Office) when combined with Contractors Segment.

Building coverage is required if Lessors Risk owner occupancy is less than or equal to 25%. Lessors Risk Segment rates will be used.

When Lessors' Risk owner occupancy is greater than 25% use Contractors Segment liability and building rates.

When Lessors' Risk office exposure exists with no building coverage, use the rates below per 1,000 square feet and attach **BP 04 01** (Comprehensive Business Liability Exclusion).

LIMIT	TERRITORY / RATE PER 1,000	
	003, 007, 009, 011, 016, 027, 028, 029, 030, 031, 032, 033, 034, 035, 036, 039	002, 004, 005, 006, 008, 013, 014, 015, 017, 019, 021, 038
\$300,000 / \$600,000	\$354.10	\$207.77
\$500,000 / \$1,000,000	\$390.35	\$228.06
\$1,000,000 / \$2,000,000	\$429.39	\$250.93
\$2,000,000 / \$4,000,000	\$507.00	\$296.00

LIABILITY LIMITS OPTION – BUSINESS LIABILITY

Coverage is included for Business Liability to pay for damages related to covered occurrences for bodily injury, property damage and personal and advertising injury subject to the policy limits.

LIMIT OPTIONS
\$300,000 / \$600,000
\$500,000 / \$1,000,000
\$1,000,000 / \$2,000,000
\$2,000,000 / \$4,000,000

LOCK AND KEY REPLACEMENT

Coverage is included to replace premises locks or keys caused by the theft of the keys from the insured premises.

- Automatically included for \$1,000
- \$50 Deductible Per Occurrence

MEDICAL EXPENSES

Coverage is included for payment of medical expenses for bodily injury caused by an accident on premises owned by or rented to an insured or resulting from the insured's operations.

- Automatically included for a limit of \$15,000 Per Person
- Automatically included when combined with Lessor's Risk.

Medical Expenses Exclusion

Coverage may be excluded for medical expenses.

BP 04 38 ▪ Medical Expenses – Exclusion

MISCELLANEOUS PROPERTY – INLAND MARINE

Optional Inland Marine coverage is available for unscheduled miscellaneous property.

- Property deductible applies
- If Inland Marine coverage is required:
 - Maximum \$3,000 per item
 - Maximum \$50,000 total

Multiply the rate by the limit per 1,000 up to \$50,000.

✓ Miscellaneous Property Rate • \$20.00

MU 82 53 • Miscellaneous Property

MONEY ORDERS AND COUNTERFEIT MONEY

Coverage is included for losses resulting from an insured's good faith acceptance of money orders and counterfeit currency.

- Automatically included for \$10,000
- Property deductible applies

Obtain the premium charge for the limit in excess of \$10,000 (per policy).

LIMIT	RATE PER \$1,000
\$10,000	Included
Excess of \$10,000	\$8.50

MONEY, SECURITIES AND CREDIT CARD SLIPS

Coverage is included for loss of money and securities used in the insured's business while at a bank or savings institution, within the insured's living quarters or the living quarters of the insured's partners or any employee having use and custody of the property, at the described premises, or in transit between any of these places.

Loss must result directly from:

- (1) Theft, meaning any act of stealing;
 - (2) Disappearance; or
 - (3) Destruction
- Automatically included for \$10,000 Inside the Premises / \$10,000 Outside the Premises
 - \$250 Deductible
 - Options to Increase
 - When combined with the Office Segment, Money, Securities and Credit Card Slips must be \$25,000 Inside the Premises / \$10,000 Outside the Premises. Charge the additional premium below.

Obtain the premium charge for the limits desired (per policy)

LIMIT	PREMIUM
\$10,000 Inside the Premises/\$10,000 Outside the Premises	Included
\$15,000 Inside the Premises/\$10,000 Outside the Premises	\$150.00
\$20,000 Inside the Premises/\$10,000 Outside the Premises	\$175.00
\$25,000 Inside the Premises/\$10,000 Outside the Premises	\$200.00
\$50,000 Inside the Premises/\$10,000 Outside the Premises	\$250.00



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NEWLY ACQUIRED OR CONSTRUCTED PROPERTY COVERAGE EXTENSION

Coverage is included and extends the Building to:

- 1) Newly constructed buildings on the described premises while being built; and
- 2) Newly acquired buildings located off premises provided they are intended for similar use to other building on the policy or as a warehouse

Coverage is included and extends the Business Personal Property to:

- 1) Business Personal Property (whether newly acquired or not) that is at a location the named insured has just acquired;
- 2) Business Personal Property (whether newly acquired or not) that is in a building that has been newly built or newly acquired at an existing location;
- 3) Business Personal Property that is newly acquired at a premises described in the policy
 - Automatically included for each Building for \$500,000
 - Automatically included for Business Personal Property for \$250,000
 - Property deductible applies

NON-OWNED AIRCRAFT

Coverage is included for bodily injury and property damage for non-owned aircraft that is hired, chartered or loaned with a paid crew, unless the insured has any other insurance covering this exposure.

- Automatically Included

ORDINANCE OR LAW

If building coverage is provided for Replacement Cost basis, coverage is included for:

Coverage 1 Loss in value of the undamaged portion of the building, if an ordinance or law requires demolition following loss to another part of the building;

Coverage 2 The cost to demolish and remove the debris of the undamaged portions of the building, if demolition is required by a building ordinance or law;

Coverage 3 The increased costs to repair, replace, reconstruct or remodel the damaged or undamaged parts of the building so that it complies with current building zoning or land use laws and ordinances.

Automatically included for the following limits

Coverage 1.....	Building Limit
Coverage 2.....	\$25,000
Coverage 3.....	\$25,000

- Property Deductible Applies

BP 06 67 ▪ Ordinance or Law Coverage – NY

ORDINANCE OR LAW – EQUIPMENT

Coverage is included in the Business Personal Property Limit for the repair or replacement of covered equipment when it is required by law.

OUTDOOR PROPERTY

Coverage is included for outdoor fences, radio and television antennas, satellite dishes, signs, (other than signs attached to buildings), trees, shrubs and bushes. Coverage also includes debris removal expense, caused by or resulting from a covered Cause of Loss.

- Automatically included for \$10,000
- Subject to a \$1,000 maximum for any one tree, shrub or bush
- Property deductible applies

OUTDOOR SIGNS

Coverage is included for \$5,000 for outdoor signs, which are the property of the insured or the property of others in the care, custody and control of the insured. This coverage applies to outdoor signs at the described premises, whether attached to the building or unattached.

- Automatically included for \$5,000
- \$250 Deductible
- Option to increase

Obtain the rate for Outdoor Signs and multiply by the increased limit of insurance per \$1,000

LIMIT	RATE PER \$1,000
\$5,000	Included
Excess of \$5,000	\$20.00

PERSONAL AND ADVERTISING INJURY

Coverage is included for Personal and Advertising Injury caused by an offense arising out of your business.

- Automatically included subject to the Personal and Advertising Injury Limit of Liability
- Option to Exclude Coverage

BP 04 37 ▪ Exclusion – Personal & Advertising Injury

PERSONAL EFFECTS

Coverage is automatically included in the Business Personal Property Limit for Personal Effects owned by the named insured, officers, partners, members, managers or employees.

- Automatically included in the Business Personal Property Limit
- Property deductible applies

This coverage does not include:

- Tools or equipment used in the business; or
- Loss or damage by theft

POLLUTANT CLEAN UP AND REMOVAL

Coverage is included for expenses to extract pollutants from land or water at the described premises if the discharge, dispersal, seepage, migration, release or escape of the pollutants is caused by, or resulting from, a covered Cause of Loss.

