

New Business Application



For all Master (Group) Coverages
Policy Year: April 1, 2018 to April 1, 2019

Affiliate Name: _____
HFH Affiliate #: _____ Lockton Customer #: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact Person: _____ Phone #: _____ Cell Phone: _____
Primary Email: _____ Best Time to Contact _____
Alternate Contact Person: _____ Phone #: _____ Email: _____

When providing average values, assume Replacement Cost if done by a contractor without the benefit of volunteer labor or materials. Do not include the cost of land when determining values. A copy of the HFH U.S. Construction Definitions is attached to the end of this application. For more detailed information on how to determine the type of construction project and the value of a construction project, refer to the HFH Affiliate Insurance Manual on our website. Gross Revenue includes all income your affiliate receives including, but not limited to: cash donations, monetary grants, fundraisers, store sales, mortgages, and rents.

Actual Total Gross Revenue from all operations (including ReStore operations)
for calendar year 2017: \$ _____
From the amount you entered above, please list the Actual Total Gross Revenue from
ReStore operations only (enter \$0 if no ReStore Operations)
\$ _____
(Do not include sales from flea markets, thrift stores or garage sales).
Full Time Employees 2017: _____ Part Time Employees 2017: _____
Full Time Volunteers 2017: _____ Part Time Volunteers 2017: _____

Projected Total Gross Revenue from all operations (including ReStore operations)
for the upcoming calendar Year: \$ _____
From the amount you entered above, please list the Projected Total Gross Revenue
from ReStore operations only (enter \$0 if no ReStore Operations)
\$ _____
(Do not include sales from flea markets, thrift stores or garage sales).
Full Time Employees 2018: _____ Part Time Employees 2018: _____
Full Time Volunteers 2018: _____ Part Time Volunteers 2018: _____

PROPERTY YOU DO NOT OWN

HOME REPAIRS NEIGHBORHOOD REVITALIZATION: 2017 ACTUAL

Home Preservation (A Brush With Kindness)
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____
Weatherization
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____
Critical Home Repairs
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____
Other Home Repairs
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____
Percentage of Repair Projects involving Roof Work _____%

PROPERTY YOU DO NOT OWN

HOME REPAIRS NEIGHBORHOOD REVITALIZATION: 2018 PROJECTED

Home Preservation (A Brush With Kindness)
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____
Weatherization
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____
Critical Home Repairs
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____
Other Home Repairs
Completed: _____ Avg. Cost:\$ _____ Avg. # of Days: _____

PROPERTY YOU OWN

NEW HOME CONSTRUCTION: 2017 ACTUAL

Number of Homes under construction in 2017:
Single Family: _____
Total number of structures from all Multi Family homes: _____
(Example: 3 duplexes and 1 fourplex = 4 structures)
Total number of units from all Multi Family homes: _____
(Example: 3 duplexes and 1 fourplex = 10 total units)
Average replacement cost value of a new home:
Single Family: \$ _____ Multi Family: \$ _____ Per Unit
Average number of months to construct a new home
Single Family: _____ Multi Family: _____
Average Height of Residential Construction Projects by Percentage
One Story _____% Two Stories _____% Over Two Stories _____%
(total =100%)

PROPERTY YOU OWN

NEW HOME CONSTRUCTION: 2018 PROJECTED

Number of Homes projected for 2018:
Single Family: _____
Total number of structures from all Multi Family homes: _____
(Example: 3 duplexes and 1 fourplex = 4 structures)
Total number of units from all Multi Family homes: _____
(Example: 3 duplexes and 1 fourplex = 10 total units)
Average replacement cost value of a new home:
Single Family: \$ _____ Multi Family: \$ _____ Per Unit
Average number of months to construct a new home
Single Family: _____ Multi Family: _____

NON-RESIDENTIAL CONSTRUCTION: 2017 ACTUAL

Number of non-residential buildings under construction in 2017: _____
Average replacement cost value of a non-residential building: \$ _____
Average number of months to construct a non-residential building: _____
Average Height of Non-Residential Construction Projects by Percentage
One Story _____% Two Stories _____% Over Two Stories _____%
(total =100%)

