ROCKHILL INSURANCE COMPANY

EIFS CPL SUPPLEMENT

1. **Applicant's Name:**

2. **What EIFS products do you apply?**

3. **Is your EIFS work commercial?** ☐ **Yes** ☐ **No** **If yes, what percentage is:**

   A. **New Construction:** **Percent**
   B. ***Renovation/Remodeling:** **Percent**
   C. ***Service/Repair:** **Percent**

4. **Is your EIFS work residential/habitational?** ☐ **Yes** ☐ **No** **If yes, what percentage is:**

   A. ***New Construction:** **Percent**
   B. ***Renovation/Remodeling:** **Percent**
   C. **Service/Repair:** **Percent**

***NOTE: Unacceptable Percentages of these operations may result of coverage restrictions or declination.**

5. **Do you use Subcontractors?** ☐ **Yes** ☐ **No** **If yes, what percentage?** **Percent**

***NOTE: Risk with sub or independent contractors performing both labor and supervision for EIFS installation, maintenance, service and repair will be declined.**

6. **Are you currently certified through any of the following EIFS manufacturers? If yes, attach a copy of your certifications.**

   A. **Dryvit:** ☐ **Yes** ☐ **No**
   B. **ParexLahabra:** ☐ **Yes** ☐ **No**
   C. **ParexLahbra:** ☐ **Yes** ☐ **No**

7. **Are you approved by the following EIFS manufacturers to apply their product?**

   A. **Senergy, Finestone, & Sonowall (manufactured by BASF)** ☐ **Yes** ☐ **No**
   B. **ParexLahabra - TEFIS** ☐ **Yes** ☐ **No**

Form Completed by:

Date: