



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

PREQUALIFICATION (Refer to Contractors section of the Underwriting Guide for additional restrictions)

- 1. Are you involved (past, present or intended future) in residential construction... Yes No
2. Does your cost of subcontractors exceed 30% of gross receipts? Yes No
3. Do your receipts exceed \$3,000,000? Yes No
4. Have you been in business less than a year with less than 2 years experience? Yes No
5. Are your operations in Alabama, Arizona, California, Colorado, Nevada or Florida? Yes No
6. Have you had OSHA violations? Yes No
7. Are you a real estate developer or construction manager? Yes No
8. Have you been named in a suit for defective workmanship? Yes No
9. Do you own real estate development property? Yes No
10. Do you employ architects or engineers? Yes No
11. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)? Yes No

IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE FOR COVERAGE.

BUSINESS INFORMATION

- 1. Named Insured
2. Mailing Address (Street, City, County, State, ZIP Code)
3. Effective Date Desired, Term Desired
4. Applicant is: Individual, Partnership, Corporation, LLC, Trust, Other
5. Location of premises: Same as mailing address, Occupancy, Own, Lease
6. Have you operated under any other name(s)?
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?
10. Have you been involved, in the past, with residential construction?

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: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason. _____

TYPE OF CONTRACTOR

1. Describe your operations. _____

2. Percent of your work performed by or on behalf of the named insured:
- a. New Construction _____ % Remodeling* _____% Repairs _____ % = 100%
 - b. Outside Building _____ % Inside Building _____% = 100%
 - c. Residential _____ % Commercial _____% Industrial _____ % = 100%

**Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):*

3. Do you specialize in any part of the construction of the following types of buildings? Yes No
- Nursing Homes
 - Day Care Centers
 - Hospitals
 - Condominiums
 - Apartments
 - Multi-family Habitational
 - Hotels/Motels

If yes, explain. _____

4. Percent of work on a typical project performed by: Your Employees _____ %
 (Total 100%) Subcontractors under your supervision _____%

Indicate whether the following types of work are done by your employees or are performed by subcontractors:

	E – Employees/Owners			S – Subcontractors			N/A – Not Performed				
	E	S	N/A		E	S	N/A		E	S	N/A
Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard Rail Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Other (describe)	_____										

OPERATIONS

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| 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 _____ | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<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) _____ | | |
| | Yes | No |
| 4. Are your subcontractors involved in any of the operations listed in 3.a. above?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you perform work more than three stories in height above grade?
If yes, percentage _____ % Describe. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you perform work below grade?
If yes, percentage _____ % Describe. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is job site security provided at night?
If yes, describe. _____
_____ | <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?
If yes, explain. _____
_____ | <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?
If yes, describe. _____
_____ | <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, incompleted, 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 \$ _____

PAYROLL/RECEIPTS INFORMATION

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

Class	Payroll	Duties Performed

2. Total Annual Receipts _____ \$ _____

COVERAGES/LIMITS

<input type="checkbox"/> Premises Operations	\$ _____	General Aggregate		
<input type="checkbox"/> Products-Completed Operations	\$ _____	Products/Completed Operations Aggregate		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Personal and Advertising Injury <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Damage to Premises Rented to You <input type="checkbox"/> Medical Payments </td> <td style="width: 50%; padding: 5px;"> \$ _____ Personal and Advertising Injury \$ _____ Each Occurrence \$ _____ Damage to Premises Rented to You \$ _____ Medical Payments </td> </tr> </table>			<input type="checkbox"/> Personal and Advertising Injury <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Damage to Premises Rented to You <input type="checkbox"/> Medical Payments	\$ _____ Personal and Advertising Injury \$ _____ Each Occurrence \$ _____ Damage to Premises Rented to You \$ _____ Medical Payments
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Annual payroll _____
 # of employees _____

Gross sales _____
 # of owners _____

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

SCHEDULE OF HAZARDS

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					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/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

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