



## CONTRACTORS GENERAL LIABILITY APPLICATION

**PREQUALIFICATION (Refer to Contractor or General Contractor SMART Cards in the Underwriting Guide for additional restrictions)**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 15* units in any one development?<br><i>(Unit means one home, one town home unit, or one condo unit.)</i><br><i>*Exception: 5 units applicable in HI, LA, MS, MT, OR, SC, TX, WA</i><br><i>*Exception: 10 Units for General Contractors</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been in business less than a year with less than 2 years experience?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your operations in Alabama or any residential in Arizona, California, Colorado, Nevada or Florida?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had OSHA violations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a real estate developer or construction manager?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been named in a suit for defective workmanship?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you own real estate development property?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you employ architects or engineers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?  | <input type="checkbox"/> | <input type="checkbox"/> |

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

**BUSINESS INFORMATION**

1. Named Insured \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  

Street
City
County
State
ZIP Code
3. Effective Date 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. (    ) \_\_\_\_\_
5. Location of premises:     Same as mailing address  

	Occupancy	Own	Lease
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*(List additional locations 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. Are you presently, or do you intend in the future, to be involved in residential construction?     Yes     No
10. Have you been involved, in the past, with residential construction?     Yes     No  
 If yes, when did you discontinue? \_\_\_\_\_  

(date)

**11. 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 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.):*

\_\_\_\_\_

3. Do you specialize in any part of the construction of the following types of buildings?  Yes  No

- Nursing Homes                       Condominiums                       Hotels/Motels
- Day Care Centers                       Apartments
- Hospitals                                   Multi-family Habitational

If yes, explain. \_\_\_\_\_

4. What percent of work on a typical project is performed by:    You/Your Employees \_\_\_\_\_ %  
 Subcontractors % \_\_\_\_\_ (Total 100%)

\* If subcontracted amount is over 50%, please refer to our General Contractor SMART Card.

Indicate whether the following types of work are done by your employees or are performed by subcontractors:  
 E – Employees/Owners    S – Subcontractors    N/A – Not Performed

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

**OPERATIONS**

- |  | Yes  | No   |
|--|--|--|
| 1. Do you use cranes in any of your activities?<br>If yes, are tower cranes used? Length of the boom: _____<br>Age of the crane: _____ OSHA certified inspection date _____  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 2. Do you rent or loan machinery or equipment to others?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 3. Are you involved in any of the following operations?  |  |  |
| a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| b. Dam/Levee Construction  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| c. Blasting  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| d. Shoring or Underpinning   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| e. Pile Driving  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| f. Caisson or Cofferdam Work   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| g. Tank Removal or Replacement   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| h. Other (describe) _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. Are your subcontractors involved in any of the operations listed in 3.a. above?<br>If yes, describe. _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Do you perform work more than three stories in height above grade?<br>If yes, percentage _____ % Describe. _____<br>_____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 6. Do you perform work below grade?<br>If yes, percentage _____ % Describe. _____<br>_____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. Is job site security provided at night?<br>If yes, describe. _____<br>_____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?<br>If yes, explain. _____<br>_____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 9. Are you or have you ever been, involved in the construction of new properties which are located in tract developments having more than fifteen (15) homes, townhomes or condominiums per year, including conversions or single family dwellings, that will be members of a homeowners association?<br><i>General Contractors more than 10 units</i> | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 10. Do you draw any plans or blueprints used in your construction work?<br>If yes, describe. _____<br>_____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| If yes, do you carry Professional Liability or Errors and Omissions insurance?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

**ROOFING OPERATIONS – For Contractors with Roofing Exposures – If no roofing, skip this section.**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 11. Are hot tar kettles roped off?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have at least 3 years of experience with hot tar?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. What is the percentage of new roofing? _____ % Repair work? _____ %   |                          |                          |
| 14. Do you have any incidental welding exposures in your roofing business?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you use any unusual processes?<br>If yes, include name of manufacturer and training in the process.<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |

**16. CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)**

Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		q
		q

**INDEPENDENT CONTRACTORS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you hire subcontractors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following:   |                          |                          |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own?         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others: \$ _____  |                          |                          |

**HISTORY**

- Have you been involved in any other business besides contracting?  Yes  No  
If yes, describe. \_\_\_\_\_
- Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims?  Yes  No If yes, describe. \_\_\_\_\_
- Describe any types of project that you have discontinued (i.e. no longer build, incompletd, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

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

Description	Est. Job Cost	Est. Project Duration

- Average dollar value of a completed project \$ \_\_\_\_\_

**PAYROLL/RECEIPTS INFORMATION**

1. List payroll of owners, supervisors and employees by class and duties performed.

Class	Payroll	Duties Performed

2. Total Annual Receipts \_\_\_\_\_ \$ \_\_\_\_\_

**COVERAGES/LIMITS**

<input type="checkbox"/> Premises Operations	\$ _____	General Aggregate
<input type="checkbox"/> Products-Completed Operations	\$ _____	Products/Completed Operations Aggregate
<input type="checkbox"/> Personal and Advertising Injury		
<input type="checkbox"/> Contractual Liability	\$ _____	Personal and Advertising Injury
<input type="checkbox"/> Damage to Premises Rented to You	\$ _____	Each Occurrence
<input type="checkbox"/> Medical Payments	\$ _____	Damage to Premises Rented to You
	\$ _____	Medical Payments

Annual payroll \_\_\_\_\_ Gross sales \_\_\_\_\_  
# of employees \_\_\_\_\_ # of owners \_\_\_\_\_

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

**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.

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Signature of Applicant

Title

Date

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Signature of Producing Agent

Date

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Agent Name and Address

NOTE: Applicant's signature REQUIRED