

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Contractors Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name\* \_\_\_\_\_ Agent \_\_\_\_\_

(\*If more than one entity, attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

Inspection / Audit Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection / Audit Contact \_\_\_\_\_

Insured is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Years in Business? \_\_\_\_\_ Years of Experience in this field? \_\_\_\_\_

2. Your contractor's license number # \_\_\_\_\_ Type of license \_\_\_\_\_

3. Indicate the percent of each type of work performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS
New Construction	%	%	%	%
Renovation	%	%	%	%
Real Estate Developer	%	%	%	%

4. Indicate the percentage of work you perform as a General Contractor or as a Subcontractor:

(a) General Contractor \_\_\_\_\_% (b) Subcontractor \_\_\_\_\_%

5. Indicate the percentage of work on a typical project performed by the following:

a) Your Employees \_\_\_\_\_% (b) Subcontractors under your supervision \_\_\_\_\_%

6. If residential construction, how many homes per year? \_\_\_\_\_ Total # of homes in project \_\_\_\_\_

7. Have you ever been involved in the construction or remodeling of apartments, townhouses, condominiums, tract homes or planned multi-unit developments? .....  Yes  No

If yes, please provide the types of projects, specific locations, total values, number of units per project and year you worked on them. \_\_\_\_\_

8. Do you have a written safety program?.....  Yes  No

Describe what safety precautions are in place \_\_\_\_\_

How do you protect the general public from potential injury? \_\_\_\_\_

9. Is jobsite security provided at night? .....  Yes  No

If yes, please describe \_\_\_\_\_

(If more information, attach separate sheet.)

**UNDERWRITING INFORMATION (Continued)**

10. What is the maximum height of buildings you work on? (# of stories) \_\_\_\_\_
11. Does a foreman or qualified individual inspect all jobs upon completion? .....  Yes  No
12. Do you perform any out of state work? .....  Yes  No  
 If yes, in what states and provide details of work performed \_\_\_\_\_  
 (If more information, attach separate sheet.)
13. Have you ever or do you currently perform work in CO or PŸ? .....  Yes  No  
 If yes, please describe. \_\_\_\_\_
14. Have you ever used, sold, installed or removed asbestos? .....  Yes  No  
 If yes explain in detail \_\_\_\_\_
15. Do you draw plans, designs or specifications? .....  Yes  No  
 If yes explain in detail \_\_\_\_\_
16. Do you lease equipment to others with or without operators? .....  Yes  No  
 If yes, describe equipment and forward copy of lease agreement. \_\_\_\_\_
17. Do you employ a soil engineer? .....  Yes  No  
 If no, do you hire an independent soil engineer? .....  Yes  No  
 If yes, does he name you as an Additional Insured? .....  Yes  No
18. Do you offer warranties? If yes, **attach** copies of warranty .....  Yes  No
19. Do you have Mobile Equipment that travels over public roads? .....  Yes  No
20. Do you perform or subcontract fire restoration and/or water remediation work? .....  Yes  No
21. Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material (e.g. landfills, wastes, fuel tanks, etc.)? .....  Yes  No
22. Do you lease employees to or from other employers? .....  Yes  No
23. Do you have a labor interchange with any other business or subsidiaries? .....  Yes  No
24. Have you operated under any other name(s)? .....  Yes  No  
 If yes, list name, address, years in operation, state of operation and exposures. \_\_\_\_\_

NAME	ADDRESS	YEARS IN OPERATION	STATE OF OPERATION	EXPOSURES

25. Do you perform work below grade? .....  Yes  No  
 If yes, what is the percentage of work \_\_\_\_\_% and Depth \_\_\_\_\_
26. Do you now or have you ever built on hillsides, slopes, landfills or other terrain susceptible to subsidence? ..  Yes  No  
 Describe \_\_\_\_\_
27. Are you involved in any operations outside of the construction industry? .....  Yes  No  
 Describe \_\_\_\_\_
28. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims? .....  Yes  No  
 Describe \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

29. Number of executive supervisors? \_\_\_\_\_

30. Indicate below the construction experience of your executive supervisors

NAME	YEARS OF EXPERIENCE	ESTIMATED PAYROLL	LARGEST JOB SUPERVISED	YEARS WITH COMPANY

31. Complete the following, if applicable

Number of Model Homes: \_\_\_\_\_ Development Property: \_\_\_\_\_ acres

- 32. Are you a subsidiary of another entity or do you have any subsidiaries? .....  Yes  No
- 33. Any exposure to flammables, explosives, chemicals? .....  Yes  No
- 34. Any operations sold, acquired, or discontinued in last 5 years? .....  Yes  No
- 35. Have you been active in or are you currently active in joint ventures? .....  Yes  No
- 36. Any bankruptcies, tax or credit liens against you in the past 5 years? .....  Yes  No

