



Contractors/Developers General Liability Application

Applicant's Name _____

 Mailing Address _____

Agent Name _____
 Address _____

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) _____

LIMITS OF LIABILITY REQUESTED	\$	PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. Length of time in business: _____ years. Years of experience: _____ Are you licensed? †Yes †No
 Kind of license and no.: _____ Year license issued: _____

B. Applicant is a (% of each): General contractor _____% Subcontractor _____% Developer _____%

C. State/area of operations: _____ Radius of operations from main location: _____ miles.

D. Describe all operations in detail: _____

E. List all major projects completed within the past five years, including work in progress and planned projects (list all project names, partnerships, joint ventures, corporations, etc.): _____

F. Total number of employees? _____

G. Account history for prior 5 years:

	Payroll	Total Revenue	Total Subcontracted Cost
1st prior			
2nd prior			
3rd prior			
4th prior			
5th prior			

SUBCONTRACTOR OPERATIONS PERFORMED FOR APPLICANT

H. List subcontractor trades used:

	%	%	%
	%	%	%
	%	%	%

I. Are certificates of insurance obtained from subcontractors? †Yes †No

Minimum Limits Required \$ _____

J. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?

†Yes †No _____ If no, explain when not required: _____

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

L. Do you normally use the same subcontractors? †Yes †No

If no, do you put all subbed work out for bid? †Yes †No

OPERATIONS BY APPLICANT

M. Indicate type of construction work performed by your employees:

Blasting	_____ %	Insulation	_____ %	Roofing	_____ %
Bridge building	_____ %	Maintenance	_____ %	Sewer	_____ %
Carpentry	_____ %	Masonry	_____ %	Steel (ornamental)	_____ %
Concrete	_____ %	Mechanical	_____ %	Steel (structural)	_____ %
Drilling	_____ %	Painting	_____ %	Street/road	_____ %
Earthquake reinforcement	_____ %	Plastering	_____ %	Supervisory only	_____ %
Electrical	_____ %	Process Piping	_____ %	Wrecking/demolition	_____ %
Excavating	_____ %	Removal/installation of	_____ %	Other (describe	_____ %
Gas mains	_____ %	underground tanks	_____ %	_____	_____ %

N. Indicate % of work performed in:

New construction	_____ %	Remodeling	_____ %	Demolition	_____ %	Repair	_____ %	Other	_____ %
Commercial	_____ %	Industrial	_____ %	Residential	_____ %	Institutional	_____ %	Other	_____ %
Inside building	_____ %	Outside building	_____ %	Condos	_____ %	Single family dwellings	_____ %		
Contract basis	_____ %	With penalty clause	_____ %	Time & material	_____ %				
Construction manager for fee only	_____ %	Developer (with hired general contractor)	_____ %						

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 carry an all risk contractor's equipment floater? †Yes †No
 Is automatic acquisition on leased, rented or replaced equipment provided? _____ Limits: _____
 *** Attach list of contractor's equipment.

DD. Do you hold other person's property for service, storage, or repair? †Yes †No

EE. Any underground storage tanks? †Yes †No If yes, when was it inspected and by whom?: _____

FF. 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: _____

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

HH. Does applicant lease employees? †Yes †No

II. Dollar value of average job completed: \$ _____

JJ. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant? (not applicable in Missouri) †Yes †No

If yes, explain: _____

PRIOR CARRIER INFORMATION

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

LOSS HISTORY—FIVE YEAR PERIOD

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: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other			Terr.	Rate		Premium	
							Prem/ Ops	Products	Prem/ Ops	Products

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.

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.

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.

APPLICANT'S SIGNATURE _____ DATE _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

IMPORTANT NOTICE