



REQUESTED EFFECTIVE DATE: \_\_\_\_\_

**APPLICANT INFORMATION**

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**INSURED INFORMATION**

NAMED INSURED: \_\_\_\_\_

DBA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREMISES ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ YEARS OF RELATED EXPERIENCE: \_\_\_\_\_

IS APPLICANT A NEW VENTURE, EVER OPERATED UNDER ANOTHER NAME OR DISCONTINUED ANY OPERATIONS?

IF YES, PLEASE EXPLAIN:

DESCRIPTION OF OPERATIONS:

IS THE APPLICANT CERTIFIED OR LICENSED FOR TRADE, IF APPLICABLE?

N/A  Yes  No

IF YES, LICENSE #: \_\_\_\_\_

# OPERATIONS

## PERCENT OF WORK

NEW CONSTRUCTION:	%
REMODELING:	%
SERVICE:	%
<b>TOTAL</b>	<b>100%</b>

RESIDENTIAL:	%
COMMERCIAL:	%
INDUSTRIAL	%
OTHER:	%
<b>TOTAL</b>	<b>100%</b>

## WORK PERFORMED BY EMPLOYEES *(please check all that apply)*

- |   |   |   |  |  |                                       |
|---|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> FOREMAN            | <input type="checkbox"/> CONCRETE       | <input type="checkbox"/> CARPENTRY      | <input type="checkbox"/> DOOR/WINDOW INSTALL | <input type="checkbox"/> ELECTRICAL    | <input type="checkbox"/> EXCAVATION   |
| <input type="checkbox"/> FLOORING           | <input type="checkbox"/> FENCE          | <input type="checkbox"/> FRAMING        | <input type="checkbox"/> DRIVEWAY/SIDEWALK   | <input type="checkbox"/> PAINTING      | <input type="checkbox"/> PLUMBING     |
| <input type="checkbox"/> FIRE/WATER CLEANUP | <input type="checkbox"/> DEBRIS REMOVAL | <input type="checkbox"/> DEMOLITION     | <input type="checkbox"/> JANITORIAL          | <input type="checkbox"/> HANDYMAN      | <input type="checkbox"/> HVAC         |
| <input type="checkbox"/> PLASTERING/DRYWALL | <input type="checkbox"/> INSULATION     | <input type="checkbox"/> GLASS/GLAZIER  | <input type="checkbox"/> LAND GRADING        | <input type="checkbox"/> LANDSCAPING   | <input type="checkbox"/> LAWN CARE    |
| <input type="checkbox"/> MASONRY            | <input type="checkbox"/> ROOFING        | <input type="checkbox"/> SIDING INSTALL | <input type="checkbox"/> SHEET METAL/GUTTERS | <input type="checkbox"/> SIGN ERECTION | <input type="checkbox"/> TILE INSTALL |
| <input type="checkbox"/> SWIMMING POOLS     | <input type="checkbox"/> TREE PRUNING   | <input type="checkbox"/> METAL ERECTION | <input type="checkbox"/> WATERPROOFING       | <input type="checkbox"/> SOLAR INSTALL | <input type="checkbox"/> OTHER: _____ |

## ANY EXPOSURE TO OR CONSTRUCTION OPERATIONS/SERVICES PERFORMED ON THE FOLLOWING

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> MOLD REMEDIATION | <input type="checkbox"/> ENVIRONMENTAL REMEDIATION     | <input type="checkbox"/> SEWER/UTILITIES               | <input type="checkbox"/> DAMS/LEVIES         |
| <input type="checkbox"/> TUNNELING        | <input type="checkbox"/> LEAD PAINT/ASBESTOS ABATEMENT | <input type="checkbox"/> HIGHWAYS/BRIDGES              | <input type="checkbox"/> AIRPORTS            |
| <input type="checkbox"/> BLASTING/MINING  | <input type="checkbox"/> EIFS                          | <input type="checkbox"/> PETROLEUM/CHEMICAL FACILITIES | <input type="checkbox"/> NAVIGABLE WATERWAYS |
| <input type="checkbox"/> PLAYGROUNDS      | <input type="checkbox"/> TRAFFIC CONTROLS              | <input type="checkbox"/> RAILROADS                     |  |

ANY WORK ABOVE 3 STORIES?  Yes  No

MAXIMUM HEIGHT: \_\_\_\_\_ FEET \_\_\_\_\_ STORIES

ANY WORK BELOW GROUND?  Yes  No

IF YES, WHAT DEPTH? \_\_\_\_\_ FEET

RADIUS OF OPERATIONS? \_\_\_\_\_

ANY WORK OUTSIDE OF APPLICANT'S HOME STATE?  Yes  No

IF YES, WHICH STATES? \_\_\_\_\_

	PROJECTED	TERM EXPIRING	TERM 1 <sup>ST</sup> PRIOR
GROSS RECEIPTS	\$	\$	\$
NUMBER OF ACTIVE OWNERS			
NUMBER OF FULL TIME EMPLOYEES			
FULL TIME PAYROLL (EXCLUDE OWNERS, SALES & CLERICAL)	\$	\$	\$
NUMBER OF PART TIME EMPLOYEES			
PART TIME PAYROLL (EXCLUDE OWNERS, SALES & CLERICAL)	\$	\$	\$
INSURED SUB COSTS, INCLUDING MATERIALS	\$	\$	\$
UNINSURED SUB COSTS, INCLUDING MATERIALS	\$	\$	\$

