

# Contractors Liability Supplemental Application



Applicant Name:

Agent Name:

Address:

Mailing Address:

**PROPOSED EFFECTIVE DATE:**

From:

To:

(12:01A.M., Standard Time at the address of the Applicant)

Applicant's website address:

Applicant is:  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Corp.  Other (Specify)

1. Year Business was founded:                  Years of experience in trade:                  Licensed?  Y  N

Kind of License and No.:                  Year licensed issued:

2. List all business names which you have used in the past:

States in which you are licensed to do business:

3. Describe all your operations in detail:

4. Percent of your operations: General Contractor      %      Subcontractor      %

Owner Builder      %      Developer      %      Consultant      %      Project Manager      %

# of Active Owners and Officers:

5. Estimates for the next 12 months:

Employee Payroll \$                  Subcontractor Cost \$                  Gross Sales \$

1<sup>st</sup> Prior Year                  Employee Payroll \$                  Subcontractor Cost \$                  Gross Sales \$

2<sup>nd</sup> Prior Year                  Employee Payroll \$                  Subcontractor Cost \$                  Gross Sales \$

3<sup>rd</sup> Prior Year                  Employee Payroll \$                  Subcontractor Cost \$                  Gross Sales \$

4<sup>th</sup> Prior Year                  Employee Payroll \$                  Subcontractor Cost \$                  Gross Sales \$

### NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# Contractors Liability Supplemental Application



6. Indicate the percentage of construction work performed by you:

New Construction	%	Commercial Projects	%	Inside Work	%
Structural Remodeling	%	Industrial Projects	%	Outside Work	%
Non-Structural Remodeling	%	Residential/Habitational	%		
Repair /Service	%	Petro/Chemical Refineries	%		
		Airport Projects	%		
		Hospital Projects	%		
Other	%	Other	%		
<b>Total</b>	<u>100%</u>	<b>Total</b>	<u>100%</u>	<b>Total</b>	<u>100%</u>

7. Describe your **largest projects** that you have performed during the past five years, including cost:

## TRADES PERFORMED BY APPLICANT OR SUBCONTRACTOR

8. Indicate the anticipated percentage of construction work over the next twelve months to be performed by you using percentage of your total payroll under "Direct" and percentage of your total subcontract costs under "Subbed" as the basis":

	<u>Direct</u>	<u>Subbed</u>		<u>Direct</u>	<u>Subbed</u>
Blasting	%	%	Mechanical	%	%
Boilers	%	%	Painting	%	%
Carpentry	%	%	Plastering	%	%
Concrete	%	%	Plumbing	%	%
Demolition	%	%	Roofing	%	%
Drilling	%	%	Seismic Retro-Fitting	%	%
Earthquake Repair	%	%	Sewer	%	%
Electrical	%	%	Steel (Structural)	%	%
Elevator/Escalator	%	%	Steel (Ornamental)	%	%
Environmental	%	%	Street/Road	%	%
Excavation	%	%	Stucco &/or EFIS	%	%
Grading	%	%	Supervisory Only	%	%
Insulation	%	%	Swimming Pool Constr.	%	%
LPG Work	%	%	Traffic Signals	%	%
Maintenance	%	%	Water/Gas Mains	%	%
Masonry	%	%	Welding	%	%

### NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# Contractors Liability Supplemental Application



9. Are certificates of insurance obtained from subcontractors  Yes  No

Minimum Limits Required \$

10. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor  Yes  No If no, explain when not required:

11. Are you named as an additional insured on all subcontractors' policies  Yes  No

12. Are any additional insureds to be added to your policy  Yes  No Explain:

13. Indicate % of work performed in:

New Construction	%	Remodeling	%	Repair	%
Commercial	%	Industrial	%	Residential Tract Subdivision	%
Spec Homes	%	Custom Homes	%	Townhouses	%
Condominiums	%	Other	%	- Explain	

14. Applicant is a (% of each):

General Contractor	%	Subcontractor	%	Developer	%
Owner/Builder	%	Construction Mgr./Consultant	%		

15. What is the minimum number of buildings (or projects) you have helped construct, remodel or repair in one year?

Total Residential	Residential in any single housing development	Commercial
-------------------	---	------------

How many do you plan to construct, remodel or repair in the next twelve months?