HOME REHABS: 2017 ACTUAL

Number of homes rehabbed during 2017 :
Single Family: _____
Total number of structures from all Multi Family homes _____
Total number of units from all Multi Family homes _____
Average replacement cost value of a rehabbed home:
Single Family: \$ _____ Multi Family: \$ _____ Per Unit
Average number of months to complete a home rehab:
Single Family: _____ Multi Family: _____
Average Height of Residential Construction Projects by Percentage
One Story _____% Two Stories _____% Over Two Stories _____%
(total =100%)

ROOFING WORK

Do any of your projects include roofing work? Yes No
For all projects that included roofing work, please identify who completed the roofing work:
Insured Subcontractor _____% Other _____% (total =100%)
Do you require fall protection for all roofing work? Yes No

STORES / RESTORES / OTHER SALES: 2017 ACTUAL

1. Number of store(s) (Including online stores) you operate: _____
2. Hours of operation: _____(Example: 8-5)
3. Number of days per week store is open: _____
4. Square footage of your store(s): _____
5. Do you pick up donations? Yes No
6. Please indicate below any other type of sales activities you conduct, how often you conduct such activities and the total annual gross sales for all such activities (Do not include ReStore Sales):
Flea Market None Daily Weekly Monthly Quarterly
 Semi-Annually Annually Annual Gross Sales: \$ _____
Garage Sales None Daily Weekly Monthly Quarterly
 Semi-Annually Annually Annual Gross Sales: \$ _____
Thrift Store None Daily Weekly Monthly Quarterly
 Semi-Annually Annually Annual Gross Sales: \$ _____

DECONSTRUCTION & DEMOLITION 2017 ACTUAL

1. Do you do deconstruction? Yes No
2. Total number of Whole House Deconstructions: _____
3. Total number of Partial House Deconstructions: _____
4. Do you do demolition? Yes No
5. If yes, Total number of demolitions completed in 2017 ; _____
6. Are demolitions completed by an insured contractor? Yes No

NON-RESIDENTIAL CONSTRUCTION: 2018 PROJECTED

Number of non-residential buildings projected for 2018: _____
Average replacement cost value of a non-residential building: \$ _____
Average number of months to construct a non-residential building: _____

HOME REHABS: 2018 PROJECTED

Number of homes projected to be rehabbed during 2018:
Single Family: _____
Total number of structures projected from all Multi Family homes _____
Total number of units projected from all Multi Family homes _____
Average replacement cost value of a rehabbed home:
Single Family: \$ _____ Multi Family: \$ _____ Per Unit
Average number of months to complete a home rehab:
Single Family: _____ Multi Family: _____

NEW HOME CONSTRUCTION, HOME REHABS & NON-RESIDENTIAL CONSTRUCTION 2018 PROJECTED:

Is the total estimated value of all projects for the 2018 calendar year greater than \$3,000,000?

Yes No If yes, What is the estimated value? _____

Do you anticipate that you will have any project in the 2018 calendar year that is larger than the largest project you completed in the 2017 calendar year?

Yes No If yes, What is the estimated value of largest 2018 project ? _____

STORES / RESTORES / OTHER SALES: 2018 PROJECTED

NOTE: Please refer to our Insurance Manual on our website for a list of approved and unapproved ReStore Products (items such as children's toys and cribs are examples of unapproved products).

1. Number of store(s) (Including online stores) you will operate: _____
2. Hours of operation: _____(Example 8-5)
3. Number of days per week store is open: _____
4. Square footage of your store(s): _____
5. Will you pick up donations? Yes No
6. Please indicate below any other type of sales activities you plan to conduct, how often you will conduct such activities and the total estimated annual gross sales for all such activities (Do not include ReStore Sales):
Flea Market None Daily Weekly Monthly Quarterly
 Semi-Annually Annually Annual Gross Sales: \$ _____
Garage Sales None Daily Weekly Monthly Quarterly
 Semi-Annually Annually Annual Gross Sales: \$ _____
Thrift Store None Daily Weekly Monthly Quarterly
 Semi-Annually Annually Annual Gross Sales: \$ _____

DECONSTRUCTION & DEMOLITION 2018 PROJECTED

1. Do you plan to do any deconstruction? Yes No
2. Total number of estimated Whole House Deconstructions: _____
3. Total number of estimated Partial House Deconstructions: _____
4. Will you do demolitions? Yes No
5. Will demolitions be completed by an insured contractor? Yes No

New Business Application, continued

LARGE PROJECTS PROJECTED FOR 2018

Is the total estimated value of all projects for the **2018** calendar year greater than \$3,000,000? Yes No