- Automatically included for \$25,000
- Property deductible applies



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PREMISES BOUNDARY

- Coverage is extended to within 1,000 feet of the premises
- This extension replaces all reference to 100 feet in the Businessowners Coverage Form

PROPERTY DAMAGE DEDUCTIBLE – LIABILITY

The Property Damage Liability Deductible is the amount that will be deducted from the total of all damages because of property damage as the result of any one claim.

Apply the deductible factor to the Contractors Liability Premium for the applicable class.

Options available

DEDUCTIBLE	FACTOR
\$250	0.980*
\$500	0.950
\$1,000	0.940

*Do not apply the deductible factor to the classes below that automatically include a \$250 deductible:

- Electrical Household Appliance Installation
- Gas Household Appliance Installation and Repair
- Household Furnishing Installation and Repair
- Painting/Paperhanging

BP 07 03 • Business Liability Coverage – Property Damage Liability Deductible (Per Claim Basis)

PROPERTY DAMAGE LIABILITY – ELEVATOR AND SIDETRACK AGREEMENTS

Business Liability coverage is extended to include property being moved on or off an elevator, while on an elevator, or for liability assumed in a sidetrack agreement.

PROPERTY DEDUCTIBLE

The property deductible is the amount that will be deducted from the total damage incurred before determining the insurance company's liability for loss.

- The deductible must be the same for all Buildings and Business Personal Property
- \$500 Basic Deductible

Options available

DEDUCTIBLE	FACTOR
\$250	1.080
\$500	1.000
\$1,000	0.950
\$2,500	0.880
\$5,000	0.840

Apply the deductible factor to the Building and Business Personal Property rates for each building.

PROPERTY OF OTHERS

Coverage is included to extend the Business Personal Property to apply to employee personal effects and property of others in the insured's custody. Coverage is on a legal liability basis.

- Automatically included in the Business Personal Property Limit
- Property deductible applies

PROPERTY OFF PREMISES

Coverage is included and extends the Business Personal Property to apply to property other than money and securities, valuable papers and records or accounts receivable, while it is in the course of transit or temporarily at a premises the insured does not own, lease or operate.

- Automatically included for \$25,000
- Property deductible applies

PROTECTIVE SAFEGUARDS

A credit may be available for specific protective devices that are fully functional. The company must be notified if the devices or services are discontinued or out of service.

Obtain the appropriate factor and apply to the Building and Business Personal Property rates for each building with the protection.

DEVICE	FACTOR
Central Station Fire and/or Burglar	0.950
Direct to Fire and/or Police	0.970
Local Fire and/or Burglar	0.980

Maximum credit available is 5%

MU 89 47 ▪ Protective Safeguards

RENTAL REIMBURSEMENT

Coverage is included for rental reimbursement of similar equipment while your equipment is inoperable.

- \$1,000 automatically included
- Options - \$2500 or \$5,000
- No deductible

Obtain the premium charge for the limit of insurance desired.

LIMIT	PREMIUM CHARGE
\$2,500	\$50.00
\$5,000	\$75.00

REPLACEMENT COST

The value of covered property is based on its replacement cost, without a deduction for depreciation, unless another option is selected. It covers the cost to replace a damaged or destroyed item of property, subject to policy limitations.



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RETAIL (132038)

For contracting risks with retail sales less than 50% of the total receipts:

- Building and Business Personal Property coverage are available and should be rated using the Storage/Retail rates
- A separate Retail Liability Premium will be charged in addition to the Contractors Liability Premium. To determine the applicable Retail Liability Premium, multiply the annual retail receipts by the per \$1,000 rate displayed below for the applicable Liability Limits.

LIMIT	FACTOR PER \$1,000
\$300,000 / \$600,000	0.558
\$500,000 / \$1,000,000	0.628
\$1,000,000 / \$2,000,000	0.715
\$2,000,000 / \$4,000,000	0.850

Contracting risks with retail sales greater than 50% of the total receipts are not eligible for the Contractors Segment.

Reward Payment

Coverage is provided for a reward to an eligible person for information leading to the arrest and conviction of any person or persons committing a crime resulting in loss or damage to Covered Property from a covered Cause of Loss.

- Automatically included for \$5,000

Seasonal Automatic Increase in Business Personal Property

Coverage is included in the Business Personal Property Limit for an increase of 25% to provide for seasonal variations in stock.

- Automatically included
- Property deductible applies

Short Term Pollution Coverage

Provides for Bodily Injury or Property Damage coverage for limited short term pollution event.

LIMIT	PREMIUM
\$300,000	\$ 75.00
\$500,000	\$100.00
\$1,000,000	\$150.00
\$2,000,000	\$175.00

Coverage limit is equal to policy occurrence.

BP 05 50 ▪ Pollution Exclusion – Limited Exception For A Short Term Pollution Event

SINGLE OCCUPANCY CREDIT

Apply a Single Occupancy Credit to the Building and Business Personal Property rates if the insured is the only occupant of the building.

- ✓ Single Occupancy Credit • 0.850

SNOW AND ICE REMOVAL (132037)

Coverage is available for residential snowplowing operations

1. Obtain the charge for the limits desired
2. Determine the number of *plows
3. Multiply the number of power units by the snowplowing charge (determined in step 1)

*The snowplowing rating basis is determined by the number of power units equipped with a plow

Additional Charge For Residential Snowplowing Is Required. (Commercial Snowplowing Is Ineligible)

LIMIT	PREMIUM
\$300,000 / \$600,000	\$350.00
\$500,000 / \$1,000,000	\$410.00
\$1,000,000 / \$2,000,000	\$580.00
\$2,000,000 / \$4,000,000	\$800.00

Attach Exclusion – Snow or Ice Operations, **MU 89 74**, to all policies, except those policies that contain the Snow and Ice Removal classification 132037

SPRINKLER CREDIT

A sprinkler credit is available if the entire building is classified as sprinklered and is protected by an Automatic Sprinkler System. An Automatic Sprinkler System means any automatic fire protective or extinguishing system. The company must be notified if the devices or services are discontinued or out of service.

Obtain the appropriate Sprinkler Property factor and apply to the Building and Business Personal Property rates.

SPRINKLER	FACTOR
Building	0.850
Business Personal Property	0.850

MU 89 47 • Protective Safeguards

STORAGE BUILDING

A storage building that is leased, operated or owned by the insured and incidental to a MAP class may be added

SUBCONTRACTOR (132036)

This classification applies to that portion of the operations performed by adequately insured subcontractors of the insured. Operations performed by subcontractors without adequate insurance shall be classified and rated under the specific classification description for each operation. Determination of the adequacy of insurance shall be made in accordance with criteria established by the company prior to policy inception.

Obtain the rate for the Business Liability Limit. Multiply the rate by the total cost per \$1,000 of the subcontracted work.

LIMIT	RATE PER \$1,000
\$300,000 / \$600,000	\$3.50
\$500,000 / \$1,000,000	\$4.25
\$1,000,000 / \$2,000,000	\$5.00
\$2,000,000 / \$4,000,000	\$5.83

TENANTS EXTERIOR GLASS

Coverage is included for Tenant's Exterior Glass in the Business Personal Property Limit (if the policy does not include Building coverage). The exterior glass must be either owned by the named insured or in the named insured's care, custody or control.

- Automatically included in the Business Personal Property Limit
- \$250 Deductible

THEFT EXCLUSION

Coverage for loss resulting from theft may be excluded.

Multiply the Business Personal Property rate by the Theft Coverage exclusion factor. Multiply the adjusted rate by the Business Personal Property Limit per \$1,000 to develop the Business Personal Property premium.

✓ Factor ▪ 0.980

MU 82 56 ▪ Theft Exclusion

UTILITY SERVICE – DIRECT DAMAGE

Coverage is included for loss to covered property as a result of interruption of off-premises water, communication and power supply services and overhead power transmission and communication lines.

