

**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

**GENERAL CONTRACTORS/DEVELOPERS GENERAL LIABILITY APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Audit/Inspection Contact Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**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. Indicate percentage of work applicant performs in each of the following:**

- General Contractor ..... %     Subcontractor..... %  
 Developer ..... %     Construction/Project Manager/Consultant..... %  
 Owner/Builder..... %

**2. States/areas of operations:** \_\_\_\_\_

Radius of operations from main location:..... miles

**3. Describe all operations in detail:** \_\_\_\_\_

\_\_\_\_\_

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

If yes, advise all prior names: \_\_\_\_\_

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

If yes, advise: \_\_\_\_\_

**6. Length of time in business:**..... years.    **Years of Experience:** \_\_\_\_\_

Is applicant licensed?.....  Yes  No

If yes, type of license and number: \_\_\_\_\_ Year license issued: \_\_\_\_\_

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

Has applicant 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:

Prior Name	Operations Description

**7. Total number of employees:**.....

**8. 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. Residential new construction:**

**(1)** Condos (including conversions): ..... %

**(2)** Townhouses (including conversions): ..... %

**(3)** Single family or residential dwellings:..... %

Average cost of new homes built: ..... \$



d. Residential remodeling:

(1) Interior work only: ..... %

(2) Ground-up construction: ..... %

9. Schedule Of Hazards:

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

10. Has applicant been involved as a General Contractor in the building of Residential Homes, Condominiums or Townhouses in the past ten (10) years, including 'conversion' projects?.....  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	No. Townhouses
Next twelve (12) months				
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 home sites developed in any one year or at any one project site (past, present, future): \_\_\_\_\_

12. Does applicant have a formal home warranty program? .....  Yes  No  
 If yes, provide details: \_\_\_\_\_

13. Does applicant have model homes? .....  Yes  No  
 If yes, provide number and location(s): \_\_\_\_\_

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. Operations By Applicant—Indicate percentage of payroll for each type of construction work performed by applicant’s employees:

Airports	%	Insulation	%	Sewer	%
Asbestos Removal	%	Maintenance	%	Snow Removal	%
Blasting/Explosives	%	Masonry	%	Soil Stabilization	%
Bridges/Elevated Roads	%	Mechanical	%	Steel (ornamental)	%
Carpentry	%	Mold & Spore Remediation	%	Steel (structural)	%
Communication Lines	%	Oil or Gas Facilities	%	Street/Road/Highway	%
Concrete	%	Painting	%	Supervisory Only	%
Drilling	%	Pipeline/Water Main	%	Swimming Pools	%
Earthquake Reinforcement/ Retrofitting	%	Plastering	%	Tiny House Construction or Manufacturing	%
EIFS	%	Plumbing	%	Tunneling	%
Electrical	%	Power Lines	%	Underpinning	%
Excavating	%	Process Piping	%	Waterproofing	%
Fire Proofing	%	Removal/Installation of Underground Tanks	%	Water Restoration	%
Fire Restoration	%	Roofing	%	Wrecking/Demolition	
Framing of Buildings	%	Rooftop work (other than roofing)	%	Other (describe)	%
Gas Mains	%	Scaffolding	%		

16. Subcontractors Operations Performed for Applicant—Indicate percentage of subcontracted work costs for all construction work performed by applicant’s subcontractors:

Airports	%	Insulation	%	Sewer	%
Asbestos Removal	%	Maintenance	%	Snow Removal	%
Blasting/Explosives	%	Masonry	%	Soil Stabilization	%
Bridges/Elevated Roads	%	Mechanical	%	Steel (ornamental)	%
Carpentry	%	Mold & Spore Remediation	%	Steel (structural)	%
Communication Lines	%	Oil or Gas Facilities	%	Street/Road/Highway	%
Concrete	%	Painting	%	Supervisory Only	%
Drilling	%	Pipeline/Water Main	%	Swimming Pools	%
Earthquake Reinforcement/ Retrofitting	%	Plastering	%	Tiny House Construction or Manufacturing	%
EIFS	%	Plumbing	%	Tunneling	%
Electrical	%	Power Lines	%	Underpinning	%
Excavating	%	Process Piping	%	Waterproofing	%
Fire Proofing	%	Removal/Installation of Underground Tanks	%	Water Restoration	%
Fire Restoration	%	Roofing	%	Wrecking/Demolition	
Framing of Buildings	%	Rooftop work (other than roofing)	%	Other (describe)	%
Gas Mains	%	Scaffolding	%		