Total Residential	Residential in any single housing development	Commercial
-------------------	---	------------

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

## Contractors Liability Supplemental Application



### Critical Operations Performed By You or on Your Behalf

16. Do you now or have you in the past, or do you plan in the future, to supervise, subcontract out or perform any of the following:

	By Me	By Subs	None		By Me	By Subs	None
Airport or strip work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead abatement or paint removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural/design engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LPG work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical or industrial life support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Installation or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil refinery or pipeline work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridge construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overpass construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caisson work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Railroad work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete tilt-up construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sam or reservoir work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco or EFIS work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire proofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic control construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# Contractors Liability Supplemental Application



Fire sprinkler work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground tank work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas line, main or pump work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway or road construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilities work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial machinery or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "By Me" or "By Subs" responses:

17. Do you do framing jobs  Yes  No If yes, how many homes per year
18. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums, Townhouses or Apartment Buildings  Yes  No
- If yes, maximum number built during any 12-month period during the last five years"
- |                   |        |            |                     |
|-------------------|--------|------------|---------------------|
| Residential Homes | Condos | Townhouses | Apartment Buildings |
|-------------------|--------|------------|---------------------|
19. Any work performed above three stories in height  Yes  No Maximum # of stories
20. Any work performed below grade  Yes  No Maximum depth      ft.;      % of total work
21. Do you have a formal safety program in operation  Yes  No
- Please explain or provide a copy
22. Have you ever built or do you intend to build on hillsides, slopes, landfills or in subsidence areas
- Yes  No If yes, explain
- Percent of grade      ft. Prior testing (geological, topical)  Yes  No If yes Explain

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# Contractors Liability Supplemental Application



23. Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit  Yes  No

If yes, provide details:

Date of Loss   Description of Loss   Amount Paid   Amount Reserved   Claim Status (Open or Closed)

If more than one loss of this type – describe:

24. Have any events occurred prior to the proposed effective date that may result in a claim  
 Yes  No If yes, explain
25. Do you own any Vacant Land (Raw land with no development of improvement activity, held only for investment or possible development more than 12 months in the future? No buildings on property?)  Yes  No

If yes, is property zoned?  Residential  Commercial/Retail  Industrial  Other

If zoned residential, provide location descriptions and number of lots at each development:

# of Acres                                      # of Lots                                      Location description

## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# Contractors Liability Supplemental Application



26. Do you own any real estate development property (Land with improvements-streets, roads, utilities, etc. completed or under construction)  Yes  No

If yes, is property zoned?  Residential  Commercial/Retail  Industrial  Other

If zoned residential, provide location descriptions and number of lots at each development:

# of Acres

# of Lots

Location description

27. Any underground storage tanks  Yes  No If yes, when inspected and by whom?

28. Any employees working under:

U.S. Longshoremen's and Harborworkers' Act

Jones Maritime Act

If checked above, what percent of payroll % Give city and State

29. Have you ever been named in litigation alleging faulty construction, construction defects or mold?

Yes  No If yes, in which state Describe nature and date of work, amount paid and reserved

30. Are any of the entities named in the application involved in any other business besides building contracting  Yes  No Of no, explain

31. List the states in which you currently or plan to operate or in which you have a contractor's license

## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# Contractors Liability Supplemental Application



32. Have you ever done any work in AZ, CA, CO, NV, OR, TX or WA  Yes  No  
 If yes, give years worked there and type of work done
33. Do you hold other person's property for service, storage, or repair  Yes  No
34. Does applicant have Workers' Compensation coverage in force  Yes  No
35. Does applicant lease employees  Yes  No
36. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant  Yes  No If yes, explain

### Prior Carrier Information

	Year	Year	Year	Year	Year
<b>Carrier</b>					
<b>Policy #</b>					
<b>Total Premium</b>					

### Loss History – Five Year Period

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

#### NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.



# Contractors Liability Supplemental Application



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 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 Signature & Date

---

---

---

Producer Signature & Date

---

Producer Name & Address

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

---

## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.