If yes, what is the estimated value? \$ _____

Does your affiliate have any residential projects of single buildings with greater than 10 units? Yes No

Does your affiliate have any residential projects of multiple buildings with more than 15 units total (whether on a single or adjacent premises)? Yes No

Does your affiliate have any residential projects valued at \$1,500,000 or more? Yes No

Does your affiliate have any residential properties located in Puerto Rico or Guam valued at \$125,000 or more? Yes No

Does your affiliate have any residential projects located in any other U.S. Territories and valued at \$125,000 or more? Yes No

Does your affiliate have any residential renovation or rehabilitation projects valued at \$600,000 or more? Yes No

Does your affiliate have any commercial construction projects such as a Re-Store, Warehouse or Office? Yes No

Do you anticipate that you will have any project in the 2018 calendar year that is larger than the largest project you completed in the 2017 calendar year?

Yes No

What is the estimated value of your largest project for the 2018 year? _____

Note: All large projects and all non-residential projects require a completed Large Project Questionnaire. No coverage will be provided until the company has approved the project.

FUND RAISING ACTIVITIES

Some activities, including fundraising activities are **not covered** by the General Liability and Umbrella or Excess Liability insurance. Due to the additional exposures associated with some special events, the insurance company may require additional information in order to provide coverage for the event. **Please refer to the Habitat for Humanity Insurance Manual on our website for examples of covered and excluded activities.**

Are signed waivers required at least annually for all volunteers? Yes No

Please note: If your affiliate is using their own waiver, it should be reviewed by your local attorney and the waiver also should be in the favor of HFHI.

PAST LOSS EXPERIENCE

If you have had any insured losses in the last consecutive four years for the requested coverage, please provide a copy of your Insurance Company Loss Runs (dated within the last 90 days).

Person completing application:		
_____	_____	_____
Signature	Title	Date

Your policy documents may be delivered electronically to your email address indicated on this application. Please call your Account Manager if you prefer a different form of policy delivery.

A separate policy is needed if you wish to have any additional coverage such as those listed below. If you would like to obtain a quote to purchase additional coverage, please contact our office.

- Flood
- Earthquake
- Professional Liability
- Pollution or environmental including lead, mold, asbestos, underground storage tanks, etc.
- Certain fund raising such as those where a liquor license is needed or bike events
- New York Disability
- Mortgage E&O
- Auto
- Workers Compensation

Property Schedule

Affiliate Name: _____

HFH Affiliate #: _____ Lockton Customer #: _____

Covered Property	Limit AUTOMATICALLY INCLUDED In Property Policy	Additional Excess Limit for 2018 Policy Year <small>Show only the additional excess limit desired. For example: if you want the Business Income limit increased to \$300,000 show \$50,000 in the space below (\$250,000 + \$50,000 = \$300,000)</small>
Business Income	<u>\$250,000</u>	\$ _____
Computer	<u>\$50,000</u>	\$ _____
Contractors Equipment	<u>\$25,000</u>	\$ _____
Tools	<u>\$2,500</u>	\$ _____
Other Contents	<u>\$0</u>	\$ _____
Number of Trailers Scheduled	<u>0</u>	_____
Total Value of Scheduled Trailers	<u>\$0</u>	\$ _____
Trailer Contents Value	<u>\$0</u>	\$ _____
Crime-Employee Theft	<u>\$100,000</u>	\$ _____

Crime Coverage

If you need an increase in your currently scheduled limit for any crime coverage, an additional application may be required. For a list of program crime coverages and limits, please refer to our Insurance Manual on our website.

NOTES

1. If you have a ReStore, please review your **Business Income limit** carefully. Your Business Income limit provides coverage to replace lost income in the event of a covered loss. A Business Income coverage worksheet is located on the Affiliate page of our website to help you determine the appropriate Business Income limit for your affiliate.
2. The total value of **scheduled trailers** is insured for property only and is subject to the \$5,000 property policy deductible. Liability coverage for trailers designed for road use must be scheduled on an auto policy. If you own trailers designed for road use and do not currently have an auto policy, please contact our office.
3. If your property values are not substantially in excess of \$5,000, you should consider reevaluating your coverage needs, as the deductible on the property policy is \$5,000. You are responsible for any loss up to \$5,000 before the property policy will cover any loss. Please contact us if you have any questions.
4. Building and content values for any non-residential property will automatically be increased at renewal by 3% for inflation.