- Automatically included for \$25,000
- Property Deductible Applies
- Options to increase

Obtain the premium for the total limit for each building, subject to a maximum of \$50,000.

LIMIT	PREMIUM
\$25,000	Included
\$30,000	\$11.00
\$40,000	\$33.00
\$50,000	\$55.00

BP 04 56 ▪ Utility Services – Direct Damage
UTILITY SERVICE – TIME ELEMENT

Time element coverage is extended to include protection for the insured's business from loss of business income or from extra expenses that are the result of interruption of off-premises water, communication and power supply services and overhead power transmission and communication lines. (**If Business Income is excluded, this coverage does not apply.**)

- Automatically included for \$25,000 – Unless Business Income is Excluded
- Waiting period follows the Business Income Time Period Deductible
- Option to increase to \$50,000

Obtain the premium for the total limit for each building, subject to a maximum of \$50,000.

LIMIT	PREMIUM
\$25,000	Included
\$30,000	\$ 4.00
\$40,000	\$12.00
\$50,000	\$20.00

BP 04 57 ▪ Utility Services – Time Element



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VALUABLE PAPERS AND RECORDS

Coverage is included for the replacement of an insured's valuable papers, records and forms, including electronic media. Coverage is limited to the cost of recreating or restoring the lost or damaged documentation.

- Automatically included for \$25,000 On Premises / \$10,000 Off Premises
- Options are available to increase the On Premises Limit only
- Property Deductible Applies

Obtain the rate and multiply by the increased On Premises Limit per \$1,000 for each building.

LIMIT	RATE PER \$1,000
\$25,000 On Premises/ \$10,000 Off Premises	Included
Excess of \$25,000 On Premises	\$8.50

VOLUNTARY PROPERTY DAMAGE

Coverage is included for unintentional "loss" to the property of others caused by the insured business operations.

- Automatically included for \$10,000 Occurrence / \$25,000 Aggregate
- \$500 Deductible

WAIVER OF SUBROGATION (BLANKET)

When required by written contract, permit or agreement, this optional endorsement waives any right of recovery by us, against any person or organization named in that contract, for any payments we make.

MU 89 77 ▪ Blanket Waiver Of Subrogation

WATER BACK-UP AND SUMP OVERFLOW

Coverage is included for damage due to water backup from sewers or drains or overflow from a sump pump.

- Automatically included for \$25,000
- Property deductible applies

BP 04 53 ▪ Water Back-Up & Sump Overflow

WINDSTORM PROTECTIVE DEVICE

Provides for a rate reduction to Building coverage if all exterior wall openings are protected with hurricane resistant, laminated glass windows and hurricane resistant doors that are properly installed in accordance with the manufacturer's specifications.

The windows and doors must be found to effectively withstand external pressure and windborne debris from a storm with sustained wind speed of at least 110 miles per hour or a storm surge of 8 feet above normal. The insured is required to make arrangements with others to close and secure all windows and doors as necessary in the insured's absence.

Apply this factor to the Building rate only.

PROTECTIVE DEVICE	FACTOR
Windstorm	0.970

BP 03 15 • New York Changes – Windstorm Protective Device
WINDSTORM OR HAIL DEDUCTIBLE

An optional Windstorm or Hail Deductible is available at the discretion of the policyholder and the factor is based on the combined limits of insurance for building and business personal property. Deductibles may vary by location, but all covered property at one location must be written using the same deductible.

LIMITS OF INSURANCE	WINDSTORM OR HAIL DEDUCTIBLE PERCENTAGE					
	1%	2%	3%	5%	10%	
Up to \$500,000	0.985	0.980	0.977	0.974	0.970	
\$500,001 to \$1,000,000	0.981	0.976	0.973	0.970	0.966	
\$1,000,001 to \$2,500,000	0.976	0.971	0.969	0.964	0.960	
\$2,500,001 to \$5,000,000	0.972	0.967	0.963	0.959	0.955	
Over \$5,000,000	0.966	0.961	0.957	0.953	0.947	

Apply the deductible factor to the Building and Business Personal Property rate for each location. All property at one location must have the same windstorm / hail deductible.

MU 83 41 • Windstorm Or Hail Percentage Deductibles



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Certified Acts of Terrorism Coverage

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MAP-CONTRACTORS TERRORISM

CERTIFIED ACTS OF TERRORISM COVERAGE

1. Effective Dates

All New and Renewal Business until the end of the Federal Backstop Program.

2. Rating Instructions when Certified Acts of Terrorism Coverage is Included

- Use **BP 05 23** – Cap on Losses From Certified Acts of Terrorism Endorsement.
- All States**

Apply the following factors to the building, business personal property and general liability increased limits location premiums, prior to the application of any premium modifications, to determine the additional charge for Businessowners Certified Acts of Terrorism coverage.

This charge is not subject to modification.

TIER	RATING FACTOR
1	0.010
2	0.009
3	0.006
Minimum Charge	\$2.00

3. Rating Instructions when Certified Acts of Terrorism Coverage is Excluded:

- Use **BP 05 24** – Exclusion of Certified Acts of Terrorism Endorsement.
- All States

The insured must return a signed Disclosure Statement indicating coverage is not wanted for Certified Acts of Terrorism Coverage to be excluded.

- Non-SFP States

In Michigan, New Hampshire, Ohio, Pennsylvania and Vermont, the charges in 2. above will be returned when Certified Acts of Terrorism Coverage is excluded.

- SFP States

In Massachusetts, New Jersey, New York and Rhode Island, loss due to a fire caused by a Certified Act of Terrorism cannot be excluded due to state law.

The charges in 2. above will be returned when Certified Acts of Terrorism Coverage is excluded. Apply the following factors to the building, business personal property and general liability increased limits location premiums, prior to the application of any premium modifications, to determine the additional charge for the exposure of fire caused by a Certified Act of Terrorism.

This charge is not subject to modification.

TIER	RATING FACTOR
1	0.002
2	0.002
3	0.001
Minimum Charge	\$1.00



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4. Tier Definitions:

- 1—NY Territory 001, New York City
- 2—PA Territory 001, Philadelphia County
- 3—All other states and territories



New York Cyber Insurance Appendix

NOTICE:

INFORMATION FOUND IN THIS CYBER INSURANCE APPENDIX IS APPLICABLE TO NEW YORK POLICIES.
PLEASE REFER TO THE CYBER LIABILITY APPENDIX ALL STATES EX. NY FOR OTHERS STATES' INFORMATION.
CYBER LIABILITY INSURANCE IS NOT AVAILABLE IN RI OR VT.

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A. Coverage Summary

Cyber Insurance may be added to a MAP - Auto Repair, MAP – Businessowners, MAP – Contractors, or Commercial Package policy to cover liability and first party costs arising from a privacy breach or security breach. Section I – Cyber Liability Coverages is written on a claims-made basis, meaning that coverage applies only to claims made during the policy period resulting from acts or events that occur on or after the retroactive date. Section II – First Party Breach Event Coverages provides certain first party coverages, as described below.

Payment of defense costs will not reduce the Cyber Insurance limits of liability. Cyber Insurance includes the following insuring agreements:

Cyber Insurance Coverages:

Multimedia Liability – Duty to defend coverage for third party claims alleging copyright/trademark infringement, libel, slander, plagiarism and personal injury resulting from dissemination of media material. Covers both electronic and non-electronic media material.

Security and Privacy Liability – Duty to defend coverage for third party claims alleging liability resulting from a privacy breach or security breach, including the failure to safeguard electronic or non-electronic confidential information, or the failure to prevent virus attacks, denial of service attacks or the transmission of malicious code from the Insured's computer system to the computer system of a third party.

Privacy Regulatory Liability – Duty to defend coverage for regulatory compensatory awards resulting from privacy regulatory proceedings/investigations brought by federal, state, or local governmental agencies, such as proceedings/investigations alleging HIPAA violations. Defense only; there is no coverage for fines, penalties or sanctions imposed by law.

