



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

Totals		\$			

(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: _____