Person completing application:		
_____	_____	_____
Signature	Title	Date

2017 Calendar Year Projects Schedule

Affiliate Name: _____

HFH Affiliate #: _____

Lockton Customer #: _____

List all new build or rehab projects that were under construction as of 01/01/2017 or started anytime during the 2017 calendar year. Your list should include completed projects, projects still under construction and any large projects that have been approved by the insurance program administrator.

Check here if you had no new build or rehab projects in the 2017 Calendar Year.

RESIDENTIAL CONSTRUCTION PROJECTS							
Loc#	Address	City, State, Zip	Completed Value of home*	# of months to complete	Construction Type***	Single or Multi Family dwelling**	If Multi Family dwelling, indicate type (duplex, apartment, etc.)/# of units/# of stories
1.			\$			<input type="checkbox"/> Single <input type="checkbox"/> Multi	Type: ____ Units: ____ Stories: ____
2.			\$			<input type="checkbox"/> Single <input type="checkbox"/> Multi	Type: ____ Units: ____ Stories: ____
3.			\$			<input type="checkbox"/> Single <input type="checkbox"/> Multi	Type: ____ Units: ____ Stories: ____
4.			\$			<input type="checkbox"/> Single <input type="checkbox"/> Multi	Type: ____ Units: ____ Stories: ____
5.			\$			<input type="checkbox"/> Single <input type="checkbox"/> Multi	Type: ____ Units: ____ Stories: ____

NON-RESIDENTIAL CONSTRUCTION PROJECTS						
Loc #	Address	City, State Zip	Completed Value*	# of months to complete	Construction Type***	Type of project (warehouse, office building, ReStore, etc.)
1.			\$			
2.			\$			

*Replacement Cost Value

**A single family home is defined as a stand alone home intended for one family. A multi family home is one with multiple units separated by a common wall & intended to house more than one family.

***Construction Types: **F**= Frame **JM**= Joisted Masonry **NC**=Non-combustible **MNC**= Masonry Non-combustible **FR**= Fire-Resistive **MFR**= Modified Fire-Resistive

Important Information Regarding New Large Projects: A Large Project Questionnaire must be completed and submitted to us for approval prior to the construction state date. This applies to the following projects. No Builders' Risk coverage will be provided until the company has approved the project. The Large Project Questionnaire is located on the Affiliate page of our website.

- Any **Residential** Projects of single buildings with greater than 10 units
- Any **Residential** projects located in all other U.S. Territories and valued at \$125,000 or more
- Any **Residential** Projects of multiple buildings with more than 15 units total (whether on a single or adjacent premises)
- Any **Residential Renovation or Rehabilitation** Projects valued at \$600,000 or more
- Any **Residential** Projects valued at \$1,500,000 or more
- Any **Commercial** Project s(such as a ReStore, Warehouse or Office)
- Any **Residential** Projects located in Puerto Rico or Guam and valued at \$250,000 or more

Person completing application:		
Signature	Title	Date

Addition of Property Form

Use one form per location to add.

Affiliate Name: _____ Today's Date: _____

HFH Affiliate #: _____ Lockton Customer #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Person: _____ Phone #: _____ Cell Phone: _____

Email: _____ Best Time to Contact _____

Alternate Contact Person: _____ Phone #: _____ Email: _____

Location to be added for Property coverage:

Effective date of addition: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Building square footage: _____ Year built: _____ Number of Stories _____

Type of construction: Frame Joisted Masonry Non-combustible Masonry Non-combustible

Building: Owned Leased If leased, are you required to carry building insurance? Yes No

Distance to Fire Department: _____ Miles Distance to Fire Hydrant: _____ Feet

Replacement Cost* of building: \$ _____ (Do not include land value)

*When determining replacement cost value, assume replacement cost if done by a contractor without the benefit of volunteer labor and/or materials.

Replacement Cost* of building contents: \$ _____ (Excluding ReStore Contents)

Description of Building Use:

Dwelling Office ReStore Warehouse Office/Warehouse Office/ReStore Warehouse/ReStore Warehouse/ReStore/Office

If building is a dwelling, select one: Vacant Dwelling Tenant Occupied

If building is other than dwelling: Does it have a Burglar Alarm? Yes No Is the building sprinklered? Yes No

If ReStore, please provide estimated annual receipts: \$ _____

Do you intend to insure your Store inventory? Yes No If Yes, Value of ReStore Contents \$ _____

Note that ReStore contents are insured at Actual Cash Value.

