

Contractors Application for Insurance

I. GENERAL INFORMATION

Named Insured(s): _____

Mailing Address: _____

Contact Name & Phone Number: _____

Number of Years in Business _____ Proposed Effective Date _____

Organizational Type: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ LLC

If you are seeking coverage on a Project Basis (meaning covering one construction project for the duration of the project), skip to sections III and IV below:

II. DETAILS OF OPERATIONS

Fill in the percentage of your operations that falls into each category:

a) Commercial Construction _____ Residential Construction _____ *Must be equal to 100%*

a) New Construction _____ Renovation/Repairs _____ *Must be equal to 100%*

What are your States of Operations? _____

Describe your operations, (i.e. home builder, street and road contractor, etc.) If more than one operation, describe all:

Is any of your work performed at more than 2 stories in height? If so, describe:

Total Receipts for the upcoming policy year: _____ Total Cost of Subcontractors, (meaning the Cost of Hire:) _____

Total Payroll by General Liability Class	
Class	Payroll

Provide Historical Receipts, Cost of Subcontractors and payroll for the last five years beginning with the current year:

Year	Total Receipts Total	Cost of Subs	Total Payroll

List your Current Jobs, (or provide via an attachment): _____

III. LOST HISTORY

By Attachment, provide carrier Loss Runs for the current year plus 5-prior. (The information should include the Total Incurred, Number of Claims, Loss Valuation Date and Carrier for each year):

Provide a Description of any Losses over \$25,000: _____

IV. PROJECT COVERAGE

Disregard this section unless you are looking for coverage on a project basis, meaning covering only one or two projects.

	# of Units	#	# of Buildings	# of Stories	Construction Type (Wood frame, concrete, etc.)
Condo/Co-op. Units/Town Homes	_____	_____	_____	_____	_____
Single Family Homes	_____	_____	_____	_____	_____
Apartments	_____	_____	_____	_____	_____
Other (Please describe the Project):	_____	_____	_____	_____	_____

Does the project involve adding additions/floors to existing buildings? If yes, describe: _____

Address/Location of Project: _____

Named Insured role, (owner/developer, GC, etc.): _____

Total Project Cost (cost of all labor, subcontractors, material, equipment). Include copy of project budget: \$ _____

Total Subcontractor Costs: \$ _____ Project Payroll: \$ _____

Project Receipts/Sales Price: \$ _____ Project Length/Term: _____

Is there any demotion? If so, describe: _____

What is the adjacent property exposure, including how much room to adjacent structures? _____

Has work already begun? If so, describe extent of completed work: _____

What is the Named Insured's experience with other projects, including any similar projects? _____

What limits, including Umbrella, will the G.C. carry? _____

V. SUBCONTRACTOR AND CONTRACTUAL CONTROLS

Do you hire subcontractors? ☐ Yes ☐ No If yes, please answer the following questions:

Do you require written contractual agreements from all subcontractors? _____

If yes, do you use the same basic wording for all contracts, or do they vary? ☐ Yes ☐ No

If they vary, please describe: _____

Please forward a copy of your current subcontractor contracts.

Does the contractor require the following:

Broad Hold Harmless in your favor? ☐ Yes ☐ No

Additional Insured Status in your favor? ☐ Yes ☐ No

Primary/Non-Contributory wording in your favor? ☐ Yes ☐ No

What limits of General Liability Coverage, if any, do you require from your subs? _____

Do you require that your subs carry Umbrella Limits? ☐ Yes ☐ No If so, what limits? _____

Do you require Certificates of Insurance evidencing GL coverage from your Subs? ☐ Yes ☐ No

If yes, do you require that the certificates include additional insured wording in your favor? _____

Describe your procedures for monitoring and tracking subcontractor contracts and certificates: _____

How many years do you retain Contracts & Certificates? _____

NOTICE TO APPLICANT, PLEASE READ CAREFULLY: THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY. APPLICANT HEREBY AUTHORIZES THEIR RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

Signature of Applicant: _____

Date: _____

Name and Title: _____

Date: _____

Signature of Producer: _____

Date: _____

Name and Title: _____

Date: _____