



## CONTRACTORS APPLICATION

### Instructions

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please carefully read the statement at the end of this application.

### Applicant

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Contractors License Number: \_\_\_\_\_ States in which you are licensed: \_\_\_\_\_
4. Contact Information for surveys and inspections (name & phone): \_\_\_\_\_
5. Contact Information for audits (name & phone): \_\_\_\_\_
6. Does your business maintain a web site?  Yes  No  
If yes, please list the web address: \_\_\_\_\_
7. How long has the Applicant been in business? \_\_\_\_\_
8. During the past five years has the name of the applicant changed or has any other business been purchased or have any mergers or consolidations taken place? (please check):  Yes  No  
  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Corporation  Proprietorship  Partnership  Other  \_\_\_\_\_
10. Has any insurer ever cancelled, restricted or refused to renew your liability insurance? Yes  No   
  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account History**

Account History for each of the past five (5) years plus the estimate for the next twelve (12) months:

| <b>Policy Period</b>        | <b>Sales</b> | <b>Payroll</b> | <b>Subcontracted Costs</b> | <b>Carriers</b> | <b>Premium</b> | <b>SIR/DED Amount</b> |
|-----------------------------|--------------|----------------|----------------------------|-----------------|----------------|-----------------------|
| <b>Next Year</b>            |              |                |                            |                 |                |                       |
| <b>Last Year</b>            |              |                |                            |                 |                |                       |
| <b>2<sup>nd</sup> Prior</b> |              |                |                            |                 |                |                       |
| <b>3<sup>rd</sup> Prior</b> |              |                |                            |                 |                |                       |
| <b>4<sup>th</sup> Prior</b> |              |                |                            |                 |                |                       |
| <b>5<sup>th</sup> Prior</b> |              |                |                            |                 |                |                       |

**Claims History**

1. Five years or more (attach hard copy loss runs), total aggregate losses, from first dollar, including expenses.

| <b>Carrier</b> | <b>Term</b> | <b># of Claims</b> | <b>Indemnity Paid</b> | <b>Expenses Paid</b> | <b>Indemnity Reserved</b> | <b>Expenses Reserved</b> | <b>Total Incurred</b> |
|----------------|-------------|--------------------|-----------------------|----------------------|---------------------------|--------------------------|-----------------------|
|                |             |                    |                       |                      |                           |                          |                       |
|                |             |                    |                       |                      |                           |                          |                       |
|                |             |                    |                       |                      |                           |                          |                       |
|                |             |                    |                       |                      |                           |                          |                       |

2. Please provide details below on individual losses greater than \$10,000.

3. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage will be sought?      Yes [ ] No [ ]

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever been involved or named in any class action, multi-claimant or multi-district litigation lawsuit?      Yes [ ] No [ ]

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever been accused of faulty construction in the past 5 years?      Yes [ ] No [ ]

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Operation Details**

1. Percent of operations: General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_%  
Construction Manager \_\_\_\_\_% Developer \_\_\_\_\_%

2. Describe all operations, in detail:

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3. Do you use Subcontractors? Yes [ ] No [ ] If yes, please complete the following:

- A. Percentage of subcontracted work: \_\_\_\_\_%
- B. Annual subcontracting cost (including all labor and materials) \$\_\_\_\_\_

4. Do you collect certificates from all subcontractors? Yes [ ] No [ ]

- A. What limit is required from these subcontractors? \$\_\_\_\_\_
- B. Does applicant require Additional Insured with primary & non-contributing wording including products-completed ops?  
Yes [ ] No [ ]
- C. Do all subcontractors hold applicant harmless by written agreement? Yes [ ] No [ ]

5. Indicate the percentage of construction work performed by you: (Must Total 100%)

|                    |        |                   |        |
|--------------------|--------|-------------------|--------|
| <u>Residential</u> | _____% | <u>Commercial</u> | _____% |
| New Construction   | _____% | New Construction  | _____% |
| Remodeling/Repair  | _____% | Remodeling/Repair | _____% |
| OTHER              | _____% |                   | _____% |

**Residential Operations(if applicable)**

1. Have you ever participated in or will you ever participate in the new construction or repair/remodel of any of the following?

| <u>Residential:</u> |                | Percent of Revenue |                       |
|---------------------|----------------|--------------------|-----------------------|
| Apartments          | [ ] Yes [ ] No | _____              | If yes, explain _____ |
| Condominiums        | [ ] Yes [ ] No | _____              | If yes, explain _____ |
| Townhomes           | [ ] Yes [ ] No | _____              | If yes, explain _____ |
| Tract Homes         | [ ] Yes [ ] No | _____              | If yes, explain _____ |
| Speculative Homes   | [ ] Yes [ ] No | _____              | If yes, explain _____ |
| Custom Homes        | [ ] Yes [ ] No | _____              | If yes, explain _____ |

