

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 manager/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 on building 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)

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SCHEDULE OF HAZARDS

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