Certificate holder information Complete this section if a certificate is required for this property.

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Coverage to be included on certificate: *Check all that apply* Property General Liability

To be named as: *Check all that apply* Additional Insured Loss Payee

Handling Instructions:

Fax to Insured at: _____ Fax to Certificate Holder at: _____

Email to Insured at: _____ Email to Certificate Holder at: _____

Mail to Insured at: _____

Mail to Certificate Holder at: _____

Person completing application:

Signature Title Date

For Directors and Officers Master (Group) Coverage Policy Year: April 1, 2018 to April 1, 2019

Please check the Limit of Coverage desired: \$1,000,000 Other \$ _____

Do you currently have a Directors and Officers /Employment Practices Liability Policy? Yes No

If Yes: Current Policy Expiration Date: _____ Current Policy Limits \$ _____

Within the past five years, has any claim been made, or is any claim now pending, against the affiliate or any person acting in the capacity of director, trustee, employee or volunteer? Yes No

Are you aware of any circumstance which could afford valid grounds for any future claim that falls within the scope of this coverage? Yes No

The applicant understands and agrees the Prior Knowledge Statement below applies to those liability coverage types for which no coverage is currently maintained; and to those liability coverages for which the applicant is requesting limits of liability greater than currently maintained.

PRIOR KNOWLEDGE STATEMENT: No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed liability coverages for which the applicant does not currently maintain insurance, or within any of the larger limits of liability sought by the applicant, except:

None or Describe:

Without prejudice to any other rights and remedies of the insurance company, the applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the insurance company.

The applicant's submission of this application does not obligate the insurance company to issue, or the applicant to purchase, a policy. The applicant will be advised if the application for coverage is accepted. The applicant hereby authorizes the insurance company to make any inquiry in connection with this application.

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements made in this application and in any attachments or other documents submitted with this application are true and complete.

The undersigned agrees that this application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the insurance company will have relied on all such materials in issuing any such policy.

The information requested in this application is for underwriting purposes only and does not constitute notice to the insurance company under any policy of a claim or potential claim.

The term of this policy will be one year, and the annual premium will be billed to the affiliate listed as Affiliate Name.

PAST LOSS EXPERIENCE

If you have had any insured losses in the last consecutive four years for the requested coverage, please provide a copy of your Insurance Company Loss Runs (dated within the last 90 days).

See Loss Runs Attached No Losses

Person completing application:

Signature

Title

Date

Construction Definitions

New House

A "new house" is a housing unit that:

- Is 100 percent newly constructed
- Fully complies with the HFH U.S. house design criteria and applicable local building codes and other legal requirements, including receipt of a Certificate of Occupancy or local equivalent
- Has been sold to a family or individual that has been approved in accordance with the affiliate's Board approved family selection process

Notes:

- When an affiliate demolishes an existing structure, then constructs a new housing unit in its place, the new housing unit is reported as a "new house".
- A housing unit reported as a "new house" cannot have been counted as a family served in any previous Affiliate Statistical and House Production Report.

Rehabilitated House

A "rehabilitated house" is a housing unit that:

- Is acquired by the affiliate, then reconstructed or renovated by the affiliate
- Fully complies with applicable local building codes and other legal requirements, including receipt of a Certificate of Occupancy or local equivalent where necessary
- Has been sold to a family or individual that has been approved in accordance with the affiliate's Board approved family selection process

Recycled House

A "recycled house" is a Habitat housing unit that has been reacquired by the affiliate, then re-sold by the affiliate to a family or individual that has been approved in accordance with the affiliate's Board approved family selection process.

Note: The affiliate may reacquire the unit through exercise of a repurchase right or other "buy back" right, a negotiated transfer, foreclosure, deed in lieu of foreclosure, keys for cash or any other means.

Repair

A "repair" is the repair or renovation of an existing housing unit that is not owned by the affiliate, so long as:

- The housing unit is owned and inhabited by an individual or family that has been approved in accordance with the affiliate's Board approved family selection process
- The work is performed under a written agreement, including scope of work and payment terms, between the homeowner and the affiliate in accordance with the affiliate's Board approved procedures for repair projects
- The work fully complies with applicable local building codes and other legal requirements

Note: The Repair category does not include work performed by an affiliate on a Habitat house under a warranty.

