

CONSTRUCTION SERVICES APPLICATION

APPLICANT'S INSTRUCTIONS

- 1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.
- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

Producer	Producer code
Street address	City/state Zip code
	Phone number Fax number
Mailing address	Email address

APPLICANT INFORMATION

NAME (First Named Insured and other named Insureds):

Street address:	City / state	Zip code	Phone number	Fax number
Mailing address (of first named insured)	Web address			

Applicant operates as an:

- Individual
 Corporation
 Partnership
 Other (Describe):

Inspection (contact/phone)

Accounting records (contact/phone)

COVERAGE REQUESTED

Effective date:		Expiration date:	
Limits of insurance			
General aggregate:	_____	\$	_____
Products and completed operations aggregate:	_____	\$	_____
Each occurrence:	_____	\$	_____
Personal injury and advertising limit:	_____	\$	_____
Damage to Premises rented to you (any one fire):	_____	\$	_____
Self-insured retention (per occurrence or per claim)	_____	\$	_____
Deductible (per occurrence or per claim)	_____	\$	_____

COMPANY HISTORY

Number of years in business: _____	Number of years experience as contractor: _____
Is applicant a subsidiary of another entity? If yes, please provide details: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does applicant have any subsidiaries or related entities not listed above? If yes, please provide details: _____	<input type="checkbox"/> <input type="checkbox"/>
Have there been any mergers/acquisitions, consolidations or divestitures? If yes, please describe your obligations for past, present & future liabilities: _____	<input type="checkbox"/> <input type="checkbox"/>
Has this account ever operated under a different name: If yes, please attach complete list of prior names and addresses: _____	<input type="checkbox"/> <input type="checkbox"/>
Is this account new to your office?	<input type="checkbox"/> <input type="checkbox"/>
If account is not new, indicate number of years controlled by your office? _____	
Complete description of all operations: _____	

REVENUES

Estimated gross annual:		
Direct payroll \$ _____	Contract costs \$ _____	GROSS RECEIPTS \$ _____
Prior years		
DIRECT PAYROLL	CONTRACT COSTS	GROSS RECEIPTS
200_ \$ _____	\$ _____	\$ _____
200_ \$ _____	\$ _____	\$ _____
200_ \$ _____	\$ _____	\$ _____

Indicate the percentage of work completed by this contractor when operating as a:

Prime contractor _____ %	General contractor _____ %	Subcontractor _____ %
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Indicate the percentage of construction work performed by you:

New construction _____ %	Commercial _____ %	Inside building _____ %
Remodeling _____ %	Residential _____ %	Outside building _____ %

Using percentage of payroll (under direct) and percentage of contract costs (under subbed), indicate the anticipated percentage of construction you will perform over the next 12 months:

	% DIRECT	% SUBBED		% DIRECT	% SUBBED
Blasting			Mechanical		
Bridge building			Painting		
Carpentry			Plastering		
Concrete			Plumbing		
Demolition			Roofing		
Drilling			Seismic retrofitting		
Earthquake repair			Sewer		
Electrical			Steel / structural		
Excavation			Steel / ornamental		
Grading			Street / road		
Insulation			Supervisory only		
Maintenance			Water / gas mains		
Masonry			Other (describe): _____		

GENERAL INFORMATION I

		YES	NO		
When hiring subcontractors, does contractor:					
Obtain certificates of insurance?		<input type="checkbox"/>	<input type="checkbox"/>		
Obtain waivers of subrogation?		<input type="checkbox"/>	<input type="checkbox"/>		
Obtain hold harmless agreements?		<input type="checkbox"/>	<input type="checkbox"/>		
Sign or enter subcontracts or performance contracts with subs?		<input type="checkbox"/>	<input type="checkbox"/>		
Require to be named as an additional insured on the sub policies?		<input type="checkbox"/>	<input type="checkbox"/>		
Are all hired subcontractors required to carry workers compensation coverage?		<input type="checkbox"/>	<input type="checkbox"/>		
When operating as a subcontractor, does contractor:					
List others as additional Insureds on their policies?		<input type="checkbox"/>	<input type="checkbox"/>		
Enter hold harmless agreements?		<input type="checkbox"/>	<input type="checkbox"/>		
Sign waivers of subrogation?		<input type="checkbox"/>	<input type="checkbox"/>		
Sign or enter subcontracts or performance contracts with GC's?		<input type="checkbox"/>	<input type="checkbox"/>		
Over the past twelve months, has contractor participated in any:					
Joint Ventures?		<input type="checkbox"/>	<input type="checkbox"/>		
Wrap-ups?		<input type="checkbox"/>	<input type="checkbox"/>		
Construction Management Projects?		<input type="checkbox"/>	<input type="checkbox"/>		
If any of the above has been answered 'yes', attach a complete list of all such projects.					
Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five years:					
1					
2					
3					
4					
5					
Please indicate the number of jobs the contractor has:					
Ongoing at the present time					
Completed in the past twelve months					
List current projects or those scheduled to commence over the next twelve months (Attach additional paper if necessary):					
Location	Type	Start Date	End Date	Hard Costs	Soft Costs
Does Contractor ever hire:					
Temporary Employees?			<input type="checkbox"/>	<input type="checkbox"/>	
Part Time Employees?			<input type="checkbox"/>	<input type="checkbox"/>	
Seasonal Employees?			<input type="checkbox"/>	<input type="checkbox"/>	
If any of the above have been answered 'yes', attach a complete explanation including reasons and sources for hiring					
Does Contractor engage in any work requiring:					
Bid Bonds?			<input type="checkbox"/>	<input type="checkbox"/>	
Performance Bonds?			<input type="checkbox"/>	<input type="checkbox"/>	
Does your office control the Surety portion of this account?			<input type="checkbox"/>	<input type="checkbox"/>	
Does Contractor engage in any work outside of the U.S.?			<input type="checkbox"/>	<input type="checkbox"/>	
List all States within which the Contractor operates, and the percent of work performed in each state:					
State	% of Total	License #	State	% of Total	License #
Is Contractor involved in engineering or architectural design?			<input type="checkbox"/>	<input type="checkbox"/>	
Does Contractor lease any equipment from other sources?			<input type="checkbox"/>	<input type="checkbox"/>	
If equipment is leased, is it leased with or without operators?			<input type="checkbox"/>	<input type="checkbox"/>	

