

Please include with this application:

- _____ Five (5) years currently valued, legible loss runs;
- _____ Resume of owner (required if start up or less than two years business history);
- _____ List of major work completed in the last three years; and
- _____ Copy of appropriate contractor's license

If a deductible larger than \$7,500 is requested, include current financial information (both profit/loss and balance sheet)

BASIC INFORMATION	
Producer/Agency: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone: _____	Fax: _____
Contact: _____	Email: _____
Insured/Applicant: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Location Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone: _____	Fax: _____
Contact: _____	Email: _____
Website: _____	
Business Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	

FEIN/SSN	Contractor's License State/Number
Does your domicile city, county, or state require you to have a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Unlicensed applicants - do you work in any states or municipalities that require a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HISTORY	
Number of years the Applicant has been in business: _____	
Number of years of experience the owner(s) have in the contracting business: _____	
Has the ownership of this firm every been insured under any prior names or organizations? If yes, under what names: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for how many years: _____	
Does the applicant have any discontinued operations? If yes, describe the operations: _____ If yes, why does it not exist: _____ If yes, when did operations cease: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIONS	
Description of Operations: _____ _____ _____	
1. Do you lease equipment to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you lease or loan employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any operations other than contracting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been refused a performance bond or liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you allowed others to use your license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the owner or the business ever been bankrupt or insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any government or regulatory authority ever fined or investigated the firm or owner related to any contracting operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do your operations have any involvement with USL&H or the Jones Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any "Yes" response to questions 1-8 above: _____ _____ _____	

INSURANCE PROFILE - attach Complete, Currently Valued, and Legible loss runs from prior carriers (five years)					
	Current Year	One Year Prior	Two Years Prior	Three Years Prior	Four Years Prior
Insurance Carrier					
Occurrence Limit					
General Agg. Limit					
P/CO Agg. Limit					
Deductible					
Premium					
1. Number of General Liability Claims in the past five years:					
2. Average claims amount paid and/or reserved per year over the past five years:					
3. Largest Premises/Operations claim in the past five years:					
4. Largest Products/Completed Operations claim in the past five years:					
5. Any Construction Defect Claims in the past 10 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Any pending litigation, including class action lawsuits? If yes, please provide details: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE REQUESTED			
Proposed Effective Date:		Proposed Expiration Date:	
Occurrence Limit	General Aggregate Limit	P/CO Aggregate Limit	Deductible
<input type="checkbox"/> Yes <input type="checkbox"/> No	Blanket Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Schedule Additional Insured
<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary/Non-Contributory wording	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver of Subrogation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Employer's Liability (Stop Gap)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunset Clause
<input type="checkbox"/> Yes <input type="checkbox"/> No	Per Project Aggregate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Works Coverage
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		
Notes:			

BUSINESS PROFILE - enter the percentage (%) for each category; each category must equal 100%		
	Current Year	Projected for Next Year
% New Residential vs. % New Commercial	vs.	vs.
% Repair/Remodel Residential vs. % Repair/Remodel Commercial	vs.	vs.
% General Contracting vs. % Subcontracting	vs.	vs.
% Tract work vs. % Custom Homes	vs.	vs.
Size of largest tract:		
Number of custom homes (projects) in progress:		
Number of custom homes (projects) completed:		

EXPOSURES				
	Projected for Next Year (\$)	Actuals from Current Year (\$)	Actuals from Two Years Prior (\$)	Actuals from Three Years Prior (\$)
Total Receipts				
Total Payrolls				
Total Cost (Subcontractors)				

TYPE OF WORK PERFORMED IN-HOUSE AND/OR SUBCONTRACTED								
In = percentage (%) of projected Total Payroll shown above; Sub = percentage (%) of projected Total Cost - Work Sub-contracted shown above								
Type of Work	In	Sub	Type of Work	In	Sub	Type of Work	In	Sub
Carpentry-Interior/Finish			Grading			Sewer		
Carpentry-Framing/Rough			HVAC			Sheet Metal		
Concrete Flatwork			Insulation			Siding		
Concrete Foundations			Landscaping			Sprinkler/Alarm Systems		
Concrete Walls			Masonry			Street/Road		
Demolition			Painting			Supervisory only		
Drywall			Plastering/Stucco			Tile		
Electrical			Plumbing			Water/Gas Mains		
Excavation			Remediation/Abatement			Windows or Glass		
Floor Covering			Roofing			Other (describe below)		
Description of Other:								

HISTORICAL WORK				
Have you performed any of the following construction operations during the prior five years or are you planning to perform them in the upcoming year?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos Abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake retro -fit	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extermination	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil Lease work	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Condominiums or Town Houses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroads	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dams, Levees, or Bridges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scaffolding Erection	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Demolition in excess of 3 stories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pools	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic Signals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mold Remediation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Exterior Finishing Insulation System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel Tanks or Pipe Lines	
Explain any "Yes" responses:				

WRAP UP WORK - OCIP OR CCIP	
1. Do you have any prior or planned work covered under a WRAP (OCIP or CCIP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes for prior work, when and how much in receipts?	
b. If yes for planned work, how much in estimated receipts?	
c. If yes for planned work, were any of these receipts included in the projected figures above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MISCELLANEOUS	
1. What was the largest job completed during the past three years?	
a. Description of Work:	
b. Total Receipts:	
2. What is the maximum number of stories (height) of prior or planned projects?	
3. If you perform work below grade, what is the depth?	
4. If you construct retaining walls, what is the maximum height?	
5. List all states in which work will be performed in the upcoming year:	
6. What is the value of the Contractor's Bond?	
7. Have you or will you build on hillsides, terraces, or subsidence areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you or will you participate in the converting of apartments to condominiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITIVE PRACTICES		
Answer "Yes or "No" to indicate the description applies or does not apply to your operations. Also, check box if Proof or documentation is provided (attach, if available)		
A. Premises Operations Practices	Yes or No	Proof Attached?
1. Employ/Contract Qualified Safety Professional—list qualifications, resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. Written safety and employee training programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. Written Liability Claims reporting system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. Written Liability Claims Status and Tracking System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. Photographs jobsites before, during and upon completion of work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6. Inspects and Documents jobsites with multiple contractors at least once/week	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
B. Loss History Correlation		
1. No general liability claims during prior five years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. No general liability products/completed operation claims during five prior years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. No claims over \$10,000 during prior seven years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. Are you aware of any facts, circumstances, or situations that may result in a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. Has the applicant been involved in a class action lawsuit during the prior seven years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
C. Subcontract Risk Management		
1. Uses written agreements with subcontractors 100% of time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. Written Agreements include hold harmless/indemnification language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. Request Certificate, Additional Insured, and Primary Non-Contributory wording from Sub-contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. Require subcontractor limits to be equal to or greater than the Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. Has written tracking system for agreements and insurance requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6. Requires copy of subcontractor's safety program prior to work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7. Uses written standards in selecting subcontractors that note L&I or Work Comp modifiers, credit score, or other third party scoring criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8. Contracts effectively disallow action over claims by injured, subcontracted workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

D. Recordkeeping and Resources	Yes or No	Proof Attached?
1. ALL Agreements with customer provide for arbitration instead of civil suit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. Expiring General Liability Insurance is on an occurrence form basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. Customer acceptance and confirmation of quality adequately documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. Designated and experienced legal resources for liability claims	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. Records kept and tracked for at least 7 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6. Third party warranty (with arbitration clause) purchased for all projects	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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

Applicant	Date	Producer	Date
-----------	------	----------	------