ACORD

CALIFORNIA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 07/21/2026

PRODUCER Pro-Builders Insurance Agency 2865 Sunrise Blvd , Ste. 110 Rancho Cordova CA 95742	**CARRIER** / **NAIC CODE** **COMPANY POLICY OR PROGRAM NAME** / **PROGRAM CODE** **POLICY NUMBER**
CONTACT NAME: Mark, Florea **PHONE (A/C, No, Ext):** 9167586558 **FAX (A/C, No):** **E-MAIL ADDRESS:** mark@insureprobuilders.com **CODE:** / **SUBCODE:** **AGENCY CUSTOMER ID:**	**UNDERWRITER** / **UNDERWRITER OFFICE** **STATUS OF TRANSACTION**: ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE **DATE** **TIME** ☐ AM ☐ PM; ☐ CANCEL

LINES OF BUSINESS

	INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
	BOILER & MACHINERY	$		CYBER AND PRIVACY	$		YACHT	$
	BUSINESS AUTO	$		FIDUCIARY LIABILITY	$			$
	BUSINESS OWNERS	$		GARAGE AND DEALERS	$			$
X	COMMERCIAL GENERAL LIABILITY	$		LIQUOR LIABILITY	$			$
	COMMERCIAL INLAND MARINE	$		MOTOR CARRIER	$			$
	COMMERCIAL PROPERTY	$		TRUCKERS	$			$
	CRIME	$		UMBRELLA	$			$

ATTACHMENTS

	ACCOUNTS RECEIVABLE / VALUABLE PAPERS		GLASS AND SIGN SECTION		STATEMENT / SCHEDULE OF VALUES
	ADDITIONAL INTEREST SCHEDULE		HOTEL / MOTEL SUPPLEMENT		STATE SUPPLEMENT (If applicable)
	ADDITIONAL PREMISES INFORMATION SCHEDULE		INSTALLATION / BUILDERS RISK SECTION		VACANT BUILDING SUPPLEMENT
	APARTMENT BUILDING SUPPLEMENT		INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE
	CONDO ASSN BYLAWS (for D&O Coverage only)		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
	CONTRACTORS SUPPLEMENT		LOSS SUMMARY		
	COVERAGES SCHEDULE		OPEN CARGO SECTION		
	DEALERS SECTION		PREMIUM PAYMENT SUPPLEMENT		
	DRIVER INFORMATION SCHEDULE		PROFESSIONAL LIABILITY SUPPLEMENT		
	ELECTRONIC DATA PROCESSING SECTION		RESTAURANT / TAVERN SUPPLEMENT		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/21/2026		☐ DIRECT ☐ AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
GOLD WING ENGINEERING 29441 PACIFIC STREET HAYWARD CA 94544	**BUSINESS PHONE #:** (510) 493 1273 **WEBSITE ADDRESS**			

☒ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #: **WEBSITE ADDRESS**			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #: **WEBSITE ADDRESS**			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST

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AGENCY CUSTOMER ID: _____

CONTACT INFORMATION

CONTACT TYPE:	CONTACT TYPE:
CONTACT NAME: Emmanuelle, Gutierrez	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL: (510) 493 1273	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: Goldwingeng@gmail.com	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 29441 PACIFIC STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $ 1,200,000	
						OCCUPIED AREA:	SQ FT
BLD #	CITY: HAYWARD	STATE: CA			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP: 94544				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	
LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	

NATURE OF BUSINESS

												DATE BUSINESS STARTED (MM/DD/YYYY)
☐	APARTMENTS	☐	CONTRACTOR	☐	MANUFACTURING	☐	RESTAURANT	☐	SERVICE	☐		
☐	CONDOMINIUMS	☐	INSTITUTIONAL	☐	OFFICE	☐	RETAIL	☐	WHOLESALE			

DESCRIPTION OF PRIMARY OPERATIONS

LICENSE NUMBER : 783218
NUMBER OF ACTIVE OWNERS: 1
NUMBER OF FIELD EMPLOYEES: 1
FIELD EMPLOYEE PAYROLL: 56,000
SUBOUT %: 0.00 TYPE OF WORK SUBBED:
RESIDENTIAL PERCENTAGE : 100%
COMMERCIAL PERCENTAGE : 0%
NEW CONSTRUCTION PERCENTAGE : 0%
REMODELING PERCENTAGE : 100%
DESCRIPTION OF OPERATIONS: Asphalt patching, concrete breaking and removal, trenching for pg&e and other utilities company, no demolition, some landscaping work

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LIENHOLDER			LOCATION: BUILDING:
☐ BREACH OF WARRANTY ☐ LOSS PAYEE			VEHICLE: BOAT:
☐ CO-OWNER ☐ MORTGAGEE			AIRPORT: AIRCRAFT:
☐ EMPLOYEE AS LESSOR ☐ OWNER			ITEM CLASS: ITEM:
☐ LEASEBACK OWNER ☐ REGISTRANT			ITEM DESCRIPTION
☐ LENDER'S LOSS PAYABLE ☐ TRUSTEE	REFERENCE / LOAN #:	INTEREST END DATE:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:		E-MAIL ADDRESS:	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	
☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?	
☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐	
☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	
7. DURING THE LAST FIVE YEARS , HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?	

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☐ **Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE / FRAUD

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		**DATE**