

Contractors Liability Supplemental Application



Applicant Name:

Agent Name:

Address:

Mailing Address:

PROPOSED EFFECTIVE DATE:

From:

To:

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

Applicant's website address:

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Corp. Other (Specify)

1. Year Business was founded: Years of experience in trade: Licensed? Y N
 Kind of License and No.: Year licensed issued:

2. List all business names which you have used in the past:

States in which you are licensed to do business:

3. Describe all your operations in detail:

4. Percent of your operations: General Contractor % Subcontractor %

Owner Builder % Developer % Consultant % Project Manager %

of Active Owners and Officers:

5. Estimates for the next 12 months:

	Employee Payroll \$	Subcontractor Cost \$	Gross Sales \$
1 st Prior Year	Employee Payroll \$	Subcontractor Cost \$	Gross Sales \$
2 nd Prior Year	Employee Payroll \$	Subcontractor Cost \$	Gross Sales \$
3 rd Prior Year	Employee Payroll \$	Subcontractor Cost \$	Gross Sales \$
4 th Prior Year	Employee Payroll \$	Subcontractor Cost \$	Gross Sales \$

NOTICE OF INSURANCE INFORMATION PRACTICES

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6. Indicate the percentage of construction work performed by you:

New Construction	%	Commercial Projects	%	Inside Work	%
Structural Remodeling	%	Industrial Projects	%	Outside Work	%
Non-Structural Remodeling	%	Residential/Habitational	%		
Repair /Service	%	Petro/Chemical Refineries	%		
		Airport Projects	%		
		Hospital Projects	%		
Other	%	Other	%		
Total	100%	Total	100%	Total	100%

7. Describe your **largest projects** that you have performed during the past five years, including cost:

TRADES PERFORMED BY APPLICANT OR SUBCONTRACTOR

8. Indicate the anticipated percentage of construction work over the next twelve months to be performed by you using percentage of your total payroll under "Direct" and percentage of your total subcontract costs under "Subbed" as the basis":

	<u>Direct</u>	<u>Subbed</u>		<u>Direct</u>	<u>Subbed</u>
Blasting	%	%	Mechanical	%	%
Boilers	%	%	Painting	%	%
Carpentry	%	%	Plastering	%	%
Concrete	%	%	Plumbing	%	%
Demolition	%	%	Roofing	%	%
Drilling	%	%	Seismic Retro-Fitting	%	%
Earthquake Repair	%	%	Sewer	%	%
Electrical	%	%	Steel (Structural)	%	%
Elevator/Escalator	%	%	Steel (Ornamental)	%	%
Environmental	%	%	Street/Road	%	%
Excavation	%	%	Stucco &/or EFIS	%	%
Grading	%	%	Supervisory Only	%	%
Insulation	%	%	Swimming Pool Constr.	%	%
LPG Work	%	%	Traffic Signals	%	%
Maintenance	%	%	Water/Gas Mains	%	%
Masonry	%	%	Welding	%	%

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9. Are certificates of insurance obtained from subcontractors Yes No

Minimum Limits Required \$

10. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor Yes No If no, explain when not required:

11. Are you named as an additional insured on all subcontractors' policies Yes No

12. Are any additional insureds to be added to your policy Yes No Explain:

13. Indicate % of work performed in:

New Construction	%	Remodeling	%	Repair	%
Commercial	%	Industrial	%	Residential Tract Subdivision	%
Spec Homes	%	Custom Homes	%	Townhouses	%
Condominiums	%	Other	%	- Explain	

14. Applicant is a (% of each):

General Contractor	%	Subcontractor	%	Developer	%
Owner/Builder	%	Construction Mgr./Consultant	%		

15. What is the minimum number of buildings (or projects) you have helped construct, remodel or repair in one year?

Total Residential	Residential in any single housing development	Commercial
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How many do you plan to construct, remodel or repair in the next twelve months?

Total Residential	Residential in any single housing development	Commercial
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Critical Operations Performed By You or on Your Behalf

16. Do you now or have you in the past, or do you plan in the future, to supervise, subcontract out or perform any of the following:

	By Me	By Subs	None		By Me	By Subs	None
Airport or strip work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead abatement or paint removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural/design engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LPG work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical or industrial life support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Installation or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil refinery or pipeline work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridge construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overpass construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caisson work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Railroad work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete tilt-up construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sam or reservoir work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco or EFIS work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire proofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic control construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Fire sprinkler work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground tank work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas line, main or pump work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway or road construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilities work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial machinery or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "By Me" or "By Subs" responses:

17. Do you do framing jobs Yes No If yes, how many homes per year
18. 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 | Condos | Townhouses | Apartment Buildings |
|-------------------|--------|------------|---------------------|
19. Any work performed above three stories in height Yes No Maximum # of stories
20. Any work performed below grade Yes No Maximum depth ft.; % of total work
21. Do you have a formal safety program in operation Yes No
- Please explain or provide a copy
22. Have you ever built or do you intend to build on hillsides, slopes, landfills or in subsidence areas
- Yes No If yes, explain
- Percent of grade ft. Prior testing (geological, topical) Yes No If yes Explain

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23. Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit Yes No

If yes, provide details:

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

If more than one loss of this type – describe:

24. Have any events occurred prior to the proposed effective date that may result in a claim
 Yes No If yes, explain
25. Do you own any Vacant Land (Raw land with no development of improvement activity, held only for investment or possible development more than 12 months in the future? No buildings on property?) Yes No

If yes, is property zoned? Residential Commercial/Retail Industrial Other

If zoned residential, provide location descriptions and number of lots at each development:

of Acres # of Lots Location description

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26. Do you own any real estate development property (Land with improvements-streets, roads, utilities, etc. completed or under construction) Yes No

If yes, is property zoned? Residential Commercial/Retail Industrial Other

If zoned residential, provide location descriptions and number of lots at each development:

of Acres

of Lots

Location description

27. Any underground storage tanks Yes No If yes, when inspected and by whom?

28. Any employees working under:

U.S. Longshoremen's and Harborworkers' Act

Jones Maritime Act

If checked above, what percent of payroll % Give city and State

29. Have you ever been named in litigation alleging faulty construction, construction defects or mold?

Yes No If yes, in which state Describe nature and date of work, amount paid and reserved

30. Are any of the entities named in the application involved in any other business besides building contracting Yes No Of no, explain

31. List the states in which you currently or plan to operate or in which you have a contractor's license

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32. Have you ever done any work in AZ, CA, CO, NV, OR, TX or WA Yes No
 If yes, give years worked there and type of work done
33. Do you hold other person's property for service, storage, or repair Yes No
34. Does applicant have Workers' Compensation coverage in force Yes No
35. Does applicant lease employees Yes No
36. 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					
Policy #					
Total Premium					

Loss History – Five Year Period

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

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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 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

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT

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