PCI DSS Liability – Duty to defend coverage for monetary assessments imposed by banks or credit card companies due to non-compliance with the Payment Card Industry Data Security Standard (PCI DSS) or payment card company rules.

First Party Breach Event Coverages:

Privacy Breach Response Costs, Notification Expenses, and Support and Credit Monitoring Expense Coverage – Coverage for reasonable mitigation costs and expenses incurred as a result of a privacy breach, security breach or adverse media report, including legal expenses, public relations expenses, advertising and IT forensic expenses, postage, and the cost to provide call centers, credit monitoring and identity theft assistance.

Network Asset Protection – Coverage for amounts incurred to recover and/or replace electronic data that is compromised, damaged, lost, erased or corrupted due to (1) accidental damage or destruction of electronic media or computer hardware, (2) administrative or operational mistakes in the handling of electronic data, or (3) computer crime/attacks including malicious code and denial of service attacks. Coverage also extends to business income loss and interruption expenses incurred as a result of a total or partial interruption of the Insured's computer system directly caused by any of the above events.

Cyber Extortion – Coverage for extortion expenses and extortion monies incurred as a direct result of a credible cyber extortion threat.

BrandGuard – Coverage for loss of net profit incurred as a direct result of an adverse media report or notification to affected individuals following a security breach or privacy breach.

B. Eligibility

Cyber Insurance is available to Insureds with a Merchants Mutual Insurance Company or Merchants Preferred Insurance Company (herein, Merchants) Businessowners or Commercial Package policy. All classes of business are eligible for Cyber Insurance, unless otherwise noted below. If a Merchants Businessowners or Commercial Package policy is non-renewed or such policy is otherwise terminated, the Insured is no longer eligible for Cyber Insurance under this program.

Insureds may be ineligible for coverage due to prior loss history or adverse answers on the Application or Renewal Application. Refer to Section E. Referral Guidelines for additional information.

Ineligible Classes: None

B.1. New Business

Refer to the tables below for New Business coverage eligibility requirements. All limits set forth below are annual aggregate limits. Coverage cannot be issued for a period greater than 12 months.

Limit of Liability	Requirement
\$100,000	Available – Waiver of underwriting

B.2. Adding or Deleting Coverage Mid-Term

Cyber Insurance may be added to an existing Merchants Businessowners or Commercial Package policy mid-term for a pro-rated annual premium, subject to a minimum premium of 50% of the annual Cyber Insurance premium. Requests to add Cyber Insurance mid-term must follow the New Business eligibility requirements.

Cyber Insurance may be canceled mid-term for a return premium, which shall be computed in the same manner as the underlying Businessowners or Commercial Package policy.

B.3. Renewal

Cyber Insurance limits of \$100,000 will be renewed with a waiver of underwriting.

C. Retroactive Date

The Retroactive Date will be the first date that Cyber Insurance is added to the Merchants Businessowners or Commercial Package policy. In the event an Insured modifies coverage mid-term (including any increase in limit), the Retroactive Date will remain the same.

Refer to Company any request to back-date a Retroactive Date to align with a claims-made Cyber policy with another carrier. Documentation (e.g., a copy of the policy or endorsement) evidencing the current Cyber Retroactive Date and coverage should be submitted to Merchants for review and approval.

D. Extended Reporting Period

Cyber Insurance provides for an Automatic Extended Reporting Period of sixty (60) days during which claims otherwise covered by the Endorsement may be made. Such Automatic Extended Reporting Period will commence immediately upon termination of coverage.

The Insured also will have the right to purchase a Supplemental Extended Reporting Period in the event of termination of coverage. If purchased, the Supplemental Extended Reporting Period will begin on the effective date of termination of coverage, and the Automatic Extended Reporting Period will be included within the Supplemental Extended Reporting Period. The existence of any Extended Reporting Period will not increase or reinstate the Cyber limits of insurance.

The Supplemental Extended Reporting Period options and premium charges are as follows:

- Twelve (12) months for 95% of annual Cyber Insurance premium

E. Referral Guidelines

Refer to Company any of the following:

- Requests to backdate the Effective Date or Retroactive Date.

Prior Loss History

In the event an Insured has had a claim or breach incident in the past 5 years, the following information should be obtained from the Insured and referred to Merchants for review and approval:

1. Specific details of the claim, including allegations asserted or a description of the incident;
2. Copies of the claim proceedings, such as the lawsuit, demand, or investigation, if any;
3. Total amount paid to date, including amounts paid under insurance, if any;
4. Current status of the matter (open or closed); and
5. Any steps taken to prevent a reoccurrence.

F. Limits of Liability and Base Rates

New York

- \$100,000 limits are available as optional coverage.
- Defense costs will not erode the annual aggregate limit.

Coverage Agreements

Section I - Cyber Coverages	
Coverage A - Multimedia Liability	
Coverage B - Security and Privacy Liability	
Coverage C - Privacy Regulatory Liability	
Coverage D - PCI DSS Liability	
Section II - First Party Breach Event Coverages	
Coverage E - Privacy Breach Response Costs, Notification Expenses, and Customer Support and Credit Monitoring Expenses	
Coverage F - Network Asset Protection	
Coverage G - Cyber Extortion	
Coverage H - BrandGuard	

Limits of Liability	
Each Claim Limit:	\$100,000
Annual Aggregate Limit:	\$100,000

	Annual Premium
Revenue	\$100,000
<\$10,000,000	\$85
\$10,000,001+	Not eligible

G. Deductible

\$0 (Zero, First Dollar Coverage)

H. Forms

Refer to the table below for a list of forms applicable to Cyber Insurance.

Form Number	Description
MU 91 36 09 17	Cyber Insurance Endorsement – New York
MU 91 42 09 17	Supplemental Extended Reporting Period Endorsement – New York
MU 91 43 09 17	Supplemental Declarations - Cyber Insurance – New York

CLASSIFICATIONS

NEW YORK

TABLE OF CONTENTS

- Air Conditioning and Heating Work
- Building - Owner Occupied (25% or More Occupied by Owner)
- Building or Premises - Office Only
- Building or Premises - Office with less than 25% Other Occupants
- Building or Premises - Single Occupancy and Multi-Occupancy - Up to 30% Ineligible Occupants /Without Habitational
- Cabinet Makers and Installers
- Carpet and Floor Installation
- Carpet, Rug and Upholstery Cleaning
- Cement and Concrete Finishing and Surfacing
- Concrete Construction
- Door and Window Erection
- Drilling - Water
- Driveway, Parking Area or Sidewalk - Paving or Repaving
- Electrical Household Appliance Installation or Repair
- Electrical Wiring
- Fence Installation
- Gas Household Appliance Installation or Repair
- Glaziers
- Handyman
- Household Furnishings Installation and Repair
- Interior Decorator
- Janitorial Services
- Landscape Gardening
- Masonry Work
- Office Furniture and Fixture Installation
- Office Machine Installation and Repair
- Office: Contractors
- Painting and Paperhanging
- Plaster and Stucco
- Plumbing
- Septic Tank Systems - Cleaning
- Sheet Metal Work



Merchants Advantage Plus® Contractors

CLASSIFICATIONS

NEW YORK

- Shop - Work shop in connection with Contracting operation.
- Snow and Ice Removal
- Storage Building - in connection with a Contractors occupancy
- Subcontracted Work - in connection with construction, reconstruction, erection or repair
- Swimming Pool Servicing
- Tile, Stone or Terrazzo Work
- Water Softening Equipment - Installation, Servicing or Repair



