

**Contractors Application For Insurance**

**I. GENERAL INFORMATION:**

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|  Named Insured(s):  |   |
|  Mailing Address: |  |
|  Contact Name & Phone Number: |  |
|  Number of Years in Business: |  |
|  Proposed Effective Date: |  |

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|  **Organizational Type:** |  | **Corporation**  |  | **Partnership** |  | **Joint Venture** |  | **Individual** |  | **LLC** |

 ***If you are seeking coverage on a Project Basis, (meaning covering one particular 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:**

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| * **Commercial Construction**
 |  |  **Residential Construction** |  | **(Must equal 00%)** |
| * **New Construction**
 |  |  **Renovation/Repairs** |  | **(Must equal 100%)** |

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|  **What are your States of Operations?** |  |

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

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

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|  **Total Receipt for the upcoming policy year:** |  |
|  **Total Cost of Subcontractors, (meaning the cost of Hire):** |  |

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**Total Payroll by General Liability Class:**

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| --- | --- |
|  Class |  Payroll |
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**Provide Historical Receipts, Cost of Subcontractors, and payroll for the last five years beginning with the current year:**

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| Year | Total Receipts | Total Cost of Subs | Total Payroll |
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| **List your Current Jobs, (or provide via an attachment):** |  |
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**III. LOSS 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:**

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**IV. PROJECT COVERAGE:**

 ***Disregard this section unless you are looking for coverage on a project basis, meaning***

 ***covering only one or two projects.***

 **Construction Type**

 **# of Units # of Buildings # of Stories** (Wood frame, Concrete, etc.)

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| --- | --- | --- | --- | --- |
| Condo/Co-op, Units/Town Homes |   |   |   |   |
| Single Family Homes |  |  |  |  |
| Apartments |  |  |  |  |

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| Other (Please describe the Project) |   |
| Does the project involve adding additions/floorsTo existing buildings? If yes, describe: |  |
| Address/Location of Project: |  |
| Named Insured’s 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 demolition? If so, describe: |  |
| What is the adjacent property exposure, including howMuch 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:**

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

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| * **Do you require written contractual agreements from all subcontractors?**
 | **Yes** |  |  **No** |  |

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

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| **If they vary, please describe:** |  |
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***Please forward a copy of one of your current subcontractor contracts.***

**Does the contract require the following:**

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| * **Broad Hold Harmless in your favor?**
 | **Yes** |  |  **No** |  |

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| * **Additional Insured Status in your favor?**
 | **Yes** |  |  **No** |  |

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

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| **What Limits of General Liability Coverage, if any, do you require from your sub’s**  |  |

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| **Do you require that your sub’s carry Umbrella Limits?** | **Yes** |  |  **No** |  |

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| * **If so, what Limits?**
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| **Do you require Certificates of Insurance evidencing GL coverage form your Sub’s?** | **Yes** |  |  **No** |  |

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| * **If yes, do you require that certs include add’l Insured wording in your favor?**
 | **Yes** |  |  **No** |  |

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

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| **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 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.***

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| **Signature of Applicant:** |  |  **Date:** |  |

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|  **Name and Title:** |  |

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| **Signature of Producer:** |  |  **Date:** |  |

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|  **Name and Title:** |  |