

# CONTRACTORS GENERAL LIABILITY APPLICATION (Other than E-Z Rate Contractors)

P	PREQUALIFICATION (Refer to Contractors section of the Underwriting Guide for additional restrictions)							
		Yes	No					
1	. Are you involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 10* units in any one development? (Unit means one home, one town home unit, or one condo unit.)  *Exception: 5 units applicable in HI, OR, SC, TX, WA							
	. Does your cost of subcontractors exceed 30% of gross receipts?							
	<ul><li>Do your receipts exceed \$3,000,000?</li><li>Have you been in business less than a year with less than 2 years experience?</li></ul>							
	. Have you been in business less than a year with less than 2 years experience? . Are your operations in Alabama, Arizona, California, Colorado, Nevada or Florida?							
6	. Have you had OSHA violations?							
	<ul><li>Are you a real estate developer or construction manager?</li><li>Have you been named in a suit for defective workmanship?</li></ul>							
	Do you own real estate development property?		<u> </u>					
	Do you employ architects or engineers?							
11	. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?							
		_	_					
	IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE FOR COVERAGE.							
DII	SINESS INFORMATION							
Вυ	SINESS INFORMATION							
1.	Named Insured							
2.	Mailing Address Street City County State							
	Street City County State		ZIP Code					
3.	Effective Date Desired Term Desired	-						
4.	Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Trust ☐ Other (specify)							
	If more than one entity, include the ownership breakdown and a description of operation for each.							
	Contact Name Title Phone No. ( )							
5.	Location of premises:  Same as mailing address  Occupancy  Same as mailing address		∟ease □ □					
	(List additional locations on separate page)							
6.	Have you operated under any other name(s)? ☐ Yes ☐ No If yes, list name, address and years in	operat	ion.					
7.	Years in current business Years of experience as a contractor		_					
8.	Contractors License No. and type							
9.	Are you presently, or do you intend in the future, to be involved in residential construction?	□ Yes	□ No					
10.	Have you been involved, in the past, with residential construction?  If yes, when did you discontinue?  (date)	□ Yes	□ No					

S1786-CG (2/06) Page 1 of 6

## 11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: Has insurance of this No Yes - If Yes	type been ca	ancelled, refus	sed, or nonrenewed by	y any company du	ring the	past 3	years?
PE OF CONTRACTOR							
Describe your operati	ons						
Percent of your work	performed by	v or on behalf	of the named insured	<u> </u>			
a. New Construction	%	Remodelin	g*% Re	epairs %	= 10	00%	
<ul><li>b. Outside Building</li><li>c. Residential</li><li>*Provide complete de</li></ul>	%	Commercia	ding% = al% Inc	dustrial %			tenant
buildout/improvement							
Do you specialize in a  Nursing Hon Day Care Co Hospitals If yes, explain.	nes enters	<ul><li>Condo</li><li>Apartr</li><li>Multi-f</li></ul>	ominiums	■ Hote			_
Percent of work on a to (Total 100%)	ypical projed	ct performed b	y: Your Employees_ Subcontractors u		sion	%	
Indicate whether the f E – Employees/Owne					ned by si	ubcont	ractors:
Concrete			Guard Rail Insta Landscaping Masonry Painting	llation	E 	s 	N/A 
Electrical Excavation Debris Removal Demolition			Parking Lot Pavi Plastering or Sh Plumbing Roofing				
Drywall/Wallboard Framing Grading Other (describe)	_		Street Paving Stucco or Plaste	ering - outside			

S1786-CG (2/06) Page 2 of 6

OP	PERATIONS		
1.	Do you use cranes in any of your activities?  If yes, are tower cranes used? Length of the boom:  Age of the crane: OSHA certified inspection date	Yes □	No □
2.	Do you rent or loan machinery or equipment to others?		
3.	Are you involved in any of the following operations?  a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials  b. Dam/Levee Construction  c. Blasting  d. Shoring or Underpinning  e. Pile Driving  f. Caisson or Cofferdam Work  g. Tank Removal or Replacement  h. Other (describe)		
4.	Are your subcontractors involved in any of the operations listed in 3.a. above?  If yes, describe	Yes □	No □
5.	Do you perform work more than three stories in height above grade?  If yes, percentage % Describe.		
6.	Do you perform work below grade?  If yes, percentage% Describe		
7.	Is job site security provided at night?  If yes, describe.		
8.	Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?  If yes, explain.		
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		0
10.	Do you draw any plans or blueprints used in your construction work?  If yes, describe.		
	If yes, do you carry Professional Liability or Errors and Omissions insurance?		
11.	CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)  Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contractin	g parties,	cost)

S1786-CG (2/06) Page 3 of 6

12.	CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS  NAME & ADDRESS	INTERES	г	ADD'L INSURED					
				٥					
ND	EPENDENT CONTRACTORS								
			Yes	No					
	Do you hire subcontractors?								
	Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor?								
	Do you utilize a standardized contract with all of your subcontractors?								
	Do you require subcontractors to provide the following:								
	a. Carry General Liability coverage with coverage and limits equal or greater than	vour own?							
	b. Name you as an Additional Insured?	,							
	c. Furnish Certificates of Insurance for General Liability and Workers Compensati	on?		_					
	d. Are records kept?	OIT:							
	·			_					
•	Total cost of work subcontracted to others: \$								
IIS	TORY								
	If yes, describe.  Have you ever been involved in or are you aware of pending litigation against you/y workmanship or mold claims?   Yes  No If yes, describe.								
	Describe any types of project that you have discontinued (i.e. no longer build, incor	npleted, etc.)							
	List the five largest projects undertaken by you in the past five years.								
•		D	·						
	Description Job Cost	Pro	ject D	uration					
	List the three largest projects planned for the coming year.								
	Description Est. Job Co	st Est. P	roject	Duration					
		I							
	Average dollar value of a completed project \$								

S1786-CG (2/06) Page 4 of 6

DAVROLL	/RECEIPTS	INFORMA	TION
PAIRULL	/KEGEIFIO	INCURINA	I ICJIN

■ Medical Payments

1. List payroll of owners, supervisors and employees by class and duties performed.

Class	Payroll	Duties Performed
2. Total Annual Receipts\$		
,		
COVERAGES/LIMITS		
☐ Premises Operations	\$	General Aggregate
☐ Products-Completed Operations	\$	Products/Completed Operations Aggregate
☐ Personal and Advertising Injury		
☐ Contractual Liability	\$	Personal and Advertising Injury
☐ Damage to Premises Rented to You	\$	Each Occurrence
		—

Damage to Premises Rented to You

	\$	Medical Payments	
Annual payroll	Gross	sales	
# of employees	# of ov	wners	

### Each location must have a classification with a premium basis listed below.

	SCHEDULE OF HAZARDS							
LOC		CLASS	PREMIUM				MIUM	
#	CLASSIFICATION	CODE	BASIS	TERR.	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/p (a) per 1,000 so (c) per \$1,000 c (t) per unit	μ. ft.		

S1786-CG (2/06) Page 5 of 6

### 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.

Signature of Applicant	Title	Date
Signature of Producing Agent		Date

Agent Name and Address

NOTE: Applicant's signature REQUIRED

S1786-CG (2/06) Page 6 of 6