Explain all yes responses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL HAZARDS**

**DO ANY OF YOUR OPERATIONS INVOLVE THE FOLLOWING?**

- 1. Use of cranes .....  Yes  No
- 2. Blasting .....  Yes  No
- 3. Use of tower cranes .....  Yes  No  
 Length of booms: \_\_\_\_\_ (# of ft.)
- 4. Shoring or underpinning .....  Yes  No
- 5. EIFS (Exterior Insulation and Finish Systems) .....  Yes  No
- 6. Pile driving .....  Yes  No
- 7. Demolition of structures (other than interior) .....  Yes  No
- 8. Caisson or cofferdam work .....  Yes  No
- 9. Structural alterations .....  Yes  No
- 10. Other Special Hazards .....  Yes  No

Explain all yes responses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTROLLING THE SUBCONTRACTORS EXPOSURE**

If you NEVER hire subcontractors, please check here

1. Are certificates of insurance required from subcontractors? .....  Yes  No
2. Do your subcontractors carry coverage or limits less than yours? .....  Yes  No  
If yes, what are the minimum limits you accept? \_\_\_\_\_
3. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) .....  Yes  No
4. Are you named as an additional insured on the subcontractors' policy? .....  Yes  No
5. How long are Certificates of Insurance kept? .....  Until job ends  One year  Other  
If other is checked, provide details \_\_\_\_\_

Explain all yes responses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- 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 PREMISES)** \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON)** \$ \_\_\_\_\_

**TYPE OF WORK PERFORMED**

Please indicate whether the following trades are:

**E** – performed by your employees or **S** – performed by subcontractors

DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST	DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST
Bridge construction	<input type="checkbox"/>		<input type="checkbox"/>		Insulation	<input type="checkbox"/>		<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>		<input type="checkbox"/>		Interior demolition	<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		Landscaping	<input type="checkbox"/>		<input type="checkbox"/>	
Debris removal	<input type="checkbox"/>		<input type="checkbox"/>		Masonry	<input type="checkbox"/>		<input type="checkbox"/>	
Drilling	<input type="checkbox"/>		<input type="checkbox"/>		Painting	<input type="checkbox"/>		<input type="checkbox"/>	
Drywall	<input type="checkbox"/>		<input type="checkbox"/>		Parking lot paving	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical	<input type="checkbox"/>		<input type="checkbox"/>		Plumbing	<input type="checkbox"/>		<input type="checkbox"/>	
Excavation	<input type="checkbox"/>		<input type="checkbox"/>		Roofing	<input type="checkbox"/>		<input type="checkbox"/>	
Framing	<input type="checkbox"/>		<input type="checkbox"/>		Street paving	<input type="checkbox"/>		<input type="checkbox"/>	
Grading	<input type="checkbox"/>		<input type="checkbox"/>		Stucco	<input type="checkbox"/>		<input type="checkbox"/>	
Guard rail installation	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	
HVAC	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	

**EXPERIENCE**

1. List your gross sales for the last three years.

Year 20\_\_\_\_\_ Gross sales \$ \_\_\_\_\_

Year 20\_\_\_\_\_ Gross sales \$ \_\_\_\_\_

Year 20\_\_\_\_\_ Gross sales \$ \_\_\_\_\_

2. What is your anticipated gross sales for this term? \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

**LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:**

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIST FIVE (5) OF YOUR LARGEST PROJECTS PLANNED FOR THE COMING YEAR:**

DESCRIPTION	ESTIMATED JOB COST	ESTIMATED PROJECT DURATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL INFORMATION OR COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

**PRIOR CARRIER HISTORY % LOSS INFORMATION:**

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

Yes  No

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**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS INFORMATION**

- Obtain hard copy Company loss runs with a valued date within the last 90 days.
  - 3 year loss runs for risks with up to \$2,500,000 in sales.
  - 5 year loss runs for risks with more than \$2,500,000 in sales.

**LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Florida:** 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.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**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.

**Oklahoma WARNING:** 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.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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Producer's Signature

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Date

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Applicant's Signature

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Date

## POLICYHOLDER NOTICE

### ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.



**Acceptance or Rejection of Terrorism Insurance Coverage**

<input type="checkbox"/>	I hereby elect to purchase coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of <u>\$125.00</u> plus the following taxes and fees:  Surplus Lines Tax of <u>\$ 6.25</u> Surplus Lines Stamping Fee of <u>\$ 0.14</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> of <u>\$</u> <b>Total of Premium, taxes and fees is <u>\$131.39.</u></b>
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Named Insured