



## New York Contractors Application For Insurance

1. Applicant's Name(s): \_\_\_\_\_
2. Name of Principal(s): \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Website: \_\_\_\_\_
5. Years in Business Under Current Name: \_\_\_\_\_
6. Prior Industry Related Experience: \_\_\_\_\_
7. List all Previous Business Names: \_\_\_\_\_
8. Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_
9. Percentages of Operations:

|                    |   |                      |   |
|--------------------|---|----------------------|---|
| General Contractor | % | Subcontractor        | % |
| Owner              | % | Construction Manager | % |
10. Fill in the percentage of your operations that falls into each category:

|                         |   |                          |   |                          |
|-------------------------|---|--------------------------|---|--------------------------|
| Commercial Construction | % | Residential Construction | % | <i>(Must equal 100%)</i> |
| New Construction        | % | Renovation/Repairs       | % | <i>(Must equal 100%)</i> |
11. States in which you have done or will do business: \_\_\_\_\_  
  
Describe % of work performed in each state: \_\_\_\_\_
12. Describe your operations. If more than one operation, describe all:  
  
\_\_\_\_\_
13. Will you perform any work at more than 2 stories in height?  Yes  No  
  
If yes, and if you are a contractor working or doing installation on roofs or above the 2 stories in height, please describe how equipment is lifted, if scaffolding is used, or other types of exposures that may apply:  
  
\_\_\_\_\_
14. Will you perform any work below grade?  Yes  No  
  
If yes, what is the maximum depth? \_\_\_\_\_  
  
What percentage of total work will be performed below grade? \_\_\_\_\_
15. Estimates for the upcoming policy year:

Direct Payroll        \$                      Subcontractor Costs        \$                      Gross Sales        \$

Actual for 5 prior years:

| Policy Period | Direct Payroll | Subcontractor Cost | Gross Sales |
|---------------|----------------|--------------------|-------------|
|               |                |                    |             |
|               |                |                    |             |
|               |                |                    |             |
|               |                |                    |             |
|               |                |                    |             |

16. Payroll by General Liability Class:

| Class | Payroll |
|-------|---------|
|       |         |
|       |         |
|       |         |
|       |         |
|       |         |

17. Please describe your 5 most recent projects:

| Description | Job Cost | Project Duration |
|-------------|----------|------------------|
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |

18. Please describe your current projects for the upcoming term:

| Description | Job Cost | Project Duration |
|-------------|----------|------------------|
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |
|             |          |                  |

19. **Subcontractor Information**

Do you hire subcontractors directly?  Yes     No    *If yes, please answer the following questions:*

List the percentage of work performed by subcontractors:

|                           |   |                       |   |                     |   |                           |   |
|---------------------------|---|-----------------------|---|---------------------|---|---------------------------|---|
| <u>Asbestos Abatement</u> | % | <u>EIFS</u>           | % | <u>Masonry</u>      | % | <u>Steel (Ornamental)</u> | % |
| <u>Blasting</u>           | % | <u>Excavation</u>     | % | <u>Painting</u>     | % | <u>Steel (Structural)</u> | % |
| <u>Bridge/Overpass</u>    | % | <u>Fire Sprinkler</u> | % | <u>Pile Driving</u> | % | <u>Street/Road</u>        | % |
| <u>Carpentry</u>          | % | <u>Gas Main</u>       | % | <u>Plastering</u>   | % | <u>Supervisor</u>         | % |
| <u>Concrete</u>           | % | <u>Grading</u>        | % | <u>Plumbing</u>     | % | <u>Tanks</u>              | % |
| <u>Crane Rental</u>       | % | <u>HVAC</u>           | % | <u>Roofing</u>      | % | <u>Underpinning</u>       | % |
| <u>Demolition</u>         | % | <u>Insulation</u>     | % | <u>Sewer/Water</u>  | % | <u>Waterproofing</u>      | % |
| <u>Drywall</u>            | % | <u>Lead Abatement</u> | % |                     |   |                           |   |

20. Do you require written contractual agreements from all subcontractors?         Yes     No

If yes, do you use the same wording for all contracts? Yes  No

If they vary, please describe: \_\_\_\_\_

21. Does the subcontractor contract require the following:

Broad Hold Harmless in your favor? Yes  No

Additional Insured Status in your favor? Yes  No

Primary/Non-Contributory wording in your favor? Yes  No

What are the minimum limits required? \_\_\_\_\_

Will you hire Demolition Contractors? Yes  No

If yes, what limits will you require they carry? \_\_\_\_\_

Will you use a Crane? Yes  No

If yes, what limits will be required? \_\_\_\_\_

What sort of Crane will be used? \_\_\_\_\_

Who is the individual responsible for reviewing and accepting subcontractor's Certificates of Insurance, Contracts, and Policies? \_\_\_\_\_

22. Do you hire any Day Laborers or Casual Laborers?  Yes  No

If Yes, please provide annual estimated expenditures:

\$

23. Do you have a formal safety program in operation? Yes  No

Do you have formal safety meetings? Yes  No

If so, how often are these held? \_\_\_\_\_

24. Have you ever been involved in or are you aware of any pending litigation concerning construction defect?

If yes, please explain:

\_\_\_\_\_

25. **Loss History** - Indicate all claims or occurrences that may give rise to claims for the prior 5 years:

| Policy Period | # of Claims | Incurred Losses | Exposure | Valuation Date | Insurance Carrier |
|---------------|-------------|-----------------|----------|----------------|-------------------|
|               |             |                 |          |                |                   |
|               |             |                 |          |                |                   |
|               |             |                 |          |                |                   |
|               |             |                 |          |                |                   |
|               |             |                 |          |                |                   |
|               |             |                 |          |                |                   |

|               |  |    |  |  |  |
|---------------|--|----|--|--|--|
|               |  |    |  |  |  |
|               |  |    |  |  |  |
|               |  |    |  |  |  |
|               |  |    |  |  |  |
| <b>Totals</b> |  | \$ |  |  |  |

(Note: Incurred Losses = Expense + Paid + Reserved. "See attached loss runs" – **NOT ACCEPTABLE**)

**Along with this questionnaire, you must include the following:**

1. 5 year Loss Runs currently valued no greater than 60 days for the Insured
2. Project Listing including construction break out for each
3. Copy of an Executed Subcontractors Agreement
4. Resume of Principals if Insured in business under this name for less than 5 years

**NOTICE TO APPLICANT, PLEASE READ CAREFULLY:**

**THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.**

**APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_