

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Contractors Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name* _____ Agent _____

(*If more than one entity, attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection / Audit Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection / Audit Contact _____

Insured is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. Your contractor's license number # _____ Type of license _____

3. Indicate the percent of each type of work performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS
New Construction	%	%	%	%
Renovation	%	%	%	%
Real Estate Developer	%	%	%	%

4. Indicate the percentage of work you perform as a General Contractor or as a Subcontractor:

(a) General Contractor _____% (b) Subcontractor _____%

5. Indicate the percentage of work on a typical project performed by the following:

a) Your Employees _____% (b) Subcontractors under your supervision _____%

6. If residential construction, how many homes per year? _____ Total # of homes in project _____

7. Have you ever been involved in the construction or remodeling of apartments, townhouses, condominiums, tract homes or planned multi-unit developments? Yes No

If yes, please provide the types of projects, specific locations, total values, number of units per project and year you worked on them. _____

8. Do you have a written safety program?..... Yes No

Describe what safety precautions are in place _____

How do you protect the general public from potential injury? _____

9. Is jobsite security provided at night? Yes No

If yes, please describe _____

(If more information, attach separate sheet.)

UNDERWRITING INFORMATION (Continued)

- 10. What is the maximum height of buildings you work on? (# of stories) _____
- 11. Does a foreman or qualified individual inspect all jobs upon completion? Yes No
- 12. Do you perform any out of state work? Yes No
 If yes, in what states and provide details of work performed _____
 (If more information, attach separate sheet.)
- 13. Have you ever or do you currently perform work in CO or PŸ? Yes No
 If yes, please describe. _____
- 14. Have you ever used, sold, installed or removed asbestos? Yes No
 If yes explain in detail _____
- 15. Do you draw plans, designs or specifications? Yes No
 If yes explain in detail _____
- 16. Do you lease equipment to others with or without operators? Yes No
 If yes, describe equipment and forward copy of lease agreement. _____
- 17. Do you employ a soil engineer? Yes No
 If no, do you hire an independent soil engineer? Yes No
 If yes, does he name you as an Additional Insured? Yes No
- 18. Do you offer warranties? If yes, **attach** copies of warranty Yes No
- 19. Do you have Mobile Equipment that travels over public roads? Yes No
- 20. Do you perform or subcontract fire restoration and/or water remediation work? Yes No
- 21. Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material (e.g. landfills, wastes, fuel tanks, etc.)? Yes No
- 22. Do you lease employees to or from other employers? Yes No
- 23. Do you have a labor interchange with any other business or subsidiaries? Yes No
- 24. Have you operated under any other name(s)? Yes No
 If yes, list name, address, years in operation, state of operation and exposures. _____

NAME	ADDRESS	YEARS IN OPERATION	STATE OF OPERATION	EXPOSURES

- 25. Do you perform work below grade? Yes No
 If yes, what is the percentage of work _____% and Depth _____
- 26. Do you now or have you ever built on hillsides, slopes, landfills or other terrain susceptible to subsidence? .. Yes No
 Describe _____
- 27. Are you involved in any operations outside of the construction industry? Yes No
 Describe _____
- 28. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims? Yes No
 Describe _____

UNDERWRITING INFORMATION (Continued)

29. Number of executive supervisors? _____

30. Indicate below the construction experience of your executive supervisors

NAME	YEARS OF EXPERIENCE	ESTIMATED PAYROLL	LARGEST JOB SUPERVISED	YEARS WITH COMPANY

31. Complete the following, if applicable

Number of Model Homes: _____ Development Property: _____ acres

- 32. Are you a subsidiary of another entity or do you have any subsidiaries? Yes No
- 33. Any exposure to flammables, explosives, chemicals? Yes No
- 34. Any operations sold, acquired, or discontinued in last 5 years? Yes No
- 35. Have you been active in or are you currently active in joint ventures? Yes No
- 36. Any bankruptcies, tax or credit liens against you in the past 5 years? Yes No

Explain all yes responses: _____

SPECIAL HAZARDS

DO ANY OF YOUR OPERATIONS INVOLVE THE FOLLOWING?

- 1. Use of cranes Yes No
- 2. Blasting Yes No
- 3. Use of tower cranes Yes No
 Length of booms: _____ (# of ft.)
- 4. Shoring or underpinning Yes No
- 5. EIFS (Exterior Insulation and Finish Systems) Yes No
- 6. Pile driving Yes No
- 7. Demolition of structures (other than interior) Yes No
- 8. Caisson or cofferdam work Yes No
- 9. Structural alterations Yes No
- 10. Other Special Hazards Yes No

Explain all yes responses _____

CONTROLLING THE SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors, please check here

1. Are certificates of insurance required from subcontractors? Yes No
2. Do your subcontractors carry coverage or limits less than yours? Yes No
If yes, what are the minimum limits you accept? _____
3. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) Yes No
4. Are you named as an additional insured on the subcontractors' policy? Yes No
5. How long are Certificates of Insurance kept? Until job ends One year Other
If other is checked, provide details _____

Explain all yes responses _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)** \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE** \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)** \$ _____
- EACH OCCURRENCE** \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)** \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON)** \$ _____

TYPE OF WORK PERFORMED

Please indicate whether the following trades are:

E – performed by your employees or **S** – performed by subcontractors

DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST	DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST
Bridge construction	<input type="checkbox"/>		<input type="checkbox"/>		Insulation	<input type="checkbox"/>		<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>		<input type="checkbox"/>		Interior demolition	<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		Landscaping	<input type="checkbox"/>		<input type="checkbox"/>	
Debris removal	<input type="checkbox"/>		<input type="checkbox"/>		Masonry	<input type="checkbox"/>		<input type="checkbox"/>	
Drilling	<input type="checkbox"/>		<input type="checkbox"/>		Painting	<input type="checkbox"/>		<input type="checkbox"/>	
Drywall	<input type="checkbox"/>		<input type="checkbox"/>		Parking lot paving	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical	<input type="checkbox"/>		<input type="checkbox"/>		Plumbing	<input type="checkbox"/>		<input type="checkbox"/>	
Excavation	<input type="checkbox"/>		<input type="checkbox"/>		Roofing	<input type="checkbox"/>		<input type="checkbox"/>	
Framing	<input type="checkbox"/>		<input type="checkbox"/>		Street paving	<input type="checkbox"/>		<input type="checkbox"/>	
Grading	<input type="checkbox"/>		<input type="checkbox"/>		Stucco	<input type="checkbox"/>		<input type="checkbox"/>	
Guard rail installation	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	
HVAC	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	

EXPERIENCE

1. List your gross sales for the last three years.

Year 20_____ Gross sales \$ _____

Year 20_____ Gross sales \$ _____

Year 20_____ Gross sales \$ _____

2. What is your anticipated gross sales for this term? \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST FIVE (5) OF YOUR LARGEST PROJECTS PLANNED FOR THE COMING YEAR:

DESCRIPTION	ESTIMATED JOB COST	ESTIMATED PROJECT DURATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION OR COMMENTS:

PRIOR CARRIER HISTORY % LOSS INFORMATION:

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

Yes No

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS INFORMATION

- Obtain hard copy Company loss runs with a valued date within the last 90 days.
 - 3 year loss runs for risks with up to \$2,500,000 in sales.
 - 5 year loss runs for risks with more than \$2,500,000 in sales.

LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

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 misstated. 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 understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date