



CONTRACTORS GENERAL LIABILITY APPLICATION

PREQUALIFICATION (Refer to Contractors section of the Underwriting Guide for additional restrictions)

1. Are you involved (past, present or intended in future), in new residential construction, and/or development of, more than 10 single family dwellings, town home units or condominium units, in one development, in any one year? <i>Units are defined as each town home unit or condominium unit.</i>	Yes	No
2. Does your cost of subcontractors exceed 30% of gross receipts?		
3. Do your receipts exceed \$3,000,000?		
4. Have you been in business less than a year with less than 2 years experience?		
5. Are your operations in Arizona, California, Colorado or Nevada?		
6. Have you had OSHA violations?		
7. Are you a general contractor, real estate developer or construction manager?		
8. Have you been named in a suit for defective workmanship?		
9. Do you own real estate development property		
10. Do you employ architects or engineers?		
11. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?		

IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE FOR COVERAGE.

BUSINESS INFORMATION

1. Named Insured _____

2. Mailing Address _____

3. Effective Date _____ Street _____ City County _____ State _____ ZIP Code _____
 Desired Term Desired _____

4. Applicant is: Individual Partnership Corporation LLC
 Trust Other (specify) _____

If more than one entity, include the ownership breakdown and a description of operation for each.

Contact Name _____ Title _____ Phone No. () _____

Occupancy **Own** **Lease**

5. Location of premises: Same as mailing address _____

(List any additional on separate page)

6. Have you operated under any other name(s)? Yes No If yes, list name, address and years in operation.

7. Years in current business _____ Years of experience as a contractor _____

8. Contractors License No. and type _____

9. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason. _____

TYPE OF CONTRACTOR

1. Describe your operations. _____

2. Percent of work performed as: General Contractor _____% Subcontractor _____% (Total = 100%)
3. Percent of your work performed by or on behalf of the named insured:
- a. New Construction _____% Remodeling _____% Repairs _____% = 100%
- b. Outside Building _____% Inside Building _____% = 100%
- c. Residential _____% Commercial _____% Industrial _____% = 100%

***Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):**

4. Do you specialize in any part of the construction of the following types of buildings? Yes No
- Nursing Homes
 - Day Care Centers
 - Hospitals
 - Condominiums
 - Apartments
 - Multi-family Habitational
 - Hotels/Motels

If yes, explain. _____

5. Percent of work on a typical project performed by: Your Employees _____%
(Total 100%) Subcontractors under your supervision _____%

Indicate whether the following types of work are done by your employees or are performed by subcontractors:

E – Employees S – Subcontractors N/A – Not Applicable

	E	S	N/A		E	S	N/A
Bridge Construction				Guard Rail Installation			
Carpentry				Landscaping			
Concrete				Masonry			
Drilling				Painting			
Electrical				Parking Lot Paving			
Excavation				Plastering or Sheetrock - inside			
Debris Removal				Plumbing			
Demolition				Roofing			
Drywall/Wallboard				Street Paving			
Framing				Stucco or Plastering - outside			
Grading							
Other (describe) _____							

OPERATIONS

- | | | |
|--|------------|-----------|
| | Yes | No |
|--|------------|-----------|
1. Do you use cranes in any of your activities?
If yes, are tower cranes used? Length of the boom: _____
Age of the crane: _____ OSHA certified inspection date _____
 2. Do you rent or loan machinery or equipment to others?
 3. Are you involved in any of the following operations?
 - a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials
 - b. Dam/Levee Construction
 - c. Blasting
 - d. Shoring or Underpinning
 - e. Pile Driving
 - f. Caisson or Cofferdam Work
 - g. Tank Removal or Replacement
 - h. Other (describe) _____
 4. Are your subcontractors involved in any of the operations listed in 3.a. above?
If yes, describe. _____
 5. Do you perform work more than three stories in height above grade?
If yes, percentage _____% Describe. _____
 6. Do you perform work below grade?
If yes, percentage? _____% Describe. _____
 7. Is job site security provided at night?
If yes, describe. _____

Yes No

8. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?
If yes, explain. _____
9. Are you or have you ever been, involved in the construction of new properties which are located in tract developments having more than ten (10) homes, townhomes or condominiums per year, including conversions or single family dwellings, that will be members of a homeowners association?
10. Do you draw any plans or blueprints used in your construction work?
If yes, describe. _____
If yes, do you carry Professional Liability or Errors and Omissions insurance?
11. **CONTRACTUAL LIABILITY** (PLEASE ATTACH COPY.)
Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost)
12. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED

INDEPENDENT CONTRACTORS

Yes No

1. Do you hire subcontractors?
2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor?
3. Do you utilize a standardized contract with all of your subcontractors?
4. Do you require subcontractors to provide the following:
 - a. Carry General Liability coverage with coverage and limits equal or greater than your own?
 - b. Name you as an Additional Insured?
 - c. Furnish Certificates of Insurance for General Liability and Workers Compensation?
 - d. Are records kept?
5. Total cost of work subcontracted to others: \$ _____

HISTORY

1. Have you been involved in any other business besides contracting?
If yes, describe. _____
2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims?
If yes, describe. _____
3. Describe any types of project that you have discontinued (i.e. no longer build, uncompleted, etc.)

4. List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

5. List the three largest projects planned for the coming year.

Description	Est. Job Cost	Project Duration

6. Average dollar value of a completed project \$ _____

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

