

Penn-America Insurance Company

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 is: Individual Corporation
 Limited Liability Company

Partnership Joint Venture
 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 all major projects 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 the 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	_____ %
Other	_____ %				

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

13. 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

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

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

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

17. 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 _____

18. 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.

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

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

21. Does applicant lease employees? Yes No

22. 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:		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”.