Merchants Advantage Plus® Contractors

CLASSIFICATIONS

NEW YORK

***SEE RISK APPETITE GUIDE FOR CLASS SPECIFIC UNDERWRITING GUIDELINES**

BUSINESS DESCRIPTION	MAP CLASS CODE	MARKET SEGMENT
Air Conditioning and Heating Work	132000	CON
Building - Owner Occupied (25% or More Occupied by Owner)	Use BPP Class Code	ALL
Building or Premises - Office Only	131060	LRO
Building or Premises - Office with less than 25% Other Occupants	131062	LRO
Building or Premises - Single Occupancy and Multi-Occupancy - Up to 30% Ineligible Occupants /Without Habitational	131066	LRO
Cabinet Makers and Installers	132001	CON
Carpet and Floor Installation	132003	CON
Carpet, Rug and Upholstery Cleaning	132040	CON
Cement and Concrete Finishing and Surfacing	132005	CON
Concrete Construction	132006	CON
Door and Window Erection	132007	CON
Drilling - Water	132008	CON
Driveway, Parking Area or Sidewalk - Paving or Repaving	132009	CON
Electrical Household Appliance Installation or Repair	132011	CON
Electrical Wiring	132012	CON
Fence Installation	132013	CON
Gas Household Appliance Installation or Repair	132014	CON
Glaziers	132015	CON
Handyman	132016	CON
Household Furnishings Installation and Repair	132017	CON
Interior Decorator	132018	CON
Janitorial Services	132019	CON
Landscape Gardening	132020	CON
Masonry Work	132022	CON



Merchants Advantage Plus® Contractors

CLASSIFICATIONS

NEW YORK

BUSINESS DESCRIPTION	MAP CLASS CODE	MARKET SEGMENT
Office Furniture and Fixture Installation	132023	CON
Office Machine Installation and Repair	132024	CON
Office: Contractors	132035	CON
Painting and Paperhanging	132025	CON
Plaster and Stucco	132026	CON
Plumbing	132027	CON
Septic Tank Systems - Cleaning	132028	CON
Sheet Metal Work	132029	CON
Shop - Work shop in connection with Contracting operation.	132034	CON
Snow and Ice Removal	132037	CON
Storage Building - in connection with a Contractors occupancy	132033	CON
Subcontracted Work - in connection with construction, reconstruction, erection or repair	132036	CON
Swimming Pool Servicing	132042	CON
Tile, Stone or Terrazzo Work	132031	CON
Water Softening Equipment - Installation, Servicing or Repair	132032	CON



Merchants Advantage Plus®

APPLICATIONS AND QUESTIONS

TABLE OF CONTENTS

General Application

- Insured Information*
- General Information*
- Business Liability*
- Prior Carrier*
- General Comments:*
- Loss History*
- Mortgagee/Loss Payee*
- Additional Insured*
- Notice Of Insurance Information Practices*
- Applicable In New Jersey*
- Fraud Warning Statements*

Contractors Application

- Location Information*
- Property Deductibles*
- Location Description*
- Protection*
- Commercial Building Valuation*
- Automatic And Optional Coverages*

Contractors Segment Questions

Contractors Class Specific Questions

- Plumbing and Air Conditioning/Heating Systems General Information*
- Concrete and / or Masonry Contractors General Information*
- Electrical Contractors*
- Janitorial*
- Landscape Gardening*
- Painting*
- Paving*
- Swimming Pool Servicing*



Merchants Advantage Plus®

GENERAL APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

INSURED INFORMATION

Insured's Name and Mailing Address (Street, City, County, State and Zip Code):

Billing Plan: Agency Direct

Website: _____

Billing Options:
1 Year Full Quarterly 10 pay

Federal Employers ID #: _____

GENERAL INFORMATION

Named Insured is: Individual Partnership Corporation Commercial Condominium Unit Owner
 Other (Specify) _____

Business Operations Description: _____

Year Business Started: _____

Total Number of Locations on this Policy: _____ Total Number of Employees: _____

If two or more locations, are they at least 50 feet apart? Yes No

Name/phone number of Contact for Inspection: _____

Has Merchants insured this risk previously? Yes No If yes, please provide policy number _____

Does Merchants have other policies for this insured? Yes No If yes, please provide policy numbers _____

Does insured operate any business or own any property other than the described premises? Yes No

If yes, describe and provide insurance carrier: _____

Quoted Premium \$_____ Has coverage been bound? Yes No Tier ID_____ State: _____

Tier ID_____ State: _____ Tier ID_____ State: _____ Tier ID_____ State: _____ Tier ID_____ State: _____

Tier ID_____ State: _____ Tier ID_____ State: _____ Tier ID_____ State: _____ Tier ID_____ State: _____

BUSINESS LIABILITY

Limits Of Liability \$ 300,000 Occurrence / \$ 600,000 Aggregate \$ 500,000 Occurrence / \$1,000,000 Aggregate
 \$1,000,000 Occurrence / \$2,000,000 Aggregate \$2,000,000 Occurrence / \$4,000,000 Aggregate

PRIOR CARRIER

Indicate if No Prior Carrier

Effective Date	Expiration Date	Prior Carrier	Policy #	Limit of Liability	Premium
----------------	-----------------	---------------	----------	--------------------	---------

Do you currently carry Professional Liability Insurance? Yes No If yes, provide the information below.

Effective Date	Expiration Date	Prior Carrier	Policy #	Limit of Liability	Premium
----------------	-----------------	---------------	----------	--------------------	---------

Has your Insurance including any Professional Liability ever been cancelled or non-renewed? Yes No

If yes, please explain: _____

GENERAL COMMENTS:



Merchants Advantage Plus®

GENERAL APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

INSURED'S NAME (CONT'D)



Merchants Advantage Plus®

GENERAL APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

Loss History

Have there been any losses in the last three years? Yes No If yes; include date of loss, description of loss, location and building, claim status, amount paid, and amount reserved.



Merchants Advantage Plus®

GENERAL APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

MORTGAGEE/LOSS PAYEE

Mortgagee/Loss Payee No. _____

Same as Bill To: _____

Type: _____

Loan/Account No: _____

Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip: _____

Applies To:

MORTGAGEE/LOSS PAYEE

Mortgagee/Loss Payee No. _____

Same as Bill To: _____

Type: _____

Loan/Account No: _____

Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip: _____

Applies To:



Merchants Advantage Plus®

GENERAL APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

ADDITIONAL INSURED

Additional Insured No.: _____

Type: _____

Additional Interest Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip: _____

Designation of Premises Address:

Location of Covered Operations:

Your Products:

ADDITIONAL INSURED

Additional Insured No.: _____

Type: _____

Additional Interest Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip: _____

Designation of Premises Address:

Location of Covered Operations:

Your Products:

GENERAL APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

APPLICABLE IN NEW JERSEY

"Privacy Notification: A credit report or other investigative report about you may be requested in connection with this application for insurance. Any information which we have or may obtain about you or other individuals listed as policy holders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to third parties such as to our affiliated companies for claims handling, servicing, underwriting and insurance marketing. Personal information also may be disclosed to affiliated and non-affiliated companies for non-insurance marketing purposes, unless you write to us at the address provided with your policy and direct us not to make such disclosure."

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, please write us at the address provided with your policy."

FRAUD WARNING STATEMENTS

NEW JERSEY "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

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

OHIO "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."

PENNSYLVANIA "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."

NEW HAMPSHIRE Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

ALL OTHER STATES "Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties."

