

Contractor General Liability Application

Quote Identifier: _____

Requested Policy Period: _____ to _____

INSURED INFORMATION

Applicant: _____ (List all owners)	DBA: _____		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
Contact: _____	Contact Phone Number: _____		
Business Address: <input type="text"/>	Mailing Address: <input type="text"/>		
FEIN or SSN: _____	<input type="checkbox"/> (Same as Business Address)		

AGENCY INFORMATION

Agency Name: _____	Producer's Name: _____	
Agency Address: _____		
Phono: _____	Fax: _____	Email: _____
Producer Code: _____		

NEW VENTURE SECTION

Years under current name: <input type="checkbox"/> If more than 3 years under current name please proceed to loss history section.
Date business established: <input type="checkbox"/> Years of related experience: <input type="checkbox"/>
List all business names that applicant/owner has owned in the past: <input type="text"/>
Brief summary of prior experience (experience must be in the same field): <input type="text"/>

Applicant: _____

DBA: _____

LOSS HISTORY

This business has had _____ general liability claims, totalling _____ (paid and reserve) within the past three (3) years.

There are _____ open claims.

Have you had more than one construction defect claim? Yes No

**If losses apply please attach currently valued loss runs including a complete description of all losses .*

PRIOR CARRIER INFORMATION

Carrier: _____ Carrier: _____ Carrier: _____

Policy Number: _____ Policy Number: _____ Policy Number: _____

Eff-Exp Date: _____ Eff-Exp Date: _____ Eff-Exp Date: _____

Total Premium: _____ Total Premium: _____ Total Premium: _____

PROGRAM SPECIFIC INFORMATION

Limits Requested: _____

Damage to Rented Premises/Medical Expense: 100,000/5,000

1) Detailed Description of Operations (must include all operations):

2.)		Commercial		Residential
	New Construction	<input type="checkbox"/>	%	<input type="checkbox"/>
	Remodeling	<input type="checkbox"/>	%	<input type="checkbox"/>

3.) Number of owners: Number of employees:

4.) Direct payroll excluding owner, principals, sales, & clerical:

4a.) Insured Subcontractor Costs: ** 4c.) Uninsured Subcontractor Costs:

4b.) Gross Receipts Last Year: 4d.) Estimated Gr. Receipts This Year:

**Subcontractors must carry limits equal to or greater than applicant to be considered insured.*

5.) List all operations performed by **uninsured or underinsured** subcontractors:

Applicant: _____

DBA: _____

Prior Years:

Direct Payroll (Exclude Owners)

Total Subcontractor Cost

Gross Receipts

Expiring:

First Prior:

Second Prior:

Question (further information may be required based on answers below)

Answer

Is this a new venture?

YES NO

How many years in business?

How many years experience in the construction field?

Has the risk had prior insurance for 12 consecutive months?

YES NO

Has any coverage been cancelled, non-renewed or lapsed in the last 3 years?

YES NO

Have you had any Losses over \$5,000 in the last 3 years?

YES NO

How many years has this contractor operated loss free? (Loss Runs required)

Does the contractor comply with all state licensing requirements?

YES NO

Does the contractor allow others to operate using their license?

YES NO

Does the applicant perform any work in the state of New York?

YES NO

Has any owner, officer, principle, or partner been convicted of a felony ?

YES NO

Is the applicant currently in bankruptcy?

YES NO

Any new construction, repair or remodeling of Condominiums, Condo Conversions, Tract Housing or Townhomes?

YES NO

Any exterior work over three (3) stories in height?

YES NO

Any work related to underground utility, tunneling, railroad, street/road/bridge or dam construction?

YES NO

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 work for industrial, petroleum, chemical or mining facilities?

YES NO

Any hazardous material abatement or environmental remediation?

YES NO

Any remediation work involving smoke, fire, water, or earthquake damage?

YES NO

Any grading and excavation on slopes of greater than 30 degrees or work on retaining walls over 6 feet in height?

YES NO

Any work performed at hospitals, senior housing, assisted living/retirement homes or schools?

YES NO

Applicant: _____

DBA: _____

Does this contractor install, repair or maintain grain elevators, traffic lights, underground storage tanks, skylights or EIFS?	YES	NO
Are subcontractors required to carry limits equal to the applicant?	YES	NO
Are subcontractors required to name applicant as an additional insured under their own GL policy?	YES	NO
Are subcontractors required by contract to hold the applicant harmless?	YES	NO
Will the insured maintain certificates and contracts related to subcontractors for a period of 5 years?	YES	NO
Is the Executive Supervisor only engaged in administrative or managerial responsibilities for construction projects?	YES	NO
Is the Executive Supervisor working as a foreman or job superintendent?	YES	NO
Is the Executive Supervisor engaged in any physical activity related to the construction process?	YES	NO
Any installation of WOOD framed doors or windows?	YES	NO
Any work on skateboard parks, airports, or underground?	YES	NO
Any guinting, pile driving, excavation, sewer work or underpinning?	YES	NO
Any concrete cutting, boring, or drilling?	YES	NO
Does the Risk own any other business?	YES	NO
Please explain any of the following(losses over 5k, or cancelled/non-renewed/lapsed coverage in the last 3 years, or no prior insurance in the last 12 months) _____		

Please explain any yes ANSWERS or enter comments:		

** The total cost of all work let or sublet in connection with each specific project including:

1. The cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work, however, do not include the cost of finished equipment installed but not furnished by the subcontractor if the subcontractor does no other work on or in connection with such equipment; and
2. All fees, bonuses or commissions made, paid or due.

The rates apply per \$1,000 of Total Cost.

Fraud Warning

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.

By continuing with this bind/application process, you and your business partners confirm that the facts in the application are true and that all premiums due will be remitted.

I have read and agree with these statements, and acknowledge the above fraud warning. I hereby declare that the application for insurance is true and I have not misstated any material fact and that I agree that all premiums due will be remitted.

Applicants Signature _____ Date _____

Position/Title _____

Producer Signature _____ Date _____