# SUBCONTRACTOR INFORMATION

**PERCENT OF WORK THAT IS SUBCONTRACTED TO OTHERS?** \_\_\_\_\_ %

*(Please check all activities performed by subcontractors)*

- |   |   |   |  |  |                                       |
|---|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> SITE SUPERVISION   | <input type="checkbox"/> CONCRETE       | <input type="checkbox"/> CARPENTRY      | <input type="checkbox"/> DOOR/WINDOW INSTALL | <input type="checkbox"/> ELECTRICAL    | <input type="checkbox"/> EXCAVATION   |
| <input type="checkbox"/> FLOORING           | <input type="checkbox"/> FENCE          | <input type="checkbox"/> FRAMING        | <input type="checkbox"/> DRIVEWAY/SIDEWALK   | <input type="checkbox"/> PAINTING      | <input type="checkbox"/> PLUMBING     |
| <input type="checkbox"/> FIRE/WATER CLEANUP | <input type="checkbox"/> DEBRIS REMOVAL | <input type="checkbox"/> DEMOLITION     | <input type="checkbox"/> JANITORIAL          | <input type="checkbox"/> HANDYMAN      | <input type="checkbox"/> HVAC         |
| <input type="checkbox"/> PLASTERING/DRYWALL | <input type="checkbox"/> INSULATION     | <input type="checkbox"/> GLASS/GLAZIER  | <input type="checkbox"/> LAND GRADING        | <input type="checkbox"/> LANDSCAPING   | <input type="checkbox"/> LAWN CARE    |
| <input type="checkbox"/> MASONRY            | <input type="checkbox"/> ROOFING        | <input type="checkbox"/> SIDING INSTALL | <input type="checkbox"/> SHEET METAL/GUTTERS | <input type="checkbox"/> SIGN ERECTION | <input type="checkbox"/> TILE INSTALL |
| <input type="checkbox"/> SWIMMING POOLS     | <input type="checkbox"/> TREE PRUNING   | <input type="checkbox"/> METAL ERECTION | <input type="checkbox"/> WATERPROOFING       | <input type="checkbox"/> SOLAR INSTALL | <input type="checkbox"/> OTHER: _____ |

DO YOU HAVE ANY WORK DONE BY UNINSURED SUBCONTRACTORS?  Yes  No

IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTOR LABOR: \$ \_\_\_\_\_

DO YOU HAVE ANY CASH/1099 LABOR?  Yes  No

IF YES, ANTICIPATED COST OF CASH LABOR: \$ \_\_\_\_\_

WORK PERFORMED:

CHECK THE TYPES OF SUBCONTRACTOR AGREEMENTS YOU REQUIRE:

- STANDARD (AGC, AIA CONTRACTS)  CUSTOM  OTHER: \_\_\_\_\_

DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS?  Yes  No

DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE?  Yes  No

DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS NAMING YOU AS AN ADDITIONAL INSURED?  Yes  No

DO YOU REQUIRE ALL SUBCONTRACTORS TO CARRY PRIMARY LIMITS EQUAL TO OR GREATER THAN YOUR OWN?  Yes  No

IS THERE A DIARY SYSTEM IN PLACE TO TRACK EXPIRATION DATES OF CERTIFICATES OF INSURANCE?  Yes  No

DO YOU REQUIRE ALL SUBCONTRACTORS TO WAIVE THEIR RIGHT OF SUBROGATION AGAINST YOU?  Yes  No

HOW LONG DOES THE APPLICANT KEEP COPIES OF CERTIFICATES ON FILE? \_\_\_\_\_ YEARS

## ADDITIONAL INFORMATION

IS THE APPLICANT A CONSTRUCTION MANAGER? (CONTRACTOR WORKING FOR THE OWNER, AND OBSERVING THE DAY-TO-DAY WORK ON SITE. SUBS ARE EMPLOYED BY AND PAID BY THE OWNER. THE CONSTRUCTION MANAGER WILL WORK FOR THE OWNER, ASSURING COMPLIANCE WITH CODES AND QUALITY WORK, BUT WILL NOT DIRECT THE DAILY OPERATION OF THE SUB CONTRACTORS.)  Yes  No

IS THE APPLICANT A REAL ESTATE DEVELOPER? (CONTRACTOR WHO PURCHASES LARGE, UNIMPROVED TRACTS OF LAND, AND MAKES THEM READY FOR BUILDING BY ADDING STREETS, ROADS, UTILITIES, ETC.)  Yes  No