Agent's Signature	Date	Insured's Signature	Date
-------------------	------	---------------------	------

CONTRACTORS APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

LOCATION INFORMATION

Building

- Replacement Cost Functional Building Valuation
 Actual Cash Value Automatic Increase up to 5% Annually
 Building Limit of Insurance \$ _____ Business Personal Property Limit of Insurance \$ _____
Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Mod.Fire Resistive Fire Resistive Protection Class _____ Original Year Built _____

Business Personal Property

- Replacement Cost Value

PROPERTY DEDUCTIBLES

\$250 \$500 \$1,000 \$2,500 \$5,000 (Deductible must be the same for all Buildings and Business Personal Property)

Windstorm or Hail Percentage Deductible: 1% 2% 3% 5% 10%

State of New York only: Windstorm Protective Device Yes No

State of Rhode Island Only: RI Named Storm Percentage Deductible 1% 2% 3%

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Location (Street, City, County, State and Zip Code)	Rating Territory
<input type="checkbox"/> Owner Occupied (If 25% or more owner occupied)		<input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Lessor's Risk (If less than 25% owner occupied)
<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Retail/Installation	<input type="checkbox"/> Shop <input type="checkbox"/> Storage <input type="checkbox"/> Lessors
How many miles is location from coastal water? _____			
Building Class Description _____			
Business Personal Property in storage building?			
Are there other occupants in this building?			
Occupants		Sq. Ft. Area	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROTECTION

Fire Extinguishers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smoke Detectors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any current cited violations for Fire and/or Life Safety Codes?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, Refer to Company)
Fire Alarms:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Direct to Fire Department		<input type="checkbox"/> Local	<input type="checkbox"/> None
State of New Hampshire only:	Distance to Hydrant _____ Feet		Distance to Fire Station _____ Miles		
Burglar Alarms:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Direct to Fire Department	<input type="checkbox"/> Local	<input type="checkbox"/> None	
Maximum Cash on Premises \$ _____	Maximum Cash with Messenger \$ _____		Number of Messengers _____		
Money on Premises Overnight \$ _____	Frequency of Deposits _____				
Describe Other Crime Protection:	<input type="checkbox"/> Fence(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Guard Dog(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Safe(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe: _____	

COMMERCIAL BUILDING VALUATION

Completed On-Line	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide estimate number _____
If no, complete the following:			

No. of Floors	Total Perimeter	Central Air Conditioning	Elevators
Quality of the building:	<input type="checkbox"/> Economy	<input type="checkbox"/> Average	<input type="checkbox"/> Superior
Basement	<input type="checkbox"/> Finished	<input type="checkbox"/> Unfinished	Basement Sq. Ft. _____
Total Building Sq. Footage _____	Insured's Sq. Footage _____	Building 100% Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If premise is over 30 years of age, give date and extent of renovation to:			
Wiring	Year Done _____	Renovation _____	
Heating	Year Done _____	Renovation _____	
Plumbing	Year Done _____	Renovation _____	
Roof	Year Done _____	Renovation _____	

CONTRACTORS APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

AUTOMATIC AND OPTIONAL COVERAGES

Contractors

Accounts Receivable

- \$25,000 On Premises / \$10,000 Off Premises Included
- On Premises Total Limit: \$ _____

Additional Insured

- Blanket if required by Contract Agreement or Permit (not applicable to Handyman)
- Option: If Additional Insureds are required to be named on the policy:
Number of Additional Insureds: _____

Aggregate Limits Per Location

Aggregate Limits Per Project

Designated Construction Projects – General Aggregate (to apply separately to each construction project)

Bailees Customers

- Options: Total Limit : \$ _____ (Maximum \$50,000)

Brands and Labels

- Included in the Business Personal Property Limit

Business Income and Extra Expense

- Actual Loss Sustained

Business Income Time Period Deductible

- Immediate 24 Hours 48 Hours 72 Hours

Business Income - Exclusion

- Business Income - Specified Limit**
- \$100,000 \$200,000 \$300,000 \$400,000 \$500,000

Business Income and Extra Expense - Interruption of Computer Operations

- \$25,000 included (Unless Business Income is excluded)

Option: Total Limit \$ _____

Business Income from Dependent Properties

- \$25,000 Included / 72 Hr. Wait (Unless Business Income is excluded)

Claims Expense

- \$5,000 including Loss of Earnings – Up to \$500 / Day

Communication Equipment

- Included for \$1,000 (Policy Limit)

Option: Total Policy Limit : _____ (Maximum of \$10,000)

Computer

- Automatically included in the Business Personal Property Limit; plus
- \$40,000 Computer Equipment
- \$10,000 of Data Restoration

Option: Increased Data Restoration. Total Limit \$ _____

Computer Fraud & Funds Transfer

- \$10,000 included

Condominium Commercial Unit-Owners - Optional Coverage

- Loss Assessment Limit : \$ _____
- Miscellaneous Real Property Limit: \$ _____

Contractors Installation, Tools and Equipment

Contractors Installation Included:

- \$10,000 At each Covered Job Site
- \$ 5,000 In Transit
- \$ 5,000 At a Temporary Storage Location
- \$10,000 At all Covered Job Sites Combined
- \$250 Deductible Applies

CONTRACTORS APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

Optional Limits

- \$25,000 At Each Covered Job Site
- \$7,500 In Transit
- \$7,500 At a Temporary Storage Location
- \$75,000 At All Covered Job Sites Combined
- \$250 Deductible Applies

- \$50,000 At Each Covered Job Site
- \$10,000 In Transit
- \$10,000 At a Temporary Storage Location
- \$150,00 At All Covered Job Sites Combined
- \$250 Deductible Applies

Contractor's Unscheduled Tools and Equipment

- \$3,000 Included (Policy Limit)
- Option: Total Policy Limit: _____ (Maximum \$50,000 / \$3,000 per item). No changes to this item
- \$250 Deductible Applies unless otherwise indicated \$500 \$1000 \$2,500

Contractor's Scheduled Tools and Equipment

- Total Policy Limit \$ _____ (Refer to Company - over \$150,000)
- \$250 Deductible Applies unless otherwise indicated \$500 \$1000 \$2,500

Contractors Scheduled Tools and Equipment

Description (Type, Manufacturer, Model)	Serial #	New/Used	Date Purchased	Limit of Insurance
TOTAL				

(If additional space is needed – attach separate page)

Non-Owned Tools and Equipment

- Total Policy Limit: \$ _____
- \$250 Deductible Applies

Employee's Tools

- Total Policy Limit: \$ _____
- \$250 Deductible Applies

Rental Reimbursement

\$1,000 automatically included. Maximum limit \$5,000

Optional \$2,500 \$5,000

Data Compromise

- \$50,000 Annual Policy Aggregate (Coverage 1 - \$5,000 sub-limit)
- \$1,000 Deductible (Per Event)

Debris Removal

- Includes up to 25% of direct physical loss; plus \$25,000

CONTRACTORS APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

 Down the Hole Coverage

- \$10,000 - Underground Equipment
- \$ 5,000 - Retrieval Expense
- \$250 Deductible

 Earthquake

- 2% deductible applies

 Elevator or Escalator Inspection – (Pennsylvania Only)

Number of elevators/escalator landings _____

 Electronic Data Liability

- Options: \$25,000 \$50,000 \$75,000

 Employee Benefits Liability (Claims-Made)

- Options: \$ 300,000 occ./\$ 300,000 agg. \$ 500,000 occ./\$ 500,000 agg.
 \$1,000,000 occ./\$1,000,000 agg.

The Policy limit must be equal to the Business Liability Occurrence limit subject to a maximum of \$2,000,000.

- Total Number of Employees Covered by Plan _____

Does the applicant distribute a published Employee Benefit Program description to all employees? Yes No

How frequently is it updated and distributed? _____

Does each new employee receive a formal explanation of benefits by a trained staff member? _____

Are Accept/Reject letters completed by each employee for each optional benefit? _____

Has the applicant received a claim for this coverage within the last 5 years or are you aware of a possible claim that has not been submitted?

