



www.ericksonlarseninc.com

## CONTRACTORS GENERAL LIABILITY APPLICATION

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**Named Insured:** \_\_\_\_\_

**Name of Producer/Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address of Agency:** \_\_\_\_\_ **Producer Number:** \_\_\_\_\_

### PREQUALIFICATION QUESTIONS (must be completed entirely for each applicant)

If Yes to any of the following, contact the offices of Erickson-Larsen / Bjornson/Sentinel E&L

	Yes	No
1. Are you involved (past, present or intended in future), in new residential construction, and/or development of, more than 5 single family dwellings, town home units or condominium units, in any one development, in any one year? (Units are defined as each town home unit or condominium unit) ....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, Specify the total number of units in any one development, in any one year .....	_____	%
2. What percentage of total receipts involves subcontracted work? .....	_____	%
3. Do your receipts exceed \$500,000? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been in business less than a year with less than 2 years experience? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any operations in Alabama, Arizona, California, Colorado, Nevada, Texas, North & South Carolina,, Maryland, New Mexico, New York, Oregon, Virginia or Washington? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had OSHA violations? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you do any project or construction management consulting or real estate development? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Any past or pending Construction Defect claims (e.g. claims alleging faulty design or defective workmanship)? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Any past or current operations on apartment to condominium or townhouse conversions, or industrial building conversions to residential condos or lofts? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you employ architects or engineers? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you and/or any of your subcontractors have any past, present, or future		
• Work involving agricultural or industrial construction? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Involvement in airport projects or oilfields? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Environmental work, pollution testing, or clean-up? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Wood stove installation, service or repair? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Public street or road construction, reconstruction, paving, surfacing, or scraping? ..	<input type="checkbox"/>	<input type="checkbox"/>
• Flood damage remediation, fire damage restoration, or fireproofing? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Removal of asbestos, lead, Pcb's, mold, hazardous materials? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence? .	<input type="checkbox"/>	<input type="checkbox"/>
• Dam/Levee Construction? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Blasting? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Shoring or Underpinning? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Pile Driving? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Caisson or Cofferdam Work? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Underground Tank Removal or Replacement? .....	<input type="checkbox"/>	<input type="checkbox"/>

## BUSINESS INFORMATION

1. Named Insured \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
Street City County State ZIP Code

3. Desired Effective Date \_\_\_\_\_ Term Desired \_\_\_\_\_

4. Applicant is\*:  Individual  Partnership  Corporation  LLC  
 Trust  Other (specify) \_\_\_\_\_

*\*If more than one entity, include the ownership breakdown and a description of operation for each.*

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

5. Location of premises: Same as mailing address  Occupancy \_\_\_\_\_ Own  Lease   
(List any additional locations on a separate page)

6. Have you operated under any other name(s)?  Yes  No  
 If yes, list name, type of work, and explain reason for change \_\_\_\_\_

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 ever operated or been licensed under a different name? .....  Yes  No  
 If yes, list the name(s), type of work, and reason for change: \_\_\_\_\_

**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)

New Operation – Date business started: \_\_\_\_\_

No Coverage carried (explain): \_\_\_\_\_

12. 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. \_\_\_\_\_

## GENERAL LIABILITY 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

## TYPE OF CONTRACTOR

1. Describe your operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. List all states where you operate: \_\_\_\_\_
3. Do you ever allow your license to be used to obtain permits where you provide no jobsite supervision?  Yes  No
4. Indicate your percentage of work:  
 General Contractor \_\_\_\_\_%; Subcontractor \_\_\_\_\_%; Contractor performing general carpentry \_\_\_\_\_%  
(construction manager) (hired by another contractor)
5. Indicate percentage of operations (each row should = 100%):
 

a. New Construction _____%	Remodeling* _____%	Repairs _____%	<b>= 100%</b>
b. Outside Building _____%	Inside Building _____%		<b>= 100%</b>
c. Residential _____%	Commercial _____%	Industrial _____%	<b>= 100%</b>

**\*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.):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## EXPOSURES / PAYROLL / SALES

