

## Contractors Application

Applicant's Name\* \_\_\_\_\_ Agent \_\_\_\_\_

(\*If more than one entity, attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

Applicant Mailing Address\*\* \_\_\_\_\_ Inspection/Audit Contact \_\_\_\_\_

(\*\*If more than one location attach separate sheet.)

Inspection/Audit Phone \_\_\_\_\_

Web Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_

Insured is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

### GENERAL INFORMATION

Years in Business? \_\_\_\_\_ Years of Experience in this field? \_\_\_\_\_

Your contractor's license number \_\_\_\_\_ Type of license \_\_\_\_\_

1. Indicate the percent of each type of work performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS
New Construction	%	%	%	%
Renovation	%	%	%	%
Real Estate Developer	%	%	%	%

Indicate the percentage of work you perform as a General Contractor or as a Subcontractor:

(a) General Contractor \_\_\_\_\_% (b) Subcontractor \_\_\_\_\_%

Indicate the percentage of work on a typical project performed by:

(a) Your Employees \_\_\_\_\_% (b) Subcontractors under your supervision \_\_\_\_\_%

2. If residential construction, how many homes per year? \_\_\_\_\_ Total # of homes in project: \_\_\_\_\_

3. Do you have a written safety program? .....  Yes  No

Describe what safety precautions are in place \_\_\_\_\_

How do you protect the general public from potential injury? \_\_\_\_\_

4. Is jobsite security provided at night? .....  Yes  No

If yes, please describe \_\_\_\_\_

5. What is the maximum height of buildings you work on? \_\_\_\_\_ (# of stories)

6. Does a foreman or qualified individual inspect all jobs upon completion? .....  Yes  No

**GENERAL INFORMATION (CONTINUED)**

	Yes	No
7. Do you perform any out of state work? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, in what states and provide details of work performed _____		
8. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever used, sold, installed or removed asbestos? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes explain in detail _____		
10. Do you draw plans, designs or specifications? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes describe _____		
11. Do you lease equipment to others with or without operators? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes describe equipment and forward copy of lease agreement _____		
12. Do you employ a soil engineer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If no, do you hire an independent soil engineer? .....		
If yes, does he name you as an Additional Insured? .....		
13. Do you offer warranties? If yes, attach copies of warranty .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have Mobile Equipment that travels over public roads? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you perform or subcontract line restoration and/or water remediation work? .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)? .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you lease employees to or from other employers? .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a labor interchange with any other business or subsidiaries? .....	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you operated under any other name(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes list name, address, years in operation and exposures _____		
20. Do you perform work below grade? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes _____ % of work, _____ Depth		
21. Do you now or have you ever built or hillsides, slopes, landfills or other terrain susceptible to subsidence? .....	<input type="checkbox"/>	<input type="checkbox"/>
Describe _____		
22. Are you involved in any operations outside of the construction industry? .....	<input type="checkbox"/>	<input type="checkbox"/>
Describe _____		
23. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims? .....	<input type="checkbox"/>	<input type="checkbox"/>
Describe _____		
24. Number of executive supervisors _____ Estimated Payroll _____		

Indicate below the construction experience of your executive supervisors:

NAME	YEARS OF EXPERIENCE	ESTIMATED PAYROLL	LARGEST JOB SUPERVISED	YEARS WITH COMPANY

25. Complete the following, if applicable:

Number of Model Homes \_\_\_\_\_ Development Property \_\_\_\_\_ acres Vacant Land \_\_\_\_\_ acres

**SPECIAL HAZARDS** – Do any of your operations involve the following?

Explain all "Yes" responses	Yes	No	Explain all "Yes" responses	Yes	No
Use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	Blasting	<input type="checkbox"/>	<input type="checkbox"/>
Use of tower cranes	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Repair	<input type="checkbox"/>	<input type="checkbox"/>
Length of booms: _____ (# of ft.)			Shoring or underpinning	<input type="checkbox"/>	<input type="checkbox"/>
EFS (Exterior Insulation and Finish Systems)	<input type="checkbox"/>	<input type="checkbox"/>	Pile driving	<input type="checkbox"/>	<input type="checkbox"/>
Demolition of structures (other than interior)	<input type="checkbox"/>	<input type="checkbox"/>	Caisson or cofferdam work	<input type="checkbox"/>	<input type="checkbox"/>
Structural alterations	<input type="checkbox"/>	<input type="checkbox"/>	Other Special Hazards	<input type="checkbox"/>	<input type="checkbox"/>

