

Contractors General Liability Application

Applicant's Name _____

Agent Name _____

Address _____

Mailing Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

Applicant's Web site address: _____

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

	LIMITS OF LIABILITY REQUESTED
General Aggregate (other than products/completed operations)	\$ _____
Products & Completed Operations Aggregate	\$ _____
Each Occurrence Limit	\$ _____
Personal & Advertising Injury Limit	\$ _____
Damage to Premises Rented to You (per premises)	\$ _____
Medical Expense (per person)	\$ _____
Property Damage Extension Endorsement	\$ _____
Property Damage Liability Deductible	\$ _____

1. **Year business was founded** _____ Years of experience in trade: _____ Are you licensed? Yes No
 Kind of license and no.: _____ Year license issued: _____

2. **Describe all operations in detail:** _____

3. **List the five largest jobs completed within the past five years, including work in progress and planned projects (list all project names, partnerships, joint ventures, corporations, etc.):** _____

4. **Number of employees:** _____

5. **Account history for prior 5 years:**

	<u>Payroll</u>	<u>Total Receipts</u>	<u>Total Subcontracted Cost</u>
1st prior	_____	_____	_____
2nd prior	_____	_____	_____
3rd prior	_____	_____	_____
4th prior	_____	_____	_____
5th prior	_____	_____	_____

SUBCONTRACTOR OPERATIONS PERFORMED FOR APPLICANT

6. List subcontractor trades used:

_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %

7. Are certificates of insurance obtained from subcontractors? Yes No

Minimum Limits Required \$ _____

8. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?

Yes No _____ If no, explain when not required: _____

9. Are you named as an additional insured on all subcontractors' policies? Yes No

10. Are any additional insureds to be added to your policy? Yes No Explain _____

11. Indicate % of work performed in:

New Construction	_____ %	Remodeling	_____ %	Repair	_____ %
Commercial	_____ %	Industrial	_____ %	Residential Tract/ Subdivision	_____ %
Spec Homes	_____ %	Custom Homes	_____ %	Townhouses	_____ %
Condominiums	_____ %	Other	_____ %		

12. Applicant is a (% of each): General contractor _____% Subcontractor _____%

Developer _____% Owner/Builder _____%

Construction mgr./Consultant _____%

13. What is the maximum number of buildings (or projects) you have helped construct, remodel or repair in one year?

Total Residential _____ Residential in any single housing development _____ Commercial _____

How many do you plan to construct, remodel or repair in the next twelve months?

Total Residential _____ Residential in any single housing development _____ Commercial _____

14. Do you now or have you in the past, or do you plan in the future, to supervise, sub-contract out or perform any of the following?

	By Me	By Subs	None		By Me	By Subs	None
Airport or strip work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural/design engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead abatement or paint removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LPG work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical or industrial life support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler installation or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil refinery or pipeline work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridge construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overpass construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caisson work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Railroad work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete tilt-up construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dam or reservoir work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco or EIFS work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment rental to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic control construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire proofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground tank work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire sprinkler work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas line, main or pump work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilities work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway or road construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding at job sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial machinery or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "by me" or "by subs" responses _____

15. Do you do framing jobs? Yes No If yes, how many homes per year? _____

16. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums Townhouses or Apartment Buildings? Yes No If yes, maximum number built during any 12-month period during the last five years: _____ Residential Homes _____ Condos _____ Townhouses _____ Apartment Buildings

17. Any work performed above three stories in height? Yes No Maximum number of stories: _____

18. Any work performed below grade? Yes No Maximum depth _____ ft. _____ % of total work

19. Do you have a formal safety program in operation? Yes No Please explain and/or provide a copy:

20. Have you ever built or do you intend to build on hillsides, slopes, landfills or in subsidence areas?

Yes No If yes, explain:

Percent of grade _____% Prior testing (geological, topical)? Yes No If yes, explain _____

21. Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit? Yes No

If yes, provide details:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

22. Have any known events occurred prior to the proposed effective date that may result in a claim? Yes No

If yes, explain: _____

23. Do you own any Vacant Land? (Raw land with no developmental or improvement activity, held only for investment or possible development more than 12 months in the future. No buildings on property.) Yes No

If yes, is property zoned? Residential Commercial/Retail/Industrial or other

If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

24. Do you own any Real Estate Development Property? (Land with improvements—streets, roads, utilities, etc. completed or under construction) Yes No

If yes, is property zoned? Residential Commercial/Retail/Industrial or other

If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

25. Any underground storage tanks? Yes No

If yes, when inspected and by whom? _____

26. Any employees working under:

U.S. Longshoremen's and Harborworkers' Act? Yes No

Jones Maritime Act? Yes No

If yes, what percent of payroll? _____ % Give city and state: _____

27. Have you ever been named in litigation alleging faulty construction, construction defects or mold?

Yes No

If yes, in which state? _____ Describe nature and date of work, amount paid and reserved. _____

28. Do any of the entities named in the application have knowledge of pre-existing acts, errors, omissions, events, conditions or damage or injury to any person or property that may potentially give rise to a future claim or legal action against such entity? Yes No If yes, describe. _____

29. Are any of the entities named in the application involved in any other business besides building contracting?

Yes No If yes, explain. _____

30. List the states in which you currently or plan to operate or in which you have a contractors license. _____

31. Have you ever done any work in AZ, CA, CO, NV, NY, OR, TX or WA? Yes No If yes, give years worked there and type of work done. _____

32. Do you carry an all risk contractor's equipment floater? Yes No

Is automatic acquisition on leased, rented or replaced equipment provided? _____ Limits: _____

*** Attach list of contractor's equipment.

33. Do you hold other person's property for service, storage, or repair? Yes No

34. Does applicant have Workers' Compensation coverage in force? Yes No

35. Does applicant lease employees? Yes No

36. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No

If yes, explain: _____

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (open or Closed)

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem/ Ops	Products	Prem/ Ops	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

Applicant Signature & Date

Producer Signature & Date

Producer Name & Address

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" OR "N/A".