

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 AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____	_____ _____ _____
BUSINESS NAME OR TRADING NAME: _____	APPLICANT'S PHONE NUMBER: _____
PROPOSED POLICY PERIOD: _____ TO: _____	APPLICANT'S WEB ADDRESS: _____
	INSPECTION CONTACT: _____
	CONTACT PHONE NUMBER: _____

APPLICANT IS: **INDIVIDUAL (INCLUDE DATE OF BIRTH):** _____ **PARTNERSHIP (INCLUDE DATES OF BIRTH):** _____
 CORPORATION **JOINT VENTURE** OR **OTHER** _____
 Years in business: _____ Years of Experience in this field: _____

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 NY? 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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

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

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: 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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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 subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date