



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) 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?	_____	_____
4. Have you been in business less than a year with less than 2 years experience?	_____	_____
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?	_____	_____
6. Have you had OSHA violations?	_____	_____
7. Do you do any project or construction management consulting or real estate development?	_____	_____
8. Any past or pending Construction Defect claims (e.g. claims alleging faulty design or defective workmanship)?	_____	_____
9. Any past or current operations on apartment to condominium or townhouse conversions, or industrial building conversions to residential condos or lofts?	_____	_____
10. Do you employ architects or engineers?	_____	_____
11. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?	_____	_____
12. Do you and/or any of your subcontractors have any past, present, or future		
• Work involving agricultural or industrial construction?	_____	_____
• Involvement in airport projects or oilfields?	_____	_____
• Environmental work, pollution testing, or clean-up?	_____	_____
• Wood stove installation, service or repair?	_____	_____
• Public street or road construction, reconstruction, paving, surfacing, or scraping? ..	_____	_____
• Flood damage remediation, fire damage restoration, or fireproofing?	_____	_____
• Removal of asbestos, lead, Pcb's, mold, hazardous materials?	_____	_____
• Ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence? .	_____	_____
• Dam/Levee Construction?	_____	_____
• Blasting?	_____	_____
• Shoring or Underpinning?	_____	_____
• Pile Driving?	_____	_____
• Caisson or Cofferdam Work?	_____	_____
• Underground Tank Removal or Replacement?	_____	_____

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 _____%	= 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.):**

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:
 - 1st prior: \$ _____
 - 2nd prior: \$ _____
 - 3rd 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%*):

Trade	Your Work – indicate percentage of payroll for each type of work performed by applicant and employee's	Your Hired Subcontractors – 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):	%	%
TOTAL	100%	100%

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?
If yes, are tower cranes used? Length of the boom: _____
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?
If yes, percentage _____% Describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you perform work below grade?
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?
If yes, describe. _____
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?
If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you own, rent, or lease any real estate under development or under renovation?
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 _____