



6. Have you operated under any other name(s)?  Yes  No  
If yes, list name, address and years in operation \_\_\_\_\_
7. Years in current business \_\_\_\_\_ Years of experience as a contractor \_\_\_\_\_
8. Contractors License No. and type \_\_\_\_\_
9. Are you presently, or do you intend in the future, to be involved in residential construction?  Yes  No
10. Have you been involved, in the past, with residential construction?  Yes  No  
If yes, when did you discontinue (if applicable)? \_\_\_\_\_  
(date)

11. **PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:**

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?  
 No  Yes - If Yes, give name of company, date, and reason. \_\_\_\_\_  
 New Operation  No Coverage carried (explain): \_\_\_\_\_

**TYPE OF CONTRACTOR**

1. Describe your operations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Percent of work performed as: (Total = 100%)  
 General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Contractor performing general carpentry \_\_\_\_\_%

3. Percent of your work performed by or on behalf of the named insured:  
 a. New Construction \_\_\_\_\_% Remodeling \_\_\_\_\_% Repairs \_\_\_\_\_% = 100%  
 b. Outside Building \_\_\_\_\_% Inside Building \_\_\_\_\_% = 100%  
 c. Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% = 100%

**\*Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):**  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Do you specialize in any part of the construction of the following types of buildings?  Yes  No  
 • Nursing Homes • Condominiums • Hotels/Motels  
 • Day Care Centers • Apartments  
 • Hospitals • Multi-family Habitational  
 If yes, explain. \_\_\_\_\_

5. Percent of work on a typical project performed by: You and/or Your Employees \_\_\_\_\_%  
 (Total 100%) Subcontractors under your supervision \_\_\_\_\_%

Indicate whether the following types of work are done by you and/or your employees or by subcontractors:

E – You and/or Your Employees

S – Subcontractors

N/A – Not Applicable

	E	S	N/A		E	S	N/A
Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard Rail Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (describe) _____							

### OPERATIONS

- |   | Yes  | No   |
|---|--|--|
| 1. Do you use cranes in any of your activities?<br>If yes, are tower cranes used? Length of the boom: _____<br>Age of the crane: _____ OSHA certified inspection date _____   | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   |
| 2. Do you rent or loan machinery or equipment to others?  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 3. Are you involved in any of the following operations?<br>a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials<br>b. Dam/Levee Construction<br>c. Blasting<br>d. Shoring or Underpinning<br>e. Pile Driving<br>f. Caisson or Cofferdam Work<br>g. Tank Removal or Replacement<br>h. Other (describe) _____ | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 4. Are your subcontractors involved in any of the operations listed in 3.a. above?<br>If yes, describe. _____   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 5. Do you perform work more than three stories in height above grade?<br>If yes, percentage _____% Describe. _____  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 6. Do you perform work below grade?<br>If yes, percentage? _____% Describe. _____   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 7. Is job site security provided at night?<br>If yes, describe. _____   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 8. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?<br>If yes, explain. _____  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 9. Do you draw any plans or blueprints used in your construction work?<br>If yes, describe. _____<br>If yes, do you carry Professional Liability or Errors and Omissions insurance?   | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   |
| 10. <b>CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)</b><br>Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost)  |  |  |

11. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**INDEPENDENT CONTRACTORS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you hire subcontractors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following:   |                          |                          |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own?         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others (including cost of material): \$ _____                 |                          |                          |

**HISTORY**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you been involved in any other business besides contracting?<br>If yes, describe. _____<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims?<br>If yes, describe. _____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Describe any types of project that you have discontinued (i.e. no longer build, uncompleted, etc.)<br>_____<br>_____  |                          |                          |

4. List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

5. List the three largest projects planned for the coming year.

Description	Est. Job Cost	Project Duration

6. Average dollar value of a completed project \$ \_\_\_\_\_

**PAYROLL/RECEIPTS INFORMATION**

1. Provide the following information: \*exclude payroll of owner(s), clerical, sales.

Year	*Total Payroll	Total Gross Annual Receipts	Total cost of Work Subcontracted to Others	Type of Work Subcontracted to Others

2. Provide the total number of owner(s): \_\_\_\_\_

3. Provide the total number of employee(s): \_\_\_\_\_

**COVERAGES/LIMITS**

- Premises Operations \$ \_\_\_\_\_ General Aggregate
- Products-Completed Operations \$ \_\_\_\_\_ Products/Completed Operations Aggregate
- Personal and Advertising Injury
- Contractual Liability \$ \_\_\_\_\_ Personal and Advertising Injury
- Damage to Premises Rented to You \$ \_\_\_\_\_ Each Occurrence
- Medical Payments \$ \_\_\_\_\_ Damage to Premises Rented to You
- Medical Payments \$ \_\_\_\_\_ Medical Payments

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS							
LOC #	CLASSIFICATION	PREMIUM BASIS	TERR.	RATE		PREMIUM	
				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
		(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

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Signature of Applicant

Title

Date

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Signature of Producing Agent

Date

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**Agency Name, address & phone number**