



Contractors Application

Applicant's Name* _____ Agent _____

(*If more than one entity, attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

Applicant Mailing Address** _____ Inspection/Audit Contact _____

(**If more than one location attach separate sheet.)

_____ Inspection/Audit Phone _____

_____ Web Address _____

Proposed Policy Period _____ to _____

Insured is Individual Partnership Corporation Joint Venture Other _____

GENERAL INFORMATION

Years in Business? _____ Years of Experience in this field? _____

Your contractor's license number _____ Type of license _____

1. Indicate the percent of each type of work performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS
New Construction	%	%	%	%
Renovation	%	%	%	%
Real Estate Developer	%	%	%	%

Indicate the percentage of work you perform as a General Contractor or as a Subcontractor:

(a) General Contractor _____% (b) Subcontractor _____%

Indicate the percentage of work on a typical project performed by:

a) Your Employees _____% (b) Subcontractors under your supervision _____%

2. If residential construction, how many homes per year? _____ Total # of homes in project _____

Yes No

3. Do you have a written safety program?

Describe what safety precautions are in place _____

How do you protect the general public from potential injury? _____

4. Is jobsite security provided at night?

If yes, please describe _____

5. What is the maximum height of buildings you work on? _____ (# of stories)

6. Does a foreman or qualified individual inspect all jobs upon completion?

GENERAL INFORMATION (CONTINUED)

Yes No

7. Do you perform any out of state work?
 If yes, in what states and provide details of work performed _____

8. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA?
9. Have you ever used, sold, installed or removed asbestos?
 If yes explain in detail _____
10. Do you draw plans, designs or specifications?
 If yes, describe _____
11. Do you lease equipment to others with or without operators?
 If yes, describe equipment and forward copy of lease agreement _____
12. Do you employ a soil engineer?
 If no, do you hire an independent soil engineer?
 If yes, does he name you as an Additional Insured?
13. Do you offer warranties? If yes, attach copies of warranty
14. Do you have Mobile Equipment that travels over public roads?
15. Do you perform or subcontract fire restoration and/or water remediation work?
16. Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)?
17. Do you lease employees to or from other employers?
18. Do you have a labor interchange with any other business or subsidiaries?
19. Have you operated under any other name(s)?
 If yes, list name, address, years in operation and exposures _____

20. Do you perform work below grade?
 If yes, _____% of work, _____ Depth
21. Do you now or have you ever built on hillsides, slopes, landfills or other terrain susceptible to subsidence?
 Describe _____
22. Are you involved in any operations outside of the construction industry?
 Describe _____
23. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims?
 Describe _____
24. Number of executive supervisors _____ Estimated Payroll _____

Indicate below the construction experience of your executive supervisors:

NAME	YEARS OF EXPERIENCE	ESTIMATED PAYROLL	LARGEST JOB SUPERVISED	YEARS WITH COMPANY

25. Complete the following, if applicable:

Number of Model Homes _____ Development Property _____ acres Vacant Land _____ acres

SPECIAL HAZARDS – Do any of your operations involve the following?

Explain all "Yes" responses	Yes	No	Explain all "Yes" responses	Yes	No
	Use of cranes	<input type="checkbox"/>		<input type="checkbox"/>	Blasting
Use of tower cranes	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Repair	<input type="checkbox"/>	<input type="checkbox"/>
Length of booms: _____ (# of ft.)			Shoring or underpinning	<input type="checkbox"/>	<input type="checkbox"/>
EIFS (Exterior Insulation and Finish Systems)	<input type="checkbox"/>	<input type="checkbox"/>	Pile driving	<input type="checkbox"/>	<input type="checkbox"/>
Demolition of structures (other than interior)	<input type="checkbox"/>	<input type="checkbox"/>	Caisson or cofferdam work	<input type="checkbox"/>	<input type="checkbox"/>
Structural alterations	<input type="checkbox"/>	<input type="checkbox"/>	Other Special Hazards	<input type="checkbox"/>	<input type="checkbox"/>
Explain all yes responses _____					

CONTROLLING THE SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors please check here <input type="checkbox"/>			Yes	No
1. Are certificates of insurance required from subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do your subcontractors carry coverage or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what are the minimum limits you accept? _____				
3. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you named as an additional insured on the subcontractors' policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How long are Certificates of Insurance kept?	<input type="checkbox"/> Until job ends	<input type="checkbox"/> One year	<input type="checkbox"/> Other	
If other is checked, provide details _____				
Explain all yes responses _____				

LIMITS – GENERAL LIABILITY (OCCURRENCE FORM)

General Aggregate \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury \$ _____

Each Occurrence \$ _____

Damage to Premises Rented to You \$ _____

Medical Expense (any one person) \$ _____

TYPE OF WORK PERFORMED

Please indicate whether the following trades are:

E – performed by your employees or **S** – performed by subcontractors

DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST	DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST
Bridge construction	<input type="checkbox"/>		<input type="checkbox"/>		Insulation	<input type="checkbox"/>		<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>		<input type="checkbox"/>		Interior demolition	<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		Landscaping	<input type="checkbox"/>		<input type="checkbox"/>	
Debris removal	<input type="checkbox"/>		<input type="checkbox"/>		Masonry	<input type="checkbox"/>		<input type="checkbox"/>	
Drilling	<input type="checkbox"/>		<input type="checkbox"/>		Painting	<input type="checkbox"/>		<input type="checkbox"/>	
Drywall	<input type="checkbox"/>		<input type="checkbox"/>		Parking lot paving	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical	<input type="checkbox"/>		<input type="checkbox"/>		Plumbing	<input type="checkbox"/>		<input type="checkbox"/>	
Excavation	<input type="checkbox"/>		<input type="checkbox"/>		Roofing	<input type="checkbox"/>		<input type="checkbox"/>	
Framing	<input type="checkbox"/>		<input type="checkbox"/>		Street paving	<input type="checkbox"/>		<input type="checkbox"/>	
Grading	<input type="checkbox"/>		<input type="checkbox"/>		Stucco	<input type="checkbox"/>		<input type="checkbox"/>	
Guard rail installation	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	
HVAC	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	

EXPERIENCE

1. List sales for the last three years:

Year 20 _____ Gross sales \$ _____
 Year 20 _____ Gross sales \$ _____
 Year 20 _____ Gross sales \$ _____

2. Anticipated Gross sales for this term \$ _____

CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

NAME & ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

LIST FIVE (5) OF YOUR LARGEST PROJECTS PLANNED FOR THE COMING YEAR:

DESCRIPTION	ESTIMATED JOB COST	ESTIMATED PROJECT DURATION

ADDITIONAL INFORMATION OR COMMENTS:

PRIOR CARRIER HISTORY

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS INFORMATION

- Obtain hard copy Company loss runs with a valued date within the last 90 days.
 - 3 year loss runs for risks with up to \$2,500,000 in sales.
 - 5 year loss runs for risks with more than \$2,500,000 in sales.

LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
Are you a subsidiary of another entity or do you have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations sold, acquired, or discontinued in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been active in or are you currently active in joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>
During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to you?	<input type="checkbox"/>	<input type="checkbox"/>	Any bankruptcies, tax or credit liens against you in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all yes answers: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.