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:**

	Payroll	**Total Receipts**	**Total Subcontracted Cost**
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	❑	❑	❑	Insulation work	❑	❑	❑
Architectural/design engineering	❑	❑	❑	Lead abatement or paint removal	❑	❑	❑
Asbestos abatement	❑	❑	❑	LPG work	❑	❑	❑
Blasting	❑	❑	❑	Medical or industrial life support	❑	❑	❑
Boiler installation or repair	❑	❑	❑	Oil refinery or pipeline work	❑	❑	❑
Bridge construction	❑	❑	❑	Overpass construction	❑	❑	❑
Caisson work	❑	❑	❑	Railroad work	❑	❑	❑
Concrete tilt-up construction	❑	❑	❑	Process piping	❑	❑	❑
Dam or reservoir work	❑	❑	❑	Retaining walls	❑	❑	❑
Demolition	❑	❑	❑	Swimming pool construction	❑	❑	❑
Environmental clean-up	❑	❑	❑	Synthetic stucco or EIFS work	❑	❑	❑
Equipment rental to others	❑	❑	❑	Traffic control construction	❑	❑	❑
Fire proofing	❑	❑	❑	Underground tank work	❑	❑	❑
Fire sprinkler work	❑	❑	❑	Use of cranes	❑	❑	❑
Framing	❑	❑	❑	Use of scaffolding	❑	❑	❑
Gas line, main or pump work	❑	❑	❑	Utilities work	❑	❑	❑
Highway or road construction	❑	❑	❑	Welding at job sites	❑	❑	❑
Industrial machinery or repair	❑	❑	❑	Wrap-ups	❑	❑	❑

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".