In the U.S., the "Repair" category has three sub-categories: *Home Preservation, Critical Home Repair and Weatherization.*

Home Preservation - Exterior work that includes painting, patching, minor repair, landscaping and replacement of exterior building materials for maintaining good or sound condition. (Note: An *A Brush with Kindness* project is reported as a Home Preservation project).

Weatherization - Work done to improve the energy efficiency and indoor air quality of a structure. The scope of work of a weatherization project is defined by a comprehensive energy audit performed to determine the scope of work, and also testing of the home upon completion, and should include a homeowner education component.

Critical Home Repair - Extensive interior or exterior work performed to address health and safety issues or code violations. Critical home repair includes such activities as a change to, or repair of, materials or components; a reconfiguration of space; a modification for accessibility; installation or extension of plumbing, mechanical or electrical systems on an existing structure.

Note: Painting alone, without extensive associated repair work, is not a Critical Home Repair.

Demolition

For purposes of the House Production Report, a "demolition" is the complete demolition or deconstruction of a structure by or under the direction of the affiliate.

Notes:

- A "demolition" refers to the demolition work only, and not to subsequent construction of a new housing unit. "Demolition" statistics are tracked for purposes of demonstrating Habitat's work in eliminating community blight, but do not count as a family served. When a new housing unit is completed on the lot and sold to a Habitat eligible individual or family, the "new house" is included in the House Production Report and constitutes a family served.
- A project that is reported under the Lockton insurance program as either a "demolition" or a "deconstruction" project is reported on the House Production Report as a "demolition".

Construction Definitions, continued

Demolition Related Subcategories (for purposes of US insurance reporting only)

These definitions are relevant for US affiliates reporting under the Lockton Insurance program, and do not affect reporting for the Affiliate Statistical and House Production Report.

- **Demolition:** The complete demolishing of a structure, generally via the use of contractors using heavy equipment. Little, if any, material is left reusable.
- **Deconstruction:** Taking down an entire structure (roof to slab) by “unbuilding” it, with the goal of saving as much reusable material as possible.
- **Salvage (also called partial or cherry picking):** Generally applies to anything you do without cutting into drywall. Removal of cabinets, flooring, doors, etc.

Building Construction Types

- **Frame** - Buildings with exterior walls of wood, other combustible materials, or combustible materials combined with other materials. This category includes brick veneer, stone veneer, wood ironclad, stucco on wood, and vinyl siding on wood.
- **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. The floors and roof are constructed of combustible materials.
- **Non-Combustible** - Buildings where the exterior walls, floors and roof are constructed of, and supported by, non-combustible materials such as metal, asbestos, gypsum.
- **Masonry Non-Combustible** - 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. The floors and roof are constructed of metal or other non-combustible materials.
- **Modified 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, but less than two hours.
- **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 two hours or more.
- **Mixed Construction** - When a building is of mixed construction, determine the applicable construction type as follows:
 - if 2/3 or more of the total wall area is of masonry or fire-resistive materials, the Construction Type is:
 - 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.
 - Masonry Non-Combustible, when 2/3 or more of the total floor and roof area is of non-combustible materials.
 - Joisted Masonry, when more than 1/3 of the total floor and roof area is of combustible materials.
 - 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.
 - If more than 1/3 of the total wall area is of combustible materials, the applicable Construction Type is Frame

HABITAT FOR HUMANITY PURCHASING GROUP, INC.

THE FOLLOWING INFORMATION IS SPECIFIC TO INSURANCE ISSUED TO HABITAT FOR HUMANITY PURCHASING GROUP, INC. FOR THE BENEFIT OF ITS MEMBERS