Was the prior coverage a Claims-Made form? _____

 Yes No Yes No Yes No Yes No **Employee Dishonesty**

- \$25,000 Included (Policy Limit)
- Options: \$50,000 \$100,000 \$150,000 \$200,000
- Coverage is excluded if more than 50 Employees
- Option: ERISA Extension: Yes No

Number of Employees _____

 Employment Practices Liability (Claims-Made)

- \$100,000 Aggregate Limit Per Policy / \$10,000 Deductible Per Claim
- Not available in the state of Vermont
- Not available for Lawyers

 Employment Practices Liability Excluded **Equipment Breakdown** **Fine Arts**

- Included in the Business Personal Property Limit; plus \$25,000

 Option: Schedule required if over \$25,000 (Maximum \$250,000) Total Limit: \$ _____

Description of Item	Limit
TOTAL	

 Fire Department Service Charge

- \$10,000 Included

CONTRACTORS APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

 Fire Extinguisher Systems Recharge Expense

- \$15,000 Included

 Fire Legal Liability

- \$500,000 Included
- Option: Total Fire Legal Liability Policy Limit \$ _____ (Maximum \$1,000,000)

 Forgery and Alteration

- \$25,000 Included
- Option: Total Limit: \$ _____ (Maximum \$200,000)

 Fungus

- \$15,000 Included for Property (Excluded in New York)
- Excluded for Liability

 Hired Auto and Non Owned Automobile Liability

- Optional Coverage available unless there is a separate Commercial Auto Policy
- \$300,000 Occ. / \$600,000 Agg. \$500,000 Occ. / \$1,000,000 Agg. \$1,000,000 Occ. / \$2,000,000 Agg. (Policy Limits)
- Not available if Delivery

 Identity Recovery Coverage

- \$15,000 Annual Aggregate Included
- \$250 Deductible – Expense Reimbursement

 Lock and Key Replacement

- \$1,000 Included

 Medical Expenses

- \$15,000 Per Person Included
- Medical Expenses Exclusion

 Miscellaneous Property Coverage

- Option: Total Policy Limit: \$ _____ (Maximum \$50,000/\$3000 per item)

 Money Orders and Counterfeit Money

- \$10,000 Included (Policy Limit)
- Option: Total Limit: \$ _____

 Money, Securities and Credit Card Slips

- \$10,000 On Premises / \$10,000 Off Premises Included
- Options:**
 - \$15,000 On Premises / \$10,000 Off Premises
 - \$20,000 On Premises / \$10,000 Off Premises
 - \$25,000 On Premises / \$10,000 Off Premises
 - \$50,000 On Premises / \$10,000 Off Premises

 Ohio Stop Gap Liability – Employers Liability Coverage

- \$100,000 Per Accident/ \$100,000 Per Employee/ \$500,000 Per Disease Included
- Options:**
 - \$500,000 Per Accident /\$500,000 Per Employee / \$500,000 Per Disease
 - \$1,000,000 Per Accident/\$1,000,000 Per Employee/ \$1,000,000 Per Disease

Number of Employees (# of persons who receive remuneration during any one week of the policy period): _____

 Ordinance or Law

- Automatically Included when Replacement Cost Applies:
 - Coverage 1 = Building Limit
 - Coverage 2 = \$25,000
 - Coverage 3 = \$25,000

 Ordinance or Law – Equipment Coverage

- Included in Business Personal Property Limit

CONTRACTORS APPLICATION

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

 Outdoor Property

- \$10,000 Included (Maximum \$1000 per tree/ shrub/bush)

 Outdoor Signs

- \$5,000 Included
- Option: Total Limit: \$_____

 Personal and Advertising Injury

- Automatically Included
- Option: to Exclude (N/A in Vermont)

 Personal Effects

- Included in the Business Personal Property Limit

 Pollutant Clean Up and Removal

- \$ 25,000 Included

 Premises Boundary

- 1,000 feet

 Property Off Premises

- \$25,000 Included in the Business Personal Property Limit

 Seasonal Automatic Increase in Business Personal Property

- 25% Increase included in the Business Personal Property Limit

 Short Term Pollution Coverage
 Snow & Ice Removal Coverage

Total number of power units _____

 Subcontractors (not allowed with Handyman class)

Must be 25% or less of Total Operation

- Total Cost of subcontractors for the policy: \$_____

 Tenants Exterior Glass

- Included in the Business Personal Property Limit

 Theft Exclusion
 Utility Service – Direct Damage

- \$25,000 Included

- Options: \$30,000
 \$40,000
 \$50,000

 Utility Service – Time Element

- \$25,000 Included/ Waiting period follows the Business Income Time Period Deductible

- Options: \$5,000
 \$10,000
 \$25,000
 \$30,000
 \$40,000
 \$50,000

 Valuable Papers and Records

- \$25,000 On Premises / \$10,000 Off Premises Included

- Option: On Premises Total Limit: \$_____

 Voluntary Property Damage

- \$10,000 Occurrence / \$25,000 Aggregate Included

 Water Back-Up and Sump Overflow

- \$25,000 Included
- \$5,000 Business Income and Extra Expense Included

CONTRACTORS SEGMENT QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

CONTRACTORS

Describe Operations: _____

Describe any incidental work. _____

Number of years in this business: _____

Years of experience in same or related business: _____

Estimated Annual Sales/Receipts _____

Percentage of Retail Sales _____

Annual Payroll (latest 12 months) _____

Percentage of receipts from Installation, Service or Repairs _____ %

Any operations subcontracted?

 Yes No

Percentage of work subcontracted _____ %

If yes, describe _____

 Do subcontractors provide Certificates? Yes No

 Are subcontractors required to have insurance limits equal to applicant? Yes No

 Is the insured named as an additional insured and held harmless on subcontractors GL policy? Yes No

License # _____

Rating Information

Number of Employees:

Class Description: _____

Full Time _____

Part Time _____

Class Description: _____

Full Time _____

Part Time _____

Class Description: _____

Full Time _____

Part Time _____

Retail 132038

Sales \$ _____

Lessors Risk 132039(Office with 0-24% owner occupancy)

Area _____

Total number of jobs done in the last year?

Three largest jobs; Cost of Contract \$ _____ \$ _____ \$ _____

Please describe:

Job Description #1

Job Description #2

Job Description #3

Customer/location#1

Customer/location#2

Customer/location#3

CONTRACTORS SEGMENT QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

If not insured with Merchants, what type of machinery or equipment do you own or rent? _____

Is a formal Safety program in operation? Yes No

Any work in the following metro areas?

Boston, MA percentage _____ %

Cincinnati, OH percentage _____ %

Cleveland, OH percentage _____ %

Detroit, MI percentage _____ %

New York percentage _____ %

(including Bronx, Brooklyn, Manhattan,
Queens & Staten Island)

Philadelphia, PA percentage _____ %

Any work out of state? Yes No If yes, percentage _____ %

Residential Work Percentage _____ % Commercial Work Percentage _____ %

Does applicant have any subsidiaries or is a subsidiary? Yes No

If yes, describe and provide insurance carrier information: _____

Residential Snowplowing: _____ %

Commercial Snowplowing: _____ %

Any work on public streets or roads? Yes No

Any installation, service, or repair of solar energy systems or equipment? Yes No

Does the Insured perform any snow or ice removal operations? Yes No

Does the Insured wish to purchase snow or ice removal coverage? If not, exclusion applies to the policy. Yes No

(If the insured does not own any plow but has a snow removal exposure, enter 1 under the number of plows to include snow removal coverage on the policy.)

