

GENERAL CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL

APPLICANT INFORMATION:

Applicant: DBA:
Business Address: Mailing Address:
Contact Name: Contact Ph Number:
Email Address:

AGENCY INFORMATION:

Agency name: Agent's Name:
Agency Address:
Phone: Fax: Email:

NEW VENTURE SUPPLEMENTAL

Years under current name: **If less than 3 years the rest of this section is required**
Date business established: Years of related experience:
List all business names that applicant/owner has owned in the past:
Brief Summary of experience:

LOSS HISTORY

Number of general liability claims during the last 3 years:

Total Amount Paid for each:

Are any claims still open? Yes No

Are any of these claims due to an alleged Construction Defect? Yes No

If yes, please provide details:

PRIOR CARRIER INFORMATION

Name of current GL Carrier:

Expiration date:

Policy Form (Occurrence, claims-made or other):

If claims-made, current retroactive date:

TYPE(S) OF WORK PERFORMED:

Please provide % breakdown of your operations below:

	Commercial	Residential	Industrial
New Construction	%	%	%
Remodeling	%	%	%
Additions	%	%	%
Repair	%	%	%
Other	%	%	%

APPLICANT'S OPERATIONS

1.	Description of applicant's operations (details please):
2.	Contractor's license number: _____ If applicable.
3.	Number of owners: Number of employees:
4.	What percentage of your work do you subcontract: _____ %

5.	Direct payroll <u>excluding</u> principals/owners/partners:	
6.	What type of work do your employees do, i.e. carpentry, painting, etc.? List all:	
7.	Does the owner do any work other than supervise? If yes, please describe:	
8.	Insured subcontractor costs: Labor: Materials (regardless of who supplies them):	
9.	Uninsured contractor costs: What type of work will they do for the applicant?	
10.	Gross receipts last year: Anticipated gross receipts this year:	
11.	How many new homes do you plan to build this year?	
12.	Within the last 5 years have you built any new tract homes, new condominiums or new townhomes where there will be more than 10-units in the entire development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you planning on, or currently, building any new tract homes, new condominiums or new townhomes where there will be more than 10-units in the entire development? Coverage is excluded for these projects.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you carry Worker's Compensation Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you doing any construction management on a consultant basis on projects other than your own? If yes, do you carry Errors & Omissions Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

16.	Do your operations involve any outside work over 3 stories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Do you or your subs work on medical facilities, student housing, senior housing, assisted living or retirement homes? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Do you or your subs build any homes or other structures on pilings or piers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Do you or your subs build retaining walls exceeding 6 feet in height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Do you or your subs sell, install, service or repair wood, coal or pellet burning stoves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Do you use any directional boring or horizontal drilling equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Are you or your subs involved in tunneling, dredging, caisson or revetment work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Do you or your subs do any recreational or playground equipment construction or erection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Do you or any officer, owner or partner have a prior felony conviction? If yes, please provide details and date of conviction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Do you or your subs perform any restoration work involving smoke, fire or water damage other than the replacement of damaged building materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Do you or your subs perform any blasting operations? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Do you or your subs perform any snow plowing or snow/ice removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Do you perform work for or at any petroleum, chemical or other industrial facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Do you or your subcontractors build any roads or bridges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

31.	Do you or your subs perform any operations that include work on or for airports, elevators, escalators, environmental remediation, railroad, traffic signal or signage installation, underground tank installation or removal, exterior insulation finishing systems (E I F S) or synthetic stucco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Do you require all of the following from your subcontractors prior to starting any job:		
	1. Signed hold harmless agreement in your favor? 2. Proof that they carry General liability coverage with limits equal to or higher than yours? 3. If required by law, the sub carriers WC coverage? 4. Name you as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
33.	Do you, your employees or any subcontractors do any roofing work? If so we'll need our roofing supplemental completed. If any hot tar, torch down, or use of an open flame we'll have to decline.	<input type="checkbox"/> Yes	<input type="checkbox"/> no
34.	Do you rent any of your equipment to others? If so, what:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Do you perform any site work or install foundations on any hillsides or slopes greater than 30 degrees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any additional insureds:

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I am aware that insurance fraud is punishable by law. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant's Signature _____ Date _____ Title _____

Producer's Signature _____ Date _____