

Prior Carrier Information

Category	Years:	Years:	Years
Carrier			
Policy Number			
Policy Type	Claims-made <input type="checkbox"/> Occurrence <input type="checkbox"/>	Claims-made <input type="checkbox"/> Occurrence <input type="checkbox"/>	Claims-made <input type="checkbox"/> Occurrence <input type="checkbox"/>
Retrodate	/ /	/ /	/ /
General Liability Limits			
E & O Limits			
Total Premium			

Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years						
<input type="checkbox"/> Check here if none <input type="checkbox"/> See attached loss summary						
Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/Closed

Coverages

<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims-made <input type="checkbox"/> Occurrence	General Liability
	Each Occurrence Limit \$
<input type="checkbox"/> Errors and Omissions <input type="checkbox"/> Claims-made <input type="checkbox"/> Occurrence	Damage to Premises rented to you Limit \$
	Medical Expense Limit \$
	Personal and Advertising Injury Limit \$
Deductible – Per Claim General Liability (PD & BI) \$ Errors & Omissions * \$ *minimum \$1,000 per program	General Aggregate Limit \$
	Products/Completed Operations Agg Limit \$
	Errors and Omissions
	Each Claim \$
Other Coverages	

Schedule of Hazards

Location #	Classification	Class Code	Premium Basis	Territory

General Information Explain all yes answers. Yes No

1. Is the applicant a subsidiary of another entity or does applicant have any subsidiaries?
2. Describe present/prior affiliation with other firms: _____
3. Is a formal safety program in place?
4. Any exposure to flammables, explosives or chemicals?
5. Any policy or coverage declined, cancelled or nonrenewed during prior 3 years?
6. Any past losses/claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?
7. Date of license: _____
8. Years experience in field: _____
9. A. Description of contracting operations: _____
Provide details applicable to specific contracting operations.
- B. Provide a list of 5 largest jobs, including date job completed, type of work and job cost.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
10. Do any prior operations differ substantially in nature from current operations? _____
If "yes", please explain.
11. Payroll: Please provide payroll estimate for next 12 months by ISO classification:
 1. Executive Supervisor = code 91580 _____
 2. Contractors-subcontractors work = code 91583 _____
 3. Contractors-subcontractors work = code 91585 _____
 4. Carpentry = code 91342 _____
 5. Other _____
 6. Other _____

	Yes	No
12. Any past, present or future work performed on hillside terraces: If yes, provide details including degree of slope.	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you work as a construction manager?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you work as a real estate developer?	<input type="checkbox"/>	<input type="checkbox"/>
15. Any past, present or future work on landfill areas or in subsidence areas?	<input type="checkbox"/>	<input type="checkbox"/>
16. Any subsidence or sinkhole related losses in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
17. Any past, present or future construction operations conducted in excess of two stories?	<input type="checkbox"/>	<input type="checkbox"/>
18. Any past, present or future work performed below grade If yes, maximum depth: _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Any past, present or future involvement in the construction of condominiums, town homes, or apartments in excess of 10 units? If yes, provide date of job, type of work performed and job cost.	<input type="checkbox"/>	<input type="checkbox"/>
20. Any past, present or future involvement with Exterior Insulation and Finish Systems (Synthetic Stucco)?	<input type="checkbox"/>	<input type="checkbox"/>
21. What percentage of your work is associated with hot tar roofing work?	[]	[]
22. Do you have any past or present involvement in the building of Tract Housing Developments? (Tract homes defined as 8 or more homes in the same Subdivision.)	[]	[]
23. Have you <u>ever</u> been named in a construction defect suit? If yes, please provide details: - _____ - _____ - _____	[]	[]
24. Average number of homes built/projects completed annually: _____		
25. What percentage of your operations are repair work? _____		
26. What percentage of your operations are conducted as: General Contractor: _____ Subcontractor: _____		
27. What percentage of your receipts are derived from: New construction: _____ Remodeling: _____ Demolition: _____ Commercial: _____ Repair: _____ Industrial: _____ Residential: _____ Institutional: _____		

28. Indicate type of work performed by applicant:

____ % Asbestos removal	____ % Grading	____ % Roofing
____ % Blasting	____ % Insulation	____ % Sheet Metal (shop)
____ % Carpentry (finish)	____ % Janitorial	____ % Sheet Metal/siding (outside)
____ % Carpentry (inside)	____ % Sewer	____ % Landscape/gardening
____ % Concrete	____ % Load Abatement	____ % Steel (structural)
____ % Driveway parking lot paving/repaving	____ % Masonry	____ % Street grading
____ % Drywall/wallboard	____ % Tree trimming	____ % Mold Remediation
____ % Electrical	____ % Painting (interior)	____ % Wrecking/Demolition
____ % Excavation	____ % Painting (exterior)	____ % Paperhanging
____ % Fence erection	____ % Plastering	____ % Floor installation
____ % Plumbing	____ % Gas hook-ups	____ % Heating
____ % Other - _____		

29. Indicate type of work performed by subcontractors, including percentages:

____ % Asbestos removal	____ % Grading	____ % Roofing
____ % Blasting	____ % Insulation	____ % Sheet Metal (shop)
____ % Carpentry (finish)	____ % Janitorial	____ % Sheet Metal/siding (outside)
____ % Carpentry (inside)	____ % Sewer	____ % Landscape/gardening
____ % Concrete	____ % Load Abatement	____ % Steel (structural)
____ % Driveway parking lot paving/repaving	____ % Masonry	____ % Street grading
____ % Drywall/wallboard	____ % Tree trimming	____ % Mold Remediation
____ % Electrical	____ % Painting (interior)	____ % Wrecking/Demolition
____ % Excavation	____ % Painting (exterior)	____ % Paperhanging
____ % Fence erection	____ % Plastering	____ % Floor installation
____ % Plumbing	____ % Gas hook-ups	____ % Heating
____ % Other - _____		

- | | | |
|---|--------------------------|--------------------------|
| 30. If you utilize subcontractors, do you require that they do the following: | Yes | No |
| a. Provide proof of workers comp and liability insurance before they or their employers are allowed on the job site? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Maintain liability insurance with limits equal to or higher than your limits?
If no, what limit do you require? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sign a written contract containing a hold-harmless agreement (favoring you) before they begin work? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide an endorsement on their insurance policy naming you as an additional insured before they begin work? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. How long do you maintain records of the above subcontractors documents? _____ | | |

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of applicant: _____ Title: _____

Date signed: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____