

**Rocky Mountain Stucco, Stone & EIFS
Insurance Program**



(Must be accompanied by Acord Application Forms)

Insured Name:	
Policy Effective Date: / /	Phone Number:
Agency Name:	

GENERAL INFORMATION:

Description of operation for each named insured: _____

Dryvit Certification Dates: *(Include Copy of Certificate)* / /

Class Codes:

Classification	Gross Annual Receipts	Payroll
EIFS		
Stucco		
Stone and Masonry		
Other: <i>(Describe)</i>		

Please list percentage of work done in the following areas:

Residential/Habitational Construction		%	EIFS Application		%
Commercial Construction		%	Stucco Application		%
Service/Repair Work		%	Stone Application		%
New Construction		%			

For New Habitational Construction Only:

Provide the number of habitational building types the insured has worked on in the past 12 months?

Single family residential buildings:	
New residential condominium/town home buildings:	
New residential apartment buildings:	

Subcontractor Information:

Are sub-contractors used in the application of Dryvit or similar EIFS products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are sub-contractors for EIFS products certified by qualified Dryvit wholesaler? <i>(If yes, provide copy of certificate)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do sub-contractors provide certificates of insurance with equal, or greater, limits than yours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you listed as an Additional Insured on the sub-contractors policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long do you keep certificates of insurance on file?	Yrs.
Is a written contract required on all work performed by sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>

List types of sub-contractors used in your projects:

Special Requirements:

Are there any required policy forms that are required under current contracts? Yes No

If Yes, please explain:

Insured Signature: _____ Date: ____/____/____