Named Insured: Habitat for Humanity Purchasing Group, Inc. **Policy Period**

Policy Number (Renewal of)	Coverage Description	Insurance Company	Inception	Expiration
All Affiliates				
X00G2496288A 005	Commercial Umbrella Liability	Ace Property and Casualty Ins. Co.	04-01-2018	04-01-2019
New York Affiliates				
G24962854 005	General Liability	Illinois Union Insurance Company	04-01-2018	04-01-2019
G24962854 005	Employee Benefits Liability	Illinois Union Insurance Company	04-01-2018	04-01-2019
G24962854 005	Stop Gap Liability (ND, OH, WA & WY)	Illinois Union Insurance Company	04-01-2018	04-01-2019
G24962854 005	Non-Owned and Hired Car Liability	Illinois Union Insurance Company	04-01-2018	04-01-2019
G24962866 004	Not for Profit Organization Management Indemnity Package*	Illinois Union Insurance Company	04-01-2018	04-01-2019
G24962866 004	Excess Directors & Officers Liability	Illinois Union Insurance Company	04-01-2018	04-01-2019
Other Than New York Affiliates				
G24962842 006	General Liability	Ace American Insurance Co.	04-01-2018	04-01-2019
G24962842 006	Employee Benefits Liability	Ace American Insurance Co.	04-01-2018	04-01-2019
G24962842 006	Stop Gap Liability (ND, OH, WA & WY)	Ace American Insurance Co.	04-01-2018	04-01-2019
G24962842 006	Non-Owned and Hired Car Liability	Ace American Insurance Co.	04-01-2018	04-01-2019
G21005885 006	Not for Profit Organization Management Indemnity Package*	Westchester Fire Insurance Co.	04-01-2018	04-01-2019
G21005885 006	Excess Directors & Officers Liability	Westchester Fire Insurance Co.	04-01-2018	04-01-2019

The policies of insurance referenced above are only for valid members of the Habitat for Humanity Purchasing Group, Inc. (hereinafter "Habitat RPG"). Habitat RPG is a purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). The Liability Risk Retention Act allows the Habitat RPG to purchase liability insurance on a group basis for its members to cover the similar or related liability exposures(s) to which the members of the Habitat RPG are exposed by virtue of their related, similar or common business or service.

The policies of insurance referenced above have been issued to "Habitat RPG" on behalf of its members for the policy period indicated. In order for insurance under the policies of insurance to be effective, members of Habitat RPG must be valid members of the risk purchasing group. Notwithstanding any requirement, term or conditions of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all of the terms and conditions of such policies.

No person or organization that is a member of "Habitat RPG" is an insured under such policies unless (and only to the extent):

- A. The applicable premium has been paid
- B. The person or organization has been issued a Certificate of Insurance and then only for the coverages and limits shown in the Certificate of Insurance, subject to the terms and conditions of such policies.

Certificate of Insurance means a valid document that evidences insurance under such policies.

The policies of insurance listed herein are incorporated by reference as if fully set out within this document.

With your signature on this Application, you agree: (1) you are a valid member of the Habitat for Humanity Purchasing Group, Inc. (hereinafter "Habitat RPG"); and (2) you have authorized the Habitat RPG, or its administrator, Lockton Affinity, LLC, to purchase liability insurance on your behalf; and (3) to purchase insurance coverage which are selected by the Habitat RPG for its members. Actual coverage is subject to the language of the policies as issued.

With your signature on this Application, you agree that your membership in the Habitat RPG shall commence on the inception date of insurance coverage and shall terminate upon: (1) your written resignation from the Habitat RPG; (2) your failure to pay membership fees, program administration fees, other fees, or the premium; (3) written notice from the Habitat RPG, which it may give for any reason whatsoever, including, without limitation, any change in your business which could jeopardize the homogeneity of the RPG or its administrator, Lockton Affinity, LLC You agree to pay the premium, membership fees, program administration/other fees, and taxes (if applicable) to Habitat RPG, or its administrator, Lockton Affinity, LLC which handles the business affairs of the Habitat RPG.

FRAUD WARNING STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION FOR HABITAT FOR HUMANITY 2018 MASTER (GROUP) COVERAGES

Please read the fraud warning statement applicable to your state. If your state is not listed, please read the statement applicable to All Other States.

General Fraud Warning Statement:

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.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV:

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject fines and confinement in prison. *Applies in MD Only

Applicable in CO:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK:

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

Applicable in KS:

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

Applicable in KY, NY, OH and PA:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

FRAUD WARNING STATEMENTS (CONTINUED)

THIS NOTICE IS PART OF YOUR APPLICATION FOR HABITAT FOR HUMANITY 2018 MASTER (GROUP) COVERAGES

Please read the fraud warning statement applicable to your state. If your state is not listed, please read the statement applicable to All Other States.

Applicable in ME, TN, VA, and WA:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ:

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

Applicable in OR:

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years