





**OPERATIONS**

- |   | <b>Yes</b>   | <b>No</b>  |
|---|--|--|
| 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) _____   |  |  |
|   | <b>Yes</b>   | <b>No</b>  |
| 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 ten (10) homes, townhomes or condominiums per year, including conversions or single family dwellings, that will be members of a homeowners association? | <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"/>                             |

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

**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**

1. Have you been involved in any other business besides contracting?  Yes  No  
If yes, describe. \_\_\_\_\_
2. 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. \_\_\_\_\_
3. Describe any types of project that you have discontinued (i.e. no longer build, incompletd, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

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

Description	Est. Job Cost	Est. Project Duration

6. Average dollar value of a completed project \$ \_\_\_\_\_



**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