

Contractor General Liability Application

Quote Identifier: _____

Requested Policy Period: _____ to _____

INSURED INFORMATION

Applicant: _____		DBA: _____	
(List all owners)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
Contact: _____		Contact Phone Number: _____	
Business Address:	<input type="text"/>	Mailing Address:	<input type="text"/>
FEIN or SSN: _____		<input type="checkbox"/> (Same as Business Address)	

AGENCY INFORMATION

Agency Name: _____	Producer's Name: _____	
Agency Address: _____		
Phone: _____	Fax: _____	Email: _____
Producer Code: _____		

NEW VENTURE SECTION

Years under current name: <input type="text"/>	If more than 3 years under current name please proceed to loss history section.
Date business established: <input type="text"/>	Years of related experience: <input type="text"/>
List all business names that applicant/owner has owned in the past:	
<input type="text"/>	
Brief summary of prior experience (experience must be in the same field):	
<input type="text"/>	

Applicant: _____

DBA: _____

LOSS HISTORY

This business has had _____ general liability claims, totaling _____ (paid and reserve) within the past three (3) years.

There are _____ open claims.

Have you had more than one construction defect claim? Yes No

**If losses apply please attach currently valued loss runs including a complete description of all losses .*

PRIOR CARRIER INFORMATION

Carrier: _____ Carrier: _____ Carrier: _____

Policy Number: _____ Policy Number: _____ Policy Number: _____

Eff-Exp Date: _____ Eff-Exp Date: _____ Eff-Exp Date: _____

Total Premium: _____ Total Premium: _____ Total Premium: _____

PROGRAM SPECIFIC INFORMATION

Limits Requested: _____

Damage to Rented Premises/Medical Expense: 100,000/5,000 _____

1) Detailed Description of Operations (must include all operations):

2.)		Commercial	Residential
	New Construction	<input type="checkbox"/> %	<input type="checkbox"/> %
	Remodeling	<input type="checkbox"/> %	<input type="checkbox"/> %

3.) Number of owners: Number of employees:

4.) Direct payroll excluding owner, principals, sales, & clerical:

4a.) Insured Subcontractor Costs: 4c.) Uninsured Subcontractor Costs:

4b.) Gross Receipts Last Year: 4d.) Estimated Gr. Receipts This Year:

**Subcontractors must carry limits equal to or greater than applicant to be considered insured.*

5.) List all operations performed by uninsured or underinsured subcontractors:

Applicant: _____

DBA: _____

- 6.) Prior Years:
- | | Direct Payroll (Exclude Owners) | Total Subcontractor Cost | Gross Receipts |
|---------------|---------------------------------|--------------------------|----------------------|
| Expiring: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Prior: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Second Prior: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
- 7.) Does the insured comply with all state and local government licensing requirements? Yes No
- 8.) Has any officer, owner, or partner of the company been convicted of a felony? Yes No
- 9.) Is any officer, owner or partner currently involved in bankruptcy proceedings? Yes No
- 10.) Do you work as a Construction Manager? *(Contractor working for the owner, and observing the day-to-day work on site. Subs are employed by and paid by the owner. The construction manager will work for the owner, assuring compliance with codes and quality work, but will not direct the daily operation of the sub contractors.)* Yes No
- 11.) Do you work as a Real Estate Developer? *(Contractor who purchases large, unimproved tracts of land, and makes them ready for building by adding streets, roads, utilities, etc...)* Yes No
- 12.) Have you ever had insurance cancelled, declined, or a renewal refused? Yes No
- 13.) Do you have a written safety program? Yes No
- 14.) Are you involved in any tunneling work, work on public streets & roads, sewer or watermain work, dams or other infrastructure? Yes No
- 15.) Are you involved in exterior work over three (3) stories? Yes No
- 16.) Are you involved in work with recreational or playground construction? Yes No
- 17.) Do you perform any smoke, fire, water, or earthquake restoration (other than replacement of damaged construction materials)? Yes No
- 17a.) Are you a certified, licensed restoration contractor? Yes No
- 18.) Are you involved in any exterior spray painting operations? Yes No
- 19.) Do you perform or subcontract any blasting operations? Yes No
- 20.) Do you perform work for petroleum, industrial, or chemical facilities? Yes No
- 21.) Do you have operations or work on elevator, environmental remediation, swimming pool construction, traffic lights, underground tanks, skylights, or EIFS? Yes No
- 22.) Are you engaged in any work related to structural retaining walls above six feet in height? Yes No

Applicant: _____

DBA: _____

- 23.) Are you involved in work related to fiber optic cable work or installation? Yes No
- 24.) Do you have operations or work on or for airports or railroads? Yes No
- 25.) Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property? Yes No
- 26.) Do you remove asbestos insulation or asbestos containing material, fungus, mold or install insulation materials other than fiberglass or rock wool? Yes No
- 27.) Do you sell, install, service or repair wood, coal or waste oil-burning stoves? Yes No
- 28.) Are you engaged in any structural work including grading and excavation on slopes greater than 30 degrees or work on retaining walls over 6 feet in height? Yes No
- 29.) Do you work on student housing, senior housing, assisted living facilities or retirement homes EXCEPT for repair or remodeling of not more than one unit within a development? Yes No
- 30.) Do you work on condominiums, townhouses, apartments or tract homes over 25 units at any one time, except for repair or remodeling of not more than 25 units within a development at any given time? Yes No
- 31.) Do you sell, install, service or repair alarm systems, automatic fire extinguishing systems, boilers, elevators, escalators, surveillance systems or TV monitoring systems, either commercial or residential? Yes No
- 32.) Do you perform any work on or for hotels/motels? Yes No
- 33.) Do you perform any work on or for medical facilities/hospitals or schools? Yes No
- 34.) Do you perform any roofing operations? *If so provide a completed roofing supplemental* Yes No

Please explain any YES answers or enter any comments you may have about this risk:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicants Signature: _____

Date: _____

Position: _____

Producer Signature: _____

Date: _____