CONTRACTORS SEGMENT QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

GENERAL INFORMATION

– Any work performed of the following nature? Explain all “yes” responses.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Any demolition or blasting work contemplated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any structural alterations contemplated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is a formal or informal safety program in operation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any equipment leased, loaned or rented to others (with or without operators)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any equipment leased, including scaffolding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does applicant draw plans, designs or specifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any participation in trade shows, exhibits or conventions?
Operates any cranes, booms, bucket trucks/cherry pickers, backhoes, motorized lifts, excavators, or trench diggers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any alarm work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any fire suppression work, including sprinklers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Any refractory brick work done? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Any high voltage work (220V or above)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any street or roadwork? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Any rigging? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Any roofing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Any lead or asbestos abatement work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Any Exterior Insulation Finish Systems (EIFS) work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Any municipal work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Is the insured involved in Wrap Up or Owner Controlled Insurance Programs (OCIP)?

If yes, refer risk to company | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Does applicant enter into Hold Harmless Agreements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Does the applicant use standard industry contracts? (If No, please explain) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Has coverage been declined/canceled/non-renewed in the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Merchants Advantage Plus®

CONTRACTORS SEGMENT QUESTIONS

Comments /Explanation of “Yes” responses.

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

PLUMBING AND AIR CONDITIONING/HEATING SYSTEMS GENERAL INFORMATION
Operations

Plumbing	%	Heating	%
Electrical	%	Refrigeration	%
Sheet Metal	%		
A/C	%		
Other	%		

Please describe: _____

Heating Work

*LP Gas _____ %

*Wood Pellet _____ %

Miscellaneous Information – all questions must be answered:

Any automatic sprinklers or extinguishing work?

 Yes No

If yes, please describe _____

Any specialty systems installed? (Hospital, pollution, airport, power plant, etc.)

 Yes No

If yes, please describe _____

Any sale/installation of or repair of high-pressure boilers (greater than 15 psi for steam or greater than 30 psi for hot water)?

 Yes No

If yes, please describe _____

Does the insured perform any asbestos or other hazardous materials abatement?

 Yes No

If yes, please describe _____

Any rooftop installations or work in excess of two stories?

 Yes No

If yes, please describe _____

Any trenching work performed?

 Yes No

If yes, Depth of trenching (in feet): _____ ft.

Is trench protection used?

 Yes No

If yes, please describe _____

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

CONCRETE AND / OR MASONRY CONTRACTORS GENERAL INFORMATION

Operations

Masonry _____ %

Masonry Breakdown

Foundations	%	Maximum Stories	_____
Walls	%	Maximum Stories	_____
Veneer	%	Maximum Stories	_____
Fireplaces	%		
Sidewalk/Patio	%		
Driveways	%	Maximum Stories	_____
Floors	%	Maximum Stories	_____
Chimney Repair	%	Maximum Stories	_____
Other	%		

Describe: _____

Concrete _____ %

Miscellaneous Information

Any mix-in-transit work?

Yes No

If yes, please describe _____

Any waterproofing work?

Yes No

If yes, please describe _____

Any work involving load bearing walls?

Yes No

If yes, please describe _____

Any swimming pool installation or repair?

Yes No

If yes, please describe _____

Any retaining walls built?

Yes No

If yes, please describe _____

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

ELECTRICAL CONTRACTORS**General Information
Operations**

Any underground cable work? Yes No
If yes, please describe _____

Any direct wiring, repair or installation of industrial equipment? Yes No
If yes, please describe _____

Any specialty wiring (explosion proof, dust, wet location, etc)? Yes No
If yes, please describe _____

Any generator installation or repair? Yes No
If yes, please describe _____

Any fire or burglar alarm installation or repair? Yes No
If yes, please describe _____

Any traffic light or parking lot light installation, service or repair? Yes No
If yes, please describe _____

Any work in excess of two stories? Yes No
If yes, please describe _____

Does the insured repair electrical or gas household appliances on a regular basis?
If yes: Percentage of total receipts _____ %
Percent of electrical appliances _____ %
Percent of gas appliances _____ %

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

JANITORIAL**General Information****Operations:** includes carpet, furniture, window, upholstery cleaning and floor waxing.Chimney Cleaning Yes NoFire Restoration Yes NoSand Blasting Yes NoHazardous waste Yes NoExterior building cleaning Yes NoExterior window cleaning Yes NoIf other operations/services are provided by the insured, please describe: _____

_____**Miscellaneous Information**

Any repair, maintenance or installation services provided?

 Yes No

If yes, please describe _____

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

LANDSCAPE GARDENING**General Information****Operations:** includes lawn maintenance, planting, removing, or trimming of shrubs/hedges and tree trimming.

Grading of Land	_____ %
Excavation	_____ %
Underground Sprinkler Work	_____ %
Tree Removal	_____ %
Other (describe)	_____ %

Other, please describe: _____
_____**Miscellaneous Information If Excavation**Describe the type of collapse protection used: _____
_____Are utilities contacted before digging? Yes No

If yes, name of service used: _____

Is the insured licensed with the EPA? Yes NoAny off-season operations? Yes NoIf yes, please describe: _____
_____Any nursery or greenhouse operations? Yes NoIf yes, please describe: _____
_____Any pesticide, herbicide or fungicide application, other than over the counter? Yes No

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

PAINTING

General Information
Operations

Interior _____ %
 Exterior _____ %

Maximum work at heights _____ Stories

Are any of the following methods used?

Airless spray guns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compressed air	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High-pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrostatic	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any painting on the following?

Bridges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____
Towers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____
Tanks: Water or Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____
Pavement Markings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____

Miscellaneous Information

Waterproofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____
Insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____
Soundproofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____
Abrasive Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipts \$ _____

Any high pressure cleaning of building exteriors?

Yes No

If yes, please describe _____

Any chemicals used in paint removal or high-pressure cleaning?

Yes No

If yes, please describe _____

Any work near high voltage towers or utility lines?

Yes No

If yes, please describe _____

Any oil based stains or paints used?

Yes No

If yes, describe the procedure for disposing of applicators:

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

PAVING

General Information
Operations

Driveway or Parking Lot Paving	%
Driveway or Parking Lot Construction	%
Street or Road Paving	%
Street or Road Construction	%
Other operations	%

If other, please describe: _____

Miscellaneous Information - All questions must be answered.

Any construction, maintenance or repair of:

Airport Runways	<input type="checkbox"/> Yes <input type="checkbox"/> No	Racetracks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroads rail beds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reservoirs or dams	<input type="checkbox"/> Yes <input type="checkbox"/> No	Garage parking decks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holding ponds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitary landfills	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the insured own or operate the following:

Stationary hot mixing plant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable hot mixing plant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gravel pit or quarry	<input type="checkbox"/> Yes <input type="checkbox"/> No



Merchants Advantage Plus®

CONTRACTORS CLASS SPECIFIC QUESTIONS

Quote Number: _____

Policy Number: _____

Agency: _____

Code: _____ Effective Date: _____

SWIMMING POOL SERVICING

General Information Operations

All questions must be answered and all responses must reflect current and past work.

Any installation, repair or replacement of any of the following:

Swimming Pools, Hot Tubs or Spas Yes No
If yes, please describe _____

Slides, Liners, Pool Steps
If yes, please describe _____

Alarms, Safety Gates/Latches, Fencing Yes No
If yes, please describe _____

Gunite, Tiles, Concrete _____ Yes No
If yes, please describe _____

Pool Covers*, Diving Boards*, Ladders* Yes No
*Other than installation or removal in conjunction with routine maintenance activities.

Any electrical, plumbing or repair work beyond that incidental to maintenance or repair of filtration or pump systems? Yes No
If yes, please describe

Any underground work? Yes No
If yes, please describe

Any diving and/or inspection services? Yes No
If yes, please describe

Any retail sale of pool care chemicals, kits, equipment or pool components or accessories? Yes No
If yes, please describe



Merchants Advantage Plus® Contractors

Company Forms

NEW YORK (31)

Please click on the link to be forwarded to the Company Website: <http://www.merchantsgroup.com>

Upon logging in, locate the "Company Forms Library" under the Other Resources heading.