

Contractors General Liability Application

Applicant Name _____

Agency Name _____

Applicant Address _____

Agency Address _____

Inspection Contact _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

Insp. Contact Phone # _____

12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation
 Limited Liability Company

Partnership Joint Venture
 Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate (other than products/completed operations)	\$ _____
Products & Completed Operations Aggregate	\$ _____
Each Occurrence Limit	\$ _____
Personal & Advertising Injury Limit	\$ _____
Damage to Premises Rented to You (per premises)	\$ _____
Medical Expense (per person)	\$ _____
Bodily Injury/Property Damage Deductible	\$ _____

1. **Year business was founded** _____ Years of experience in trade: _____ Are you licensed? ± Yes ± No
Kind of license and no.: _____ Year license issued: _____

2. **Describe all operations in detail:** _____

3. **List all major projects completed within the past five years, including work in progress and planned projects (list all project names, partnerships, joint ventures, corporations, etc.):**

1. _____
2. _____
3. _____
4. _____
5. _____

4. **Number of Employees** _____

5. **SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases:		Terr.	Rate		Premium	
			(s) Gross Sales (a) Area	(p) Payroll (c) Total Cost (t) Other		Prem/Ops	Products	Prem/Ops	Products

***TOTAL GROSS RECEIPTS FOR UPCOMING YEAR: _____

6. **Account history for prior 5 years:**

	<u>Total Payroll</u>	<u>Total Receipts</u>	<u>Total Subcontracted Cost</u>
1st prior	_____	_____	_____
2nd prior	_____	_____	_____
3rd prior	_____	_____	_____
4th prior	_____	_____	_____
5th prior	_____	_____	_____

SUBCONTRACTOR OPERATIONS PERFORMED FOR APPLICANT

7. **List subcontractor trades used:**

_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %

8. **Are certificates of insurance obtained from subcontractors?** ± Yes ± No

Minimum Limits Required \$ _____

9. **Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?**

± Yes ± No _____ If no, explain when not required: _____

Are you named as an additional insured on the subcontractors' policies? ± Yes ± No

10. **Are any additional insureds to be added to your policy?** ± Yes ± No Explain _____

11. **Indicate % of work performed in:**

New Construction	_____ %	Remodeling	_____ %	Repair	_____ %
Commercial	_____ %	Industrial	_____ %	Residential Tract/ Subdivision*	_____ %
Spec Homes	_____ %	Custom Homes	_____ %	Condo's/Townhouses	_____ %
Other	_____ %				

**Tract Housing is defined as more than 10 homes in any one development

12. Please provide a list of State's the insured will perform work in and the percentage of work for each?

Any work in the State of NY? ___yes ___no If yes, what percentage? _____

13. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums, Townhouses or Apartment Buildings? ± Yes ± No

If yes, maximum number built during any 12-month period during the last five years:

Residential Homes _____ Condo's _____

Apartment Buildings _____ Townhomes _____

14. Any work performed above three stories in height? ± Yes ± No Maximum number of stories: _____

15. Any work performed below grade? ± Yes ± No Maximum depth _____ft. _____% of total work

16. Do you have a formal safety program in operation? ± Yes ± No Please explain and/or provide a copy:

17. Does applicant have Workers' Compensation coverage in force? ± Yes ± No

18. Does applicant lease employees? ± Yes ± No

19. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant? ± Yes ± No

If yes, explain: _____

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any 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.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any 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 subjects such person to criminal and civil penalties.

Applicant Signature & Date

Producer Signature & Date

Producer Name & Address