IS THE APPLICANT LICENSED AS AN ARCHITECT, ENGINEER OR HAVE A REAL ESTATE LICENSE?  Yes  No

- DOES THE APPLICANT HAVE A WRITTEN SAFETY/QUALITY CONTROL PROGRAM?  Yes  No
- DOES THE APPLICANT COMPLY WITH ALL STATE AND LOCAL GOVERNMENT LICENSING REQUIREMENTS?  Yes  No
- DOES THE APPLICANT ALLOW OTHERS TO USE THEIR CONTRACTING LICENSE TO OBTAIN PERMITS, BID PROJECTS, ETC.?  Yes  No
- ANY NEW CONSTRUCTION, REPAIR OR REMODELING OF CONDOMINIUMS, CONDO CONVERSIONS, TRACT HOUSING OR TOWN HOMES?  Yes  No
- IF YES, WHAT IS THE MAXIMUM # OF RESIDENTIAL UNITS PER DEVELOPMENT? \_\_\_\_\_
- ANY INSTALLATION OR ERECTION OF PLAYGROUND EQUIPMENT, BLEACHERS OR STAGES?  Yes  No
- ANY LEASING OR RENTAL OF EQUIPMENT TO OTHERS?  Yes  No
- ANY BLASTING OPERATIONS?  Yes  No
- ANY EXTERIOR SPRAY PAINTING OPERATIONS?  Yes  No
- ANY WORK RELATED TO FIBER OPTIC CABLE WORK OR INSTALLATION?  Yes  No
- ANY SALES OF CHEMICALS OR THE APPLICATION OF CHEMICALS, SUCH AS HERBICIDES OR PESTICIDES?  Yes  No
- ANY SALES, INSTALLATION, SERVICE OR REPAIR TO WOOD, COAL OR WASTE OIL-BURNING STOVES?  Yes  No
- ANY GRADING AND EXCAVATING ON SLOPES OF GREATER THAN 30 DEGREES OR WORK ON RETAINING WALLS OVER 6 FEET IN HEIGHT?  Yes  No
- ANY WORK FOR "CLEAN ROOMS", INDUSTRIAL, PETROLEUM, CHEMICAL, MINING FACILITIES OR POWER GENERATION PLANTS?  Yes  No
- ANY WORK PERFORMED AT HOSPITALS, STUDENT/SENIOR HOUSING, ASSISTED LIVING/RETIREMENT HOMES OR SCHOOLS?  Yes  No
- ANY INSTALLATION, REPAIR OR MAINTENANCE IN GRAIN ELEVATORS, TRAFFIC LIGHTS, UNDERGROUND STORAGE TANKS, SKYLIGHTS OR EIFS?  Yes  No
- ANY SALES, INSTALLATION, SERVICE OR REPAIR ALARM SYSTEMS, AUTOMATIC FIRE EXTINGUISHING SYSTEMS, BOILERS, ELEVATORS, ESCALATORS, SURVEILLANCE SYSTEMS OR TV MONITORING SYSTEMS, EITHER COMMERCIAL OR RESIDENTIAL?  Yes  No
- ARE RECORDS KEPT FOR EACH JOB INCLUDING THE DESCRIPTION OF MATERIALS AND EQUIPMENT USED OR INSTALLED?  Yes  No
- HAS ANY OFFICER, OWNER, OR PARTNER OF THE COMPANY BEEN CONVICTED OF A FELONY?  Yes  No
- IS ANY OFFICER, OWNER OR PARTNER CURRENTLY INVOLVED IN BANKRUPTCY PROCEEDINGS?  Yes  No
- HAVE YOU EVER HAD INSURANCE CANCELED, DECLINED, OR A RENEWAL REFUSED?  Yes  No

**DESCRIBE 5 LARGEST PROJECTS COMPLETED OR IN PROGRESS IN THE PAST 12 MONTHS:**

CONST. SVCS. PROVIDED & DESCRIPTION OF PROJECT	CUSTOMER NAME	CITY, STATE	PROJECT VALUE
			\$
			\$
			\$
			\$
			\$

**PREMIUM AND LOSS HISTORY**

	CARRIER	PREMIUM	LOSSES
CURRENT		\$	\$
1 <sup>ST</sup> PRIOR YEAR		\$	\$
2 <sup>ND</sup> PRIOR YEAR		\$	\$

IT IS A CRIME TO KNOWINGLY AND INTENTIONALLY ATTEMPT TO DEFRAUD AN INSURANCE COMPANY BY PROVIDING FALSE OR MISLEADING INFORMATION OR CONCEALING MATERIAL INFORMATION DURING THE APPLICATION PROCESS OR WHEN FILING A CLAIM. SUCH CONDUCT COULD RESULT IN THE POLICY BEING VOIDED AND SUBJECT YOU TO CRIMINAL AND CIVIL PENALTIES.

INSURED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_