1. Estimated gross annual receipts for the next 12 months: \_\_\_\_\_
2. Provide the gross annual receipts for previous years:
  - 1<sup>st</sup> prior: \$ \_\_\_\_\_
  - 2<sup>nd</sup> prior: \$ \_\_\_\_\_
  - 3<sup>rd</sup> prior: \$ \_\_\_\_\_
3. Number of Active Owners / Officers \_\_\_\_\_
4. Owner / Officer Trades: \_\_\_\_\_
5. Number of employee's \_\_\_\_\_ Total employee payroll \$ \_\_\_\_\_  
(exclude owner, officer, sales, & clerical) (exclude owner, officer, sales, & clerical payroll)
6. Provide estimated cost of hired subcontractors for the next 12 months: \$ \_\_\_\_\_  
(Cost = hired labor + cost of materials)
7. If you do framing, how many new homes do you plan to frame in the next 12 months? \_\_\_\_\_
  - a. How many new homes have you framed in the past 3 years? \_\_\_\_\_

8. Any past, present, or future foundation work? .....  Yes  No  
If yes, provide complete details: \_\_\_\_\_
9. How many new homes do you plan to supervise and/or build in the next 12 months? \_\_\_\_\_
10. Any past, present, or future condominium or townhouse work? .....  Yes  No  
If yes, provide complete details: \_\_\_\_\_
11. Indicate the percentage of each type of construction work to be performed in the next 12 months (*each column should total 100%*):

<b>Trade</b>	<b>Your Work –</b> indicate percentage of payroll for each type of work performed by applicant and employee's	<b>Your Hired Subcontractors –</b> indicate percentage of work performed by your hired subcontractors
Carpentry-Exterior	%	%
Carpentry-interior	%	%
Concrete	%	%
Demolition (describe)	%	%
Drywall or Wallboard Installation	%	%
Electrical	%	%
Excavation	%	%
Executive Supervisor	%	%
Grading	%	%
HVAC	%	%
Insulation – blow-in or spray foam	%	%
Insulation – all other	%	%
Landscaping	%	%
Masonry	%	%
Painting – Exterior	%	%
Painting - Interior	%	%
Plumbing - Residential	%	%
Plumbing - Commercial	%	%
Roofing - Residential	%	%
Roofing - Commercial	%	%
Siding Installation – Vinyl/Aluminum	%	%
Siding Installation - Wood	%	%
Snow Removal – Parking Lots / Driveways	%	%
Snow Removal – Public Streets / Roads	%	%
Snow Removal - Roofs	%	%
Stucco or Plastering - Outside	%	%
Tile, Stone, Marble or Terrazzo – interior construction	%	%
Tree Trimming	%	%
Other (describe):	%	%
Other (describe):	%	%
Other (describe):	%	%
Other (describe):	%	%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

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

SCHEDULE OF HAZARDS				
LOC #	CLASSIFICATION	PREMIUM BASIS		
		(s) Gross Sales	(p) Payroll	(a) Area (c) Total Cost (t) Other

**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"/> | <input type="checkbox"/> |
| 2. Do you rent or loan machinery or equipment to others? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you perform work more than three stories in height above grade? .....<br>If yes, percentage _____% Describe. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you perform work below grade? .....<br>If yes, percentage? _____% Describe. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is job site security provided at night? If yes, describe: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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"/> | <input type="checkbox"/> |
| 7. Do you have a formal safety program in operation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If digging or excavating, do you contact utilities, use "dig safe" or a similar service? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any other business ventures for which coverage is not requested? .....<br>If yes, describe: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you own, rent, or lease any real estate under development or under renovation? .....<br>If yes, describe: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

11. **CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED

**INDEPENDENT CONTRACTORS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you hire subcontractors? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all subcontractors required to sign a written contract that includes a hold harmless agreement in your favor prior to them beginning work? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

- Yes      No
3. Do you require subcontractors to provide the following?
- a. Carry General Liability coverage with coverage and limits equal or greater than your own? .....
- b. Name you as an Additional Insured? .....
- c. Furnish Certificates of Insurance for General Liability and Workers Compensation? .....
- d. Are records kept? .....
4. Total cost of work subcontracted to others (cost = labor + cost of materials): \$ \_\_\_\_\_

**HISTORY**

- Yes      No
1. Have you been involved in any other business besides contracting? .....         
If yes, describe. \_\_\_\_\_
2. Do you have any past or pending Construction Defect claims (claims alleging faulty design or .....         
Defective workmanship and/or mold claims? If yes, describe. \_\_\_\_\_
3. Describe any type of project that you have discontinued (i.e. no longer build, uncompleted, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

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 \$ \_\_\_\_\_  
.....

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

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.

**I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Producing Agent \_\_\_\_\_ Date \_\_\_\_\_

Agency Name, Address & Phone Number \_\_\_\_\_