General Contractors/Developers General Liability Application

Applicant's Name: _____

_____

Mailing Address: _____

_____

Location Address: _____

_____

Web Site Address: _____

Agency Name: _____

Agent: _____

Address: _____

_____

E-Mail Address: _____

Phone Number: (___) _____

PROPOSED EFFECTIVE DATE:

From _____ **To** _____ **12:01 A.M., Standard Time at the address of the Applicant**

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify) _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits Of Liability and Deductible Requested:

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 premise)	$
Medical Expense (any one person)	$
Other Coverages, Restrictions and/or Endorsements: _____ _____	$
Deductible	$

1. Applicant is a (% of each): ☐ General Contractor _____% ☐ Subcontractor _____%
☐ Developer _____% ☐ Construction Manager/Consultant _____%
☐ Owner/Builder _____%

2. **States/area of operations:** _____

Radius of operations from main location: _____miles.

3. **Additional Insured Information:**

Name	Address

4. **Describe all operations in detail:** _____

_____

_____

5. **Any change in the named insured in the last year?** ..... ☐ Yes ☐ No

If yes, advise all prior names: _____

_____

6. **Any change in operations in the last year?** ..... ☐ Yes ☐ No

If yes, advise: _____

_____

7. **Length of time in business:** _____ years. Years of experience: _____

Are you licensed? ..... ☐ Yes ☐ No

Type of license and no.: _____ Year license issued: _____

Length of time in business operating under the name shown above: _____ years or ☐ new venture.

Have you operated or been licensed under any other name(s) during the past ten (10) years?..... ☐ Yes ☐ No

If yes, provide prior name and describe type of operations:

Name	**Describe Operations**
_____	_____
_____	_____
_____	_____

8. **Total number of employees?** _____

9. **Indicate percent (%) of operations involving:**

A. New construction..____% Remodeling..... ____% Demolition .....____%

Repair ____% Other (explain below) . ____% (Must total 100%)

Explain other: _____

B. Commercial new construction..... ___% Commercial remodeling..... ___%

Industrial ..... ___% Institutional ..... ___%

Residential new construction ..... ___% Residential remodeling..... ___%

Apartments..... ___% Commercial Condominiums..... ___%

Prefab/Modular/Kit home construction..... ___% Prefab/Modular/Kit home mfg ..... ___% (Must total 100%)

C. If Residential Construction—Condos/Townhouses [including conversions]..... ____%

Single family or residential dwellings..... ____%

If Residential Remodeling—Interior work only ..... ____%

Ground-up construction..... ____%

10. **Have you been involved as a General Contractor in the building of Residential Homes, Condominiums or Townhouses in the past ten (10) years?** ..... ☐ Yes ☐ No

If yes, indicate maximum number built during any twelve (12) month period, maximum at any one project/development site and expected maximum number to be built during next twelve (12) months. (For these purposes a duplex is equivalent to two single family residences; a triplex equals three homes, etc.)

		No. Residential Homes	No. any one Project/ Development Site	No. Condominiums/ Townhouses
Next 12 months				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				

11. **Advise the maximum number of residential homesites developed in any one year or at any one project site (past, present, future):** _____

12. **Do you have a formal home warranty program?** ..... ☐ Yes ☐ No

If yes, please give details: _____

_____

_____

13. **Do you have model homes?** ..... ☐ Yes ☐ No

If yes, give no.: _____ Location: _____

_____

14. **List all major projects completed within the past five years, including work in progress and planned projects. (List project name, date, project description, location, and revenues):** _____

_____

_____

15. **Account history for prior five years and projected current year:**

Year	Payroll	Total Revenue	Subcontracted Cost		
			Cost of Labor, Fees, Commissions +	Cost of Materials & Equipment Rental =	Total Subcontracted Cost
Current	$	$	$	$	$
1st Prior	$	$	$	$	$
2nd Prior	$	$	$	$	$
3rd Prior	$	$	$	$	$
4th Prior	$	$	$	$	$
5th Prior	$	$	$	$	$

16. Operations By Applicant—Indicate percentage of payroll for each type of construction work performed by your employees:

Airports	%	Gas Mains	%	Sewer	%
Asbestos Removal	%	Insulation	%	Soil Stabilization	%
Blasting	%	Maintenance	%	Steel (ornamental)	%
Bridges/Elevated Roads	%	Masonry	%	Steel (structural)	%
Carpentry	%	Mechanical	%	Street/Road/Highway	%
Communication Lines	%	Mold & Spore Remediation	%	Supervisory Only	%
Concrete	%	Oil or Gas Fields	%	Swimming Pools	%
Drilling	%	Painting	%	Tunneling	%
Earthquake Rein-forcement/ Retrofitting	%	Pipeline/Water Main	%	Underpinning	%
EIFS	%	Plastering	%	Waterproofing	%
Electrical	%	Plumbing	%	Water Restoration	%
Excavating	%	Power Lines	%	Wrecking/Demolition	%
Fire Proofing	%	Process Piping	%	Other (describe)	%
Fire Restoration	%	Removal/Installation of Underground Tanks	%	_____	
Framing of Buildings	%	Roofing	%	_____	

17. Subcontractors Operations Performed for Applicant—Indicate percentage of subcontracted work costs for all construction work performed by your subcontractors:

Airports	%	Gas Mains	%	Sewer	%
Asbestos Removal	%	Insulation	%	Soil Stabilization	%
Blasting	%	Maintenance	%	Steel (ornamental)	%
Bridges/Elevated Roads	%	Masonry	%	Steel (structural)	%
Carpentry	%	Mechanical	%	Street/Road/Highway	%
Communication Lines	%	Mold & Spore Remediation	%	Supervisory Only	%
Concrete	%	Oil or Gas Fields	%	Swimming Pools	%
Drilling	%	Painting	%	Tunneling	%
Earthquake Reinforce-ment/ Retrofitting	%	Pipeline/Water Main	%	Underpinning	%
EIFS	%	Plastering	%	Waterproofing	%
Electrical	%	Plumbing	%	Water Restoration	%
Excavating	%	Power Lines	%	Wrecking/Demolition	%
Fire Proofing	%	Process Piping	%	Other (describe)	%
Fire Restoration	%	Removal/Installation of Underground Tanks	%	_____	
Framing of Buildings	%	Roofing	%	_____	

18. **Are certificates of insurance obtained from subcontractors?** ☐ Yes ☐ No

Minimum Limits Required: $_____

Do you use uninsured subcontractors? ☐ Yes ☐ No

If yes, percentage of total subcontracted cost: _____%

19. **Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?** ☐ Yes ☐ No

If no, explain when not required: _____

20. **Are you named as an additional interest on the subcontractors' policies?** ☐ Yes ☐ No

21. **Do you normally use the same subcontractors?** ☐ Yes ☐ No

If no, do you put all subbed work out for bids? ☐ Yes ☐ No

22. **Is any work done involving systems that provide:**

☐ Medical and/or industrial life support ☐ Process piping ☐ Dams/levees

23. **Does work require monitoring by:**

☐ Certified inspectors ☐ Resident inspectors ☐ Part-time ☐ When called

24. **Any work performed above two stories in height from grade?** ☐ Yes ☐ No

Maximum number of stories: _____

25. **Any work performed below grade?** ☐ Yes ☐ No

Maximum depth: _____ft. _____% of total work

26. **Is scaffolding owned, rented or erected?** _____

Are other contractors at job site allowed to use it? ☐ Yes ☐ No

27. **Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)?** ☐ Yes ☐ No

If yes:

Any work on residential structures? ☐ Yes ☐ No

Any work performed without drainage channels? ☐ Yes ☐ No

Number of years experience with EIFS applications: _____

Any prior claims involving EIFS application? ☐ Yes ☐ No

If yes, provide details: _____

_____

28. **Do you have a formal safety program in operation?** ☐ Yes ☐ No

Please explain and/or provide a copy: _____

29. **Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas?** ☐ Yes ☐ No

If yes, explain: _____

_____

Percent of grade _____% Prior testing (geological, topical)? ☐ Yes ☐ No

If yes, explain: _____

_____

Which geological survey engineering firm do you use? _____

Underpinning? ☐ Yes ☐ No

Any past subsidence losses? ☐ Yes ☐ No

If yes, explain: _____

_____

30. **Do you or any of your employees hold a Real Estate Agent's license?** ☐ Yes ☐ No

If yes, has Professional Liability Coverage been obtained? ☐ Yes ☐ No

Limit of Liability: $_____

31. **Does applicant have other business ventures for which coverage is not requested?** ☐ Yes ☐ No

If yes, explain and advise where insured: _____

_____

32. **Any mobile equipment leased from others?** ☐ Yes ☐ No

If yes, from whom? _____

Lease basis? _____

Operators provided? ☐ Yes ☐ No

Type of equipment leased? _____

_____

33. **Do you own any Vacant Land?** (Raw land with no developmental or improvement activity, held only for investment or possible development more than twelve (12) months in the future. No buildings on property.) ☐ Yes ☐ No

If yes, is property zoned: ☐ Residential ☐ Commercial/Retail/Industrial or other

No. of Acres	No. of Lots	Location Description

34. **Do you own any Real Estate Development Property?** (Land with improvements—streets, roads, utilities, etc. completed or under construction) ☐ Yes ☐ No

If yes, is property zoned: ☐ Residential ☐ Commercial/Retail/Industrial or other

If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

35. **Do you hold other persons' property for service, storage or repair?** ☐ Yes ☐ No

If yes, explain: _____

_____

36. **Any underground storage tanks?** ☐ Yes ☐ No

If yes, when inspected and by whom? _____

_____

37. **Any employees working under:**

U.S. Longshoremen's and Harborworkers' Act? ☐ Yes ☐ No

Jones Maritime Act? ☐ Yes ☐ No

If yes, what percent of payroll? _____% Give city and state: _____

38. **Does applicant have Workers' Compensation coverage in force?** ☐ Yes ☐ No

39. **Does applicant lease employees from others?** ☐ Yes ☐ No

Does applicant lease employees to others? ☐ Yes ☐ No

40. **Dollar value of average job completed: $**_____

41. **Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?** ☐ Yes ☐ No

If yes, provide details: _____

42. **During the past three years, has any company ever canceled, nonrenewed, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri) ☐ Yes ☐ No

If yes, explain: _____

43. **List all active owners, partners and executive officers and their job duties/responsibilities:** _____

44. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ☐ Yes ☐ No

If yes, describe: _____

45. **Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit?** ☐ Yes ☐ No

If yes, and loss or suit is older than five years, provide details:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

46. **Schedule Of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Bases (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

47. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium	$	$	$	$	$

48. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. ..... ☐ Check if no losses last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

Authorized Applicant's Representative (Name and phone number of individuals to contact for inspection/audit):

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS:

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS:

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.

NOTICE TO FLORIDA APPLICANTS:

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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS:

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.

NOTICE TO MAINE APPLICANTS:

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.

NOTICE TO MARYLAND APPLICANTS:

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

NOTICE TO MINNESOTA APPLICANTS:

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

NOTICE TO OHIO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS:

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.

NOTICE TO RHODE ISLAND APPLICANTS:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF 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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.