

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**General Contractors/Developers General Liability Application**

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Web Site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**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 REQUESTED                                    |    | PREMIUMS            |
|--|----|---------------------|
| General Aggregate  | \$ | Premises/Operations |
| Products & Completed Operations Aggregate                        | \$ | \$                  |
| Personal & Advertising Injury                                    | \$ | Products            |
| Each Occurrence  | \$ | \$                  |
| Damage To Premises Rented To You (any one premise)               | \$ | Other               |
| Medical Expense (any one person)                                 | \$ | \$                  |
| Other Coverage, Restrictions, and/or Endorsements:<br>Deductible | \$ | Total<br>\$         |

**A. Applicant is a (% of each):**  General contractor \_\_\_\_\_%  Subcontractor \_\_\_\_\_%  
 Developer \_\_\_\_\_%  Construction manager/Consultant \_\_\_\_\_%  
 Owner/Builder \_\_\_\_\_%

**B. States/area of operations:** \_\_\_\_\_  
 Radius of operations from main location: \_\_\_\_\_ miles.



|             | No. Residential Homes | No. any one Project/<br>Development Site | No. Condominiums/<br>Townhouses |
|-------------|-----------------------|--|---------------------------------|
| Prior Year: |                       |  |                                 |
| Prior Year: |                       |  |                                 |
| Prior Year: |                       |  |                                 |
| Prior Year: |                       |  |                                 |
| Prior Year: |                       |  |                                 |

H. Do you have a formal home warranty program?.....  Yes  No  
 If yes, please give details: \_\_\_\_\_

I. Do you have model homes? .....  Yes  No  
 If yes, give no.: \_\_\_\_\_ Location: \_\_\_\_\_

J. 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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Operations by Applicant**

K. 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         | % |
| Communication Lines      | % | Mold & Spore Remediation                     | % | Supervisory Only    | % |
| Concrete                 | % | Oil or Gas Fields                            | % | Swimming Pools      | % |
| Drilling                 | % | Painting                                     | % | Tunneling           | % |
| Earthquake Reinforcement | % | 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<br>Underground Tanks | % | _____               |   |
| Framing of Buildings     | % | Roofing                                      | % | _____               |   |

**L. 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 |         |               |                                    |  |                          |

**M. 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: \_\_\_\_\_%

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

If no, explain when not required: \_\_\_\_\_

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

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

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

|  |
|--|
| <b>Subcontractors Operations Performed for Applicant</b> |
|--|

**Q. Indicate type of construction work performed by your subcontractors:** (Indicate percentage of total subcontracted costs)

|                          |   |   |   |                     |   |
|--------------------------|---|---|---|---------------------|---|
| Airports                 | % | Gas Mains                                 | % | Sewer               | % |
| Asbestos Removal         | % | Insulation                                | % | Soil Stabilization  | % |
| Blasting                 | % | Maintenance                               | % | Steel (ornamental)  | % |
| Bridges/Elevated Roads   | % | Masonry                                   | % | Steel (structural)  | % |
| Carpentry                | % | Mechanical                                | % | Street/Road         | % |
| Communication Lines      | % | Mold & Spore Remediation                  | % | Supervisory Only    | % |
| Concrete                 | % | Oil or Gas Fields                         | % | Swimming Pools      | % |
| Drilling                 | % | Painting                                  | % | Tunneling           | % |
| Earthquake Reinforcement | % | 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                                   | % | _____               |   |

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

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

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

- Certified inspectors     Resident inspectors     Part-time     When called

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

Maximum number of stories: \_\_\_\_\_

**U. Any work performed below grade? .....  Yes  No**

Maximum depth: \_\_\_\_\_ ft. \_\_\_\_\_ % of total work

**V. Is scaffolding owned, rented or erected? \_\_\_\_\_**

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

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

If yes, explain: \_\_\_\_\_

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

Please explain and/or provide a copy: \_\_\_\_\_

**Y. 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: \_\_\_\_\_

**Z. 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: \$ \_\_\_\_\_

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

If yes, explain and advise where insured: \_\_\_\_\_

**BB. Any mobile equipment leased from others? .....  Yes  No**

If yes, from whom? \_\_\_\_\_

Lease basis? \_\_\_\_\_

Operators provided? .....  Yes  No

Type of equipment leased? \_\_\_\_\_

**CC. 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 |
|--------------|-------------|----------------------|
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |

**DD. 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 |
|--------------|-------------|----------------------|
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |

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

If yes, explain: \_\_\_\_\_

**FF. Any underground storage tanks?** .....  Yes  No

If yes, when inspected and by whom? \_\_\_\_\_

**GG. 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: \_\_\_\_\_

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

**II. Does applicant lease employees from others?** .....  Yes  No

**Does applicant lease employees to others?** .....  Yes  No

**JJ. Dollar value of average job completed:** \$ \_\_\_\_\_

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

If yes, provide details: \_\_\_\_\_

**LL. 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: \_\_\_\_\_

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

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**NN. 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) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |

**PRIOR CARRIER INFORMATION – FIVE YEAR PERIOD**

|               | Year: | Year: | Year: | Year: | Year: |
|---------------|-------|-------|-------|-------|-------|
| Carrier       |       |       |       |       |       |
| Policy No.    |       |       |       |       |       |
| Total Premium |       |       |       |       |       |

**LOSS HISTORY—FIVE YEAR PERIOD**

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.

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

**SCHEDULE OF HAZARDS**

| Loc. No. | Classification | Class. Code | Premium Bases:<br>(s) Gross Sales<br>(p) Payroll<br>(a) Area (t) Other<br>(c) Total Cost | Terr. | Rate       |          | Premium    |          |
|----------|----------------|-------------|--|-------|------------|----------|------------|----------|
|          |                |             |  |       | Prem./Ops. | Products | Prem./Ops. | Products |
|          |                |             |  |       |            |          |            |          |
|          |                |             |  |       |            |          |            |          |
|          |                |             |  |       |            |          |            |          |
|          |                |             |  |       |            |          |            |          |
|          |                |             |  |       |            |          |            |          |

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

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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 WARNINGS AND ATTESTATION:**

**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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.