



## CONSTRUCTION SERVICES APPLICATION

<b>APPLICANT'S INSTRUCTIONS:</b>				
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.				

<b>Producer:</b>			<b>Producer code:</b>	
<b>Street address:</b>	<b>City/State:</b>	<b>Zip code:</b>	<b>Phone number:</b>	<b>Fax number:</b>
<b>Mailing address:</b>			<b>Email address:</b>	

### APPLICANT INFORMATION

<b>NAME (First Named Insured and other named Insureds):</b>				
<b>Street address:</b>	<b>City / State</b>	<b>Zip code:</b>	<b>Phone number:</b>	<b>Fax number:</b>
<b>Mailing address (of first named insured):</b>			<b>Web address:</b>	
<b>Applicant operates as an:</b>				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):				
<b>Inspection (contact/phone):</b>			<b>Accounting records (contact/phone):</b>	

### COVERAGE REQUESTED

<b>Effective date:</b>		<b>Expiration date:</b>	
<b>Limits of Insurance:</b>			
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): .....	\$	_____	Per Claim
Deductible (per occurrence or per claim): .....	\$	_____	Per Claim

## COMPANY HISTORY

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

## REVENUES

**Estimated gross annual:**  
 Direct payroll \$ \_\_\_\_\_ Subcontract Costs \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

Prior Years	Direct Payroll	Subcontracted Costs	Gross Receipts
200_	\$ _____	\$ _____	\$ _____
200_	\$ _____	\$ _____	\$ _____
200_	\$ _____	\$ _____	\$ _____

**Indicate the percentage of work completed by this contractor when operating as a:**  
 Prime contractor: \_\_\_\_\_%      General contractor: \_\_\_\_\_%      Subcontractor: \_\_\_\_\_%

**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**

**When hiring subcontractors, does contractor:**

Have a formal written procedure for review of written contracts and subcontractor agreements by outside legal counsel?.....  Yes  No

Require subcontractors to execute a hold harmless agreement? .....  Yes  No

Obtain waivers of subrogation? .....  Yes  No

Require subcontractors to maintain CGL insurance? .....  Yes  No

    If so, what limits are required? ..... \$ \_\_\_\_\_

Require subcontractors to maintain CGL insurance with a per project general aggregate?.....  Yes  No

Require subcontractors to name them as additional insured under their policies of insurance? .....  Yes  No

Require subcontractors to maintain Workers Compensation insurance? .....  Yes  No

Have a formal written procedure for obtaining and maintaining current Certificates of Insurance evidencing compliance by subcontractor with the insurance provisions of the written contract? .....  Yes  No

Have a formal written procedure for maintaining copies of such contracts and certificates for a minimum 10 year period? .....  Yes  No

Rely on a hiring hall, union hall or day labor pool as a source of labor? .....  Yes  No

    If yes, number or % ..... # or % \_\_\_\_\_

Consistently employ the same subcontractors? .....  Yes  No

    If yes, number or % ..... # or % \_\_\_\_\_

**When operating as a subcontractor, does contractor:**

List others as additional Insureds on their policies? .....  Yes  No

Enter hold harmless agreements? .....  Yes  No

Sign waivers of subrogation? .....  Yes  No

Sign or enter subcontracts or performance contracts with GC's? .....  Yes  No

**Over the past twelve months, has contractor participated in any:**

Joint Ventures? .....  Yes  No

Wrap-ups? .....  Yes  No

Construction Management Projects? .....  Yes  No

**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? .....  Yes  No

Part Time Employees? .....  Yes  No

Seasonal Employees? .....  Yes  No

**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? .....  Yes  No

Performance Bonds? .....  Yes  No

Does your office control the Surety portion of this account? .....  Yes  No

Does Contractor engage in any work outside of the U.S.? .....  Yes  No

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? .....  Yes  No  
 Does Contractor lease any equipment from other sources? .....  Yes  No  
 If equipment is leased, is it leased with or without operators? .....  w/ operators  w/o operators

## GENERAL INFORMATION II

Does Contractor ever lease its own equipment to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If equipment is leased, indicate percentage of:    With Operators: _____%    Without Operators: _____%	
Does Contractor ever operate within 50' of a railroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
Removal or work on fuel tanks or pipelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
Has any licensing authority taken any action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Have you / or any subcontractors been involved with blasting operations or hazardous or unusual activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
Have you been involved or will you be involved in the management of the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
Do you work on dams / levees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you have operations other than contracting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are these operations covered by insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you or will you have a written formal safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has / will any of your work involve the construction of, or be for, condominiums, town homes or apartments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the work new construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repair only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any tract homes? (If yes, maximum number of homes in tract: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past five years, has any insurer ever cancelled, declined, or refused to issue a similar insurance to applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Is contractor involved in or aware of any claim, action or litigation concerning construction defects regarding either their work of that of a partner or hired sub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Contractor engage in any operations, involving exterior insulation and finishing systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Contractor engage in any operations, either directly or as a subcontractor, involving municipal, state or federal contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Contractor handle, dispose of, or use any chemicals, solvents or any known pollutant in the course of its operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any pollutions losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in Contractors Pollution Liability Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied EIFS or Synthetic Stucco?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you subbed out the application of EIFS or Synthetic Stucco?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide written warranties for you work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRIOR CARRIER INFORMATION (List last 5 years)**

**GENERAL LIABILITY:**

	YEAR ____	YEAR ____	YEAR ____	YEAR ____	YEAR ____
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

If yes, please explain:

Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? .....  Yes  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
		Indemnity	Expense	Indemnity	Expense	

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

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.**