GENERAL INFORMATION II							
Does Contractor ever lease its own equipment to others?		<input type="checkbox"/>	<input type="checkbox"/>				
If equipment is leased, indicate percentage of: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50%;">With Operators:</td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td>Without Operators:</td> <td style="text-align: center;">%</td> </tr> </table>	With Operators:	%	Without Operators:	%			
With Operators:	%						
Without Operators:	%						
Does Contractor ever operate within 50' of a railroad?		<input type="checkbox"/>	<input type="checkbox"/>				
Have you worked or will you or your employees work under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act?		<input type="checkbox"/>	<input type="checkbox"/>				
Have you been involved or will you or your subcontractors be involved in any removal of asbestos, lead, PCB's or other hazardous materials?		<input type="checkbox"/>	<input type="checkbox"/>				
Removal or work on fuel tanks or pipelines?		<input type="checkbox"/>	<input type="checkbox"/>				
If you are a roofing contractor or otherwise perform roofing work, what percentage of operations are:							
Hot Tar	%	Foam Application	%				
Four Stories +		%	N/A				
Have you performed or will you allow your license to be used by any other contractor for a project on which you've worked?		<input type="checkbox"/>	<input type="checkbox"/>				
Has any licensing authority taken any action against you?		<input type="checkbox"/>	<input type="checkbox"/>				
Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain							
Have you / or any subcontractors been involved with blasting operations or hazardous or unusual activity?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain:							
Have you built or will you build / construct buildings or other structures in excess of three (3) stories?		<input type="checkbox"/>	<input type="checkbox"/>				
Have you been involved or will you be involved in the management of the same?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain:							
Has your work involved or will it involve systems that provide?							
Medical and/or Industrial life support; process piping?		<input type="checkbox"/>	<input type="checkbox"/>				
Do you work on dams / levees?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain:							
Do you have operations other than contracting?		<input type="checkbox"/>	<input type="checkbox"/>				
Are these operations covered by insurance?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain:							
Do you or will you have a written formal safety program in place?		<input type="checkbox"/>	<input type="checkbox"/>				
Has / will any of your work involve the construction of, or be for, condominiums, town homes or apartments?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, is the work new construction?		<input type="checkbox"/>	<input type="checkbox"/>				
Repair only?		<input type="checkbox"/>	<input type="checkbox"/>				
Any tract homes? (If yes, maximum number of homes in tract:)		<input type="checkbox"/>	<input type="checkbox"/>				
During the past five years, has any insurer ever cancelled, declined, or refused to issue a similar insurance to applicant?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain:							
Has any lawsuit ever been filed or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company, or entities on whose behalf your company has assumed liability?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain:							
Is your company aware of any facts, circumstances, incidents, situations damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) or indirectly involve the company?		<input type="checkbox"/>	<input type="checkbox"/>				
If yes, please explain:							
Is contractor involved in or aware of any claim, action or litigation concerning construction defects regarding either their work or that of a partner or hired sub?		<input type="checkbox"/>	<input type="checkbox"/>				
Does Contractor engage in any operations, involving exterior insulation and finishing systems?		<input type="checkbox"/>	<input type="checkbox"/>				
Does Contractor engage in any operations, either directly or as a subcontractor, involving municipal, state or federal contracts?		<input type="checkbox"/>	<input type="checkbox"/>				
Does Contractor handle, dispose of, or use any chemicals, solvents or any known pollutant in the course of its operations?		<input type="checkbox"/>	<input type="checkbox"/>				
Have you had any pollutions losses?		<input type="checkbox"/>	<input type="checkbox"/>				
Are you interested in Contractors Pollution Liability Coverage?		<input type="checkbox"/>	<input type="checkbox"/>				
Have you ever applied EIFS or Synthetic Stucco?		<input type="checkbox"/>	<input type="checkbox"/>				
Have you subbed out the application of EIFS or Synthetic Stucco?		<input type="checkbox"/>	<input type="checkbox"/>				
Do you provide written warranties for you work?		<input type="checkbox"/>	<input type="checkbox"/>				

PRIOR CARRIER INFORMATION (List last 5 years)

	YEAR ___	YEAR ___	YEAR ___	YEAR ___	YEAR ___
GENERAL LIABILITY					
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
Sir or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORKERS COMPENSATION				
Carrier				
Policy no.				
Premium				
Sir or Deductible				

Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? YES NO
 NO
 If yes, please explain: _____

Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? YES NO
 NO
 If yes, please explain: _____

CLAIMS HISTORY

Current plus last five years (currently valued hard copy loss runs)

Total aggregates losses, including defense costs:

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Ind	Exp	Ind	Exp	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you? YES NO
 NO
 If yes, give details: _____

Please attach workers compensation loss runs including previous five years.

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 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.

NOTICE 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 or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

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: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.