Have you ever participated in or will you ever participate in the conversion of buildings into condominiums?  
[ ] Yes [ ] No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please fill in the appropriate amount in each applicable space:

|  | <u>Employee Payroll</u> | <u>Subcontractor Cost</u><br>(labor plus materials) |
|--|-------------------------|---|
| Alarm System Installation                | \$ _____                | \$ _____  |
| Blasting                                 | \$ _____                | \$ _____  |
| Boiler Inspection, Installation,         | \$ _____                | \$ _____  |
| Cleaning or Repair                       |                         |   |
| Bridge/Elevated Highway Construction     | \$ _____                | \$ _____  |
| Carpentry – Residential                  | \$ _____                | \$ _____  |
| Carpentry – Interior                     | \$ _____                | \$ _____  |
| Carpentry – Framing                      | \$ _____                | \$ _____  |
| Concrete – Driveway, Sidewalk or Parking | \$ _____                | \$ _____  |
| Concrete – Flat Work                     | \$ _____                | \$ _____  |
| Debris Removal                           | \$ _____                | \$ _____  |
| Drywall/Wallboard Installation           | \$ _____                | \$ _____  |
| Electrical Work – Within buildings       | \$ _____                | \$ _____  |
| Electrical Work – Other _____            | \$ _____                | \$ _____  |
| Excavation                               | \$ _____                | \$ _____  |
| Executive Supervision                    | \$ _____                | \$ _____  |
| Exterior Insulation Finishing System     | \$ _____                | \$ _____  |
| Fire Suppression System Installation     | \$ _____                | \$ _____  |
| Insulation                               | \$ _____                | \$ _____  |
| Gas Main Construction                    | \$ _____                | \$ _____  |
| Grading of Land                          | \$ _____                | \$ _____  |
| Masonry                                  | \$ _____                | \$ _____  |
| Metal Erection – Non-Structural          | \$ _____                | \$ _____  |
| Metal Erection – Structural              | \$ _____                | \$ _____  |
| Painting – Interior                      | \$ _____                | \$ _____  |
| Painting – Exterior                      | \$ _____                | \$ _____  |
| Pile Driving                             | \$ _____                | \$ _____  |
| Plastering/Stucco                        | \$ _____                | \$ _____  |
| Plumbing – Residential                   | \$ _____                | \$ _____  |
| Plumbing – Commercial                    | \$ _____                | \$ _____  |
| Prefabricated Building Erection          | \$ _____                | \$ _____  |
| Restoration (describe) _____             | \$ _____                | \$ _____  |
| Roofing – Residential                    | \$ _____                | \$ _____  |
| Roofing – Commercial                     | \$ _____                | \$ _____  |
| Sewer Main Construction                  | \$ _____                | \$ _____  |
| Snow Removal                             | \$ _____                | \$ _____  |
| Street or Road Construction              | \$ _____                | \$ _____  |
| Street or Road Paving/Repaving           | \$ _____                | \$ _____  |
| Underpinning                             | \$ _____                | \$ _____  |
| Water Main Construction                  | \$ _____                | \$ _____  |
| Waterproofing – trowel, exterior         | \$ _____                | \$ _____  |
| Waterproofing – pressure apparatus       | \$ _____                | \$ _____  |
| Wrecking of Buildings/Structures         | \$ _____                | \$ _____  |
| Other (describe) _____                   | \$ _____                | \$ _____  |
| <b>Totals:</b>                           | \$ _____                | \$ _____  |

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

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8. List current projects currently underway or planned for the next year, including values:

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9. Have you allowed or will you allow your license to be used by any contractor for a project on which you have worked? Yes  No

A. Has any other licensing authority taken any action against you? Yes  No

10. Have you built or will you build on hillsides, terraces, landfills or subsidence areas? Yes  No   
If yes, please explain: \_\_\_\_\_

11. Do you use scaffolding? Yes  No   
If yes, please explain: \_\_\_\_\_

12. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? Yes  No   
If yes, please explain: \_\_\_\_\_

13. Have you been involved or will you or your subcontractors perform EIFS work? Yes  No   
If yes, please explain: \_\_\_\_\_

14. Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories? Yes  No   
If yes, please explain: \_\_\_\_\_

15. Do you perform work above two stories in height? (other than interior remodel) Yes  No   
If yes, what percentage? \_\_\_\_\_% Maximum Height? \_\_\_\_\_  
Please describe: \_\_\_\_\_

16. Do you perform any work at Airports? Yes  No   
If yes, please explain: \_\_\_\_\_

17. Do you own, rent or subcontract any cranes? Yes  No   
If yes, please explain: \_\_\_\_\_

18. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? Yes  No   
If yes, please explain: \_\_\_\_\_

19. Have you been involved in the removal or work on fuel tanks or pipelines? Yes  No   
If yes, please explain: \_\_\_\_\_

20. Do you perform any Mold Remediation Work? Yes  No   
If yes, please explain: \_\_\_\_\_

21. Do any of your subcontractors perform Mold Remediation Work? Yes  No   
 A. If yes, is coverage in place? Yes  No   
 B. Name of Carrier? \_\_\_\_\_
22. Have you performed or will you or your subcontractors perform any work below grade? Yes  No   
 Maximum Depth: \_\_\_\_\_ % of operations: \_\_\_\_\_
23. Any shoring, underpinning, cofferdam or caisson work? Yes  No   
 If yes, please explain: \_\_\_\_\_
24. Have you worked or will you or your employees work under USL&H, Harbors Workers Act of Jones Maritime Act? Yes  No   
 If yes, please explain: \_\_\_\_\_

**Risk Controls**

1. Do you have a formal safety program in operation?  Yes  No If yes, please explain or provide a copy: \_\_\_\_\_
2. Indicate the type of security used on a project: Fencing  Lighting  Watchmen  
 Other  \_\_\_\_\_

PLEASE CHECK TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Attach copies of:

- Five years of updated, first dollar, hard copy loss runs
- Latest annual report
- 10K report (if publicly traded)
- Current audited financial statement (or pro forma)
- Copy of sample subcontractor agreement if applicable

Completion of this application creates no obligation upon the applicant to accept insurance or upon Liberty International Underwriters to offer insurance.

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applies for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Brokerage House and Individual Broker: \_\_\_\_\_