



Arch Insurance Group

Application For Insurance Residential Subcontractors & Residential General Contractors

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

Effective Date: _____
Expiring CGL carrier, premium, Ded/SIR amt: _____
Expiring Limits: Occ \$ _____ Gen Agg \$ _____ Prod Agg \$ _____
Insured's Loss Control Contact: name & phone number: _____
Insured's Audit Contact: name & phone number: _____

1. Name (s) of Applicant to be covered:

Address: _____

Contractors License #: _____

Description of Operations _____

The year(s) business started of entities seeking coverage: _____

*If this is a new operation, please provide details on prior experience of owners:

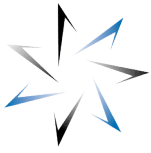
2. What percentage of your work is: (each line must add to 100%)

• **For Subcontractors & General Contractors/Developers** – work you have started (and planned work) but not yet completed where you expect to close escrow or change title (sold) over the next 1 year period of insurance coverage:

a. Residential: _____%*	Industrial: _____%	Commercial: _____%
b. New Construction: _____%	Remodel/Repair (non structural) _____%	Remodel/Repair (Structural) _____%

*** Please provide a specific breakdown of any residential work to be performed as follows:**

Must total down to 100%		Must total across to 100%		
Single Family _____	_____ %	New Construction _____%	Repair/Remodel _____%	# Homes _____
Custom Homes _____	_____ %	New Construction _____%	Repair/Remodel _____%	# Homes _____
Tract Homes _____	_____ %	New Construction _____%	Repair/Remodel _____%	Condo/T.H./# Units _____
Condos _____	_____ %	New Construction _____%	Repair/Remodel _____%	# Apt. Units _____
Townhouses _____	_____ %			
Apartments _____	_____ %			



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3. What percentage of your work is as a: General Contractor: ____% Subcontractor: ____%

4. Do you use subcontractors? Yes No - If yes, complete the following:

a. Percentage of your work subcontracted out: ____% Annual costs \$ _____

List the trades of the subcontractors you use and give the percentage of work they perform (must total 100%):

_____	____%	_____	____%	_____	____%
_____	____%	_____	____%	_____	____%
_____	____%	_____	____%	_____	____%
_____	____%	_____	____%	_____	____%

Do you collect certificates showing proof of Commercial General Liability insurance covering residential construction from all subcontractors? Yes No

If yes, what limits are required? Occ \$ _____ Gen Agg \$ _____ Prod Agg \$ _____

Do you require higher limits on certain subcontractors? Yes No

If yes, please list the types of subcontractors?

If yes, what higher limits are required? Occ \$ _____ Gen Agg \$ _____ Prod Agg \$ _____

- a. Do you have a standard formal written contract with Subcontractors? Yes No
- b. Does your contract with subcontractors include a hold harmless favoring you? Yes No
- c. Do you require all subcontractors to name you as an additional insured with coverage for products-completed operations? Yes No

d. Do you require Waiver of Subrogation endorsement on CGL and W.C.? Yes No

e. How long do you maintain records of the above documents? _____

f. Describe diary system for certificates of insurance from your subcontractors:

5. Please advise state(s) where work is performed: _____

6. Gross receipts for the next 12 months and for the past 4 years (excluding work performed under OCIP programs):

Next 12 months \$ _____ last year \$ _____ 2nd year prior \$ _____

3rd year prior \$ _____ 4th year prior \$ _____

7. Total Workers Compensation Payroll (excluding clerical, sales messengers and OCIP projects).

Next 12 months \$ _____ last year \$ _____ 2nd year prior \$ _____

8. Describe your five largest projects over the past five years, including values:

	General Contractor	Location	Value	Description (including # of units)
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	



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9. Describe your two largest projects currently underway or planned for the next year, including values:

	General Contractor	Location	Value	Description (including # of units)
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

Dollar value of average job completed (including all materials, labor, and equipment): \$ _____

10. For Subcontractors, please list the names of the residential general contractors or residential developers that you will do work for over the next year (do not include OCIP programs):

11. a. How many new homes will you build as a general contractor in the next year? _____

b. What is the greatest number of new homes you have built in any one year? _____

12. Do any prior operations differ substantially in nature from current operations? Yes No
Please explain:

13. Note: the following question applies to be work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.):

Will you perform any work involving or related to **CONSTRUCTION**, on or about the premises of:

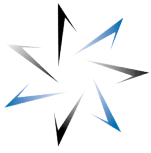
a. Condominiums or townhouses: Yes No

b. Apartments: Yes No

c. Tracts, PUD's, or any other development, premises or project where you will perform work on more than 100 homes. Yes No

(If yes on 13.c, please provide details (including the names of the general contractors, number of homes per annual period, number of homes per location/tract you will do work for).

Name of General Contractor	# Homes annual basis	# Homes per tract/location	City/State of tract/location



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Will you perform work to be done involving or related to **REPAIR**, on or about the premises of:

- a. Condominiums or townhouses Yes No
- b. Apartments Yes No
- c. Tracts, PUD's , or any other development, premises
or project with more than 100 homes built or planned: Yes No

14. Will you perform work on hillsides, hilltops, slopes, cliffs or landfill? Yes No

If yes, maximum degree of slope: _____

If yes, please describe:

15. Will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

If yes, please describe:

If retaining walls have been or will be built, maximum height: _____ ft.

16. Will you perform work above two stories in height (other than interior remodeling)? Yes No

If so, what percentage? _____% Maximum height: _____ ft.

17. Will you perform any work below ground level? Yes No

If so, what percentage? _____% Maximum depth: _____ ft.

18. Will you build, remove, repair or replace roofs? Yes No

If yes, please describe, and indicate % of hot tar work (if any):

19. Will you work as a construction manager on a fee basis? Yes No

Have you or will you supervise subcontractors whose payments are run through another entity? Yes No

If yes, please describe:

20. In the past 3 years, have you been fired or replaced on a job in progress? Yes No

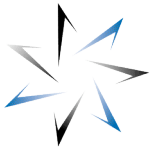
In the past 3 years have you replaced another contractor on a job in progress? Yes No

If yes, please provide details:

21. **Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below:**

- a. Have there been any losses, claims or suits against you in the past 5 years? Yes No
- b. Are there any claims or legal actions pending against any of the entities named in the application? Yes No
- c. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any such entity? Yes No
- d. Have you been accused of faulty construction in the past 5 years? Yes No
- e. Have you been accused of breaching a contract in the past 5 years? Yes No

If yes, please provide details:



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22. For each of the following activities, check:

Yes: if the activity has or will be performed, subcontracted, or supervised by applicant.

No: if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

	Yes	No
a. Demolition	<input type="checkbox"/>	<input type="checkbox"/>
b. Seismic Retrofitting	<input type="checkbox"/>	<input type="checkbox"/>
c. Swimming Pool Construction	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of Cranes	<input type="checkbox"/>	<input type="checkbox"/>
e. Rental of Equipment to others	<input type="checkbox"/>	<input type="checkbox"/>
f. Asbestos or Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>
g. Environmental Cleanup	<input type="checkbox"/>	<input type="checkbox"/>
h. EIFS (Exterior Insulation and Finishing System) Work	<input type="checkbox"/>	<input type="checkbox"/>
i. Railroads	<input type="checkbox"/>	<input type="checkbox"/>
j. Flashing	<input type="checkbox"/>	<input type="checkbox"/>
k. Chimney	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers to Question 21 and state whether performed by insured or subcontracted:

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 THE 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 _____ Date: _____

Name and Title: _____

Signature of _____ Date: _____

Name and Title: _____