

11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason. _____

TYPE OF CONTRACTOR

1. Describe your operations. _____

2. Percent of your work performed by or on behalf of the named insured:

a. New Construction _____ % Remodeling* _____ % Repairs _____ % = 100%

b. Outside Building _____ % Inside Building _____ % = 100%

c. Residential _____ % Commercial _____ % Industrial _____ % = 100%

**Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):*

3. Do you specialize in any part of the construction of the following types of buildings? Yes No

- Nursing Homes Condominiums Hotels/Motels
- Day Care Centers Apartments
- Hospitals Multi-family Habitational

If yes, explain. _____

4. What percent of work on a typical project is performed by: You/Your Employees _____ %
 Subcontractors % _____ (Total 100%)
 * If subcontracted amount is over 50%, please refer to our General Contractor SMART Card.

Indicate whether the following types of work are done by your employees or are performed by subcontractors:
 E – Employees/Owners S – Subcontractors N/A – Not Performed

	E	S	N/A		E	S	N/A
Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard Rail Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (describe)							

OPERATIONS

- | | Yes | No |
|--|--|--|
| 1. Do you use cranes in any of your activities?
If yes, are tower cranes used? Length of the boom: _____
Age of the crane: _____ OSHA certified inspection date _____ | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 2. Do you rent or loan machinery or equipment to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you involved in any of the following operations? | | |
| a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dam/Levee Construction | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Blasting | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Shoring or Underpinning | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pile Driving | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Caisson or Cofferdam Work | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Tank Removal or Replacement | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other (describe) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are your subcontractors involved in any of the operations listed in 3.a. above?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you perform work more than three stories in height above grade?
If yes, percentage _____ % Describe. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you perform work below grade?
If yes, percentage _____ % Describe. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is job site security provided at night?
If yes, describe. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?
If yes, explain. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you or have you ever been, involved in the construction of new properties which are located in tract developments having more than fifteen (15) homes, townhomes or condominiums per year, including conversions or single family dwellings, that will be members of a homeowners association?
<i>General Contractors more than 10 units</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you draw any plans or blueprints used in your construction work?
If yes, describe. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, do you carry Professional Liability or Errors and Omissions insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

ROOFING OPERATIONS – For Contractors with Roofing Exposures – If no roofing, skip this section.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 11. Are hot tar kettles roped off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have at least 3 years of experience with hot tar? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. What is the percentage of new roofing? _____ % Repair work? _____ % | | |
| 14. Do you have any incidental welding exposures in your roofing business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you use any unusual processes?
If yes, include name of manufacturer and training in the process.
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

16. CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)

Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost)

17. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

NAME & ADDRESS	INTEREST	ADD'L INSURED
		q
		q

INDEPENDENT CONTRACTORS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you hire subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others: \$ _____ | | |

HISTORY

- Have you been involved in any other business besides contracting? Yes No
If yes, describe. _____
- Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims? Yes No If yes, describe. _____
- Describe any types of project that you have discontinued (i.e. no longer build, incompletd, etc.)

- List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

- List the three largest projects planned for the coming year.

Description	Est. Job Cost	Est. Project Duration

- Average dollar value of a completed project \$ _____

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name and Address

NOTE: Applicant's signature REQUIRED