Explain all yes responses \_\_\_\_\_

**CONTROLLING THE SUBCONTRACTORS EXPOSURE**

If you NEVER hire subcontractors please check here <input type="checkbox"/>	Yes	No
1. Are certificates of insurance required from subcontractors? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Do your subcontractors carry coverage or limits less than yours? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what are the minimum limits you accept? _____		
3. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you named as an additional insured on the subcontractors policy? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. How long are Certificates of Insurance kept? <input type="checkbox"/> Until job ends <input type="checkbox"/> One year <input type="checkbox"/> Other		

If other is checked, provide details \_\_\_\_\_

Explain all yes responses \_\_\_\_\_

**LIMITS – GENERAL LIABILITY (OCCURRENCE FORM)**

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$

**TYPE OF WORK PERFORMED**

Please indicate whether the following trades are:

**E** – performed by your employees or **S** – performed by subcontractors

DESCRIPTION	E	ANNUAL PAYROLL	\$	ANNUAL COST	DESCRIPTION	E	ANNUAL PAYROLL	\$	ANNUAL COST
Bridge construction	<input type="checkbox"/>		<input type="checkbox"/>		Insulation	<input type="checkbox"/>		<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>		<input type="checkbox"/>		Interior demolition	<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		Landscaping	<input type="checkbox"/>		<input type="checkbox"/>	
Debris removal	<input type="checkbox"/>		<input type="checkbox"/>		Masonry	<input type="checkbox"/>		<input type="checkbox"/>	
Drilling	<input type="checkbox"/>		<input type="checkbox"/>		Painting	<input type="checkbox"/>		<input type="checkbox"/>	
Drywall	<input type="checkbox"/>		<input type="checkbox"/>		Parking lot paving	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical	<input type="checkbox"/>		<input type="checkbox"/>		Plumbing	<input type="checkbox"/>		<input type="checkbox"/>	
Excavation	<input type="checkbox"/>		<input type="checkbox"/>		Roofing	<input type="checkbox"/>		<input type="checkbox"/>	
Framing	<input type="checkbox"/>		<input type="checkbox"/>		Street paving	<input type="checkbox"/>		<input type="checkbox"/>	
Grading	<input type="checkbox"/>		<input type="checkbox"/>		Stucco	<input type="checkbox"/>		<input type="checkbox"/>	
Guard rail installation	<input type="checkbox"/>		<input type="checkbox"/>		Other	<input type="checkbox"/>		<input type="checkbox"/>	
HVAC	<input type="checkbox"/>		<input type="checkbox"/>		Other	<input type="checkbox"/>		<input type="checkbox"/>	

**EXPERIENCE**

1. List sales for the last three years:

Year 20\_\_\_\_ Gross sales \$  
 Year 20\_\_\_\_ Gross sales \$  
 Year 20\_\_\_\_ Gross sales \$

2. Anticipated Gross sales for this term \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
-----		<input type="checkbox"/>	<input type="checkbox"/>
-----		<input type="checkbox"/>	<input type="checkbox"/>
-----		<input type="checkbox"/>	<input type="checkbox"/>
-----		<input type="checkbox"/>	<input type="checkbox"/>

**LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:**

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

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**LIST FIVE (5) OF YOUR LARGEST PROJECTS PLANNED FOR THE COMING YEAR:**

DESCRIPTION	ESTIMATED JOB COST	ESTIMATED PROJECT DURATION

**ADDITIONAL INFORMATION OR COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

**PRIOR CARRIER HISTORY**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS INFORMATION**

- ▶ Obtain hard copy Company loss runs with a valued date within the last 90 days.
  - 3 year loss runs for risks with up to \$2,500,000 in sales.
  - 5 year loss runs for risks with more than \$2,500,000 in sales.

**LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
Are you a subsidiary of another entity or do you have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations sold, acquired or discontinued in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been active in or are you currently active in joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>
During the past three years, has any company ever cancelled, declined or refused to issue any automobile insurance to you?	<input type="checkbox"/>	<input type="checkbox"/>	Any bankruptcies, tax or credit liens against you in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain all yes answers:					



This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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Producer's Signature

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Date

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Applicant's Signature

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Date

#### **IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.