**17. 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	\$	\$	\$	\$	\$

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

**19. Subcontractors:**

- a. Are all subcontractors required to carry General Liability insurance? .....  Yes  No  
If yes, minimum General Liability limits required: .....\$ \_\_\_\_\_
- b. Are all subcontractors required to carry Workers Compensation insurance? .....  Yes  No
- c. Are certificates of insurance obtained from all subcontractors? .....  Yes  No
- d. Is applicant named as an additional insured on all subcontractors' policies? .....  Yes  No
- e. Does applicant use uninsured subcontractors? .....  Yes  No  
If yes, percentage of total subcontracted cost: ..... %
- f. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- g. Does applicant normally use the same subcontractors? .....  Yes  No  
If no, is subcontracted work put out for bids? .....  Yes  No
- h. Does applicant own or operate a salvage yard and/or act as a secondhand building materials dealer? .....  Yes  No

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

- If yes:
- a. Any work on residential structures? .....  Yes  No
  - b. Any work performed without drainage channels? .....  Yes  No
  - c. Number of years experience with EIFS applications: ..... \_\_\_\_\_
  - d. Any prior claims involving EIFS application? .....  Yes  No  
If yes, provide details: \_\_\_\_\_

**21. Indicate if any work done involving systems that provide:**

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

**22. Indicate if work requires monitoring by:**

- Certified inspectors     Resident inspectors     Part-time     When called

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

If yes, maximum number of stories: ..... \_\_\_\_\_



24. Any work performed below grade? .....  Yes  No  
 If yes, maximum depth: \_\_\_\_\_ ft. .... % of total work

25. Is scaffolding owned, rented or erected? \_\_\_\_\_  
 Are other contractors at job site allowed to use it? .....  Yes  No

26. Does applicant have a formal safety program in operation? .....  Yes  No  
 Explain and/or provide a copy: \_\_\_\_\_

27. Has applicant ever built or 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 does applicant use? \_\_\_\_\_

Underpinning? .....  Yes  No

Any past subsidence losses? .....  Yes  No

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

28. Any mobile equipment leased from others? .....  Yes  No

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

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

Operators provided? .....  Yes  No

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

29. Does applicant 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 build-  
 ings on property.) .....  Yes  No

If yes, property is zoned:  Residential  Commercial/Retail/Industrial  Other: \_\_\_\_\_

No. of Acres	No. of Lots	Location Description

30. Does applicant own any Real Estate Development Property? (Land with improvements—streets,  
 roads, utilities, etc. completed or under construction) .....  Yes  No

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

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

No. of Acres	No. of Lots	Location Description

31. Does applicant or any of applicant employees hold a Real Estate Agent's license? .....  Yes  No  
 If yes, has Professional Liability Coverage been obtained? .....  Yes  No  
 Limit of Liability: ..... \$ \_\_\_\_\_

32. Does applicant hold other persons' property for service, storage or repair?.....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

33. Any underground storage tanks? .....  Yes  No  
 If yes, when inspected and by whom? \_\_\_\_\_  
 \_\_\_\_\_

34. 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: \_\_\_\_\_

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

36. Does applicant lease employees from others? .....  Yes  No  
 Does applicant lease employees to others?.....  Yes  No

37. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? .....  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

38. List all active owners, partners and executive officers and their job duties/responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

39. 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: \_\_\_\_\_  
 \_\_\_\_\_

40. Additional Insured Information:

Name	Address	Interest

41. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

42. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri).....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_



**43. Prior Carrier Information:**

	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
<b>Carrier</b>					
<b>Policy No.</b>					
<b>Total Premium</b>	\$	\$	\$	\$	\$

**44. Has applicant ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit? .....**  Yes  No

If yes, provide details of losses or suits older than five years:

<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Claim Status (Open or Closed)</b>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**45. 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.  Check if no losses in the last five years.

<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Claim Status (Open or Closed)</b>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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



**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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, which is a crime and subjects such person to criminal and civil penalties.

**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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, 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.

**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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK 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 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.

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)

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

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.