

10. Do you own vacant land, real estate development property, or model homes? Yes No

If yes, please describe:

11. How many new homes will you build as a general contractor in the next year?

What is the greatest number of new homes you have ever built in any one year?

12. **NOTE:** The following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor supplier, etc.

Have you performed, or will you perform work involving, or related to CONSTRUCTION, on or about the premises of:

	Remodel/Repairs	New Construction
Condominiums, townhouses or lofts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apartments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tracts, planned Unit Developments or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assisted living facilities, retirement homes, military housing, student housing, or any other multi-unit facility intended for permanent habitational occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Do you use subcontractors? Yes No If YES complete the following:

- a. Percentage of work contracted: % Annual costs: \$
(note: costs to include both costs of subcontracted labor and materials)
- b. List the trades of the subcontractors you use and give the percentage of your work they perform:

Trade:	Percent of work:	%
Trade:	Percent of work:	%
Trade:	Percent of work:	%
Trade:	Percent of work:	%
- c. Are Certificates of General Liability and Workers' Compensation Insurance obtained from subcontractors before you allow them on the job site? Yes No
What minimum General liability limit is required? \$
- d. Do you always require subcontractors to name you as an additional insured on their General Liability Insurance? Yes No
- e. Do you have a standard formal written contract with subcontractors? Yes No
If yes, does it have a hold harmless/indemnification agreement in your favor? Yes No
- f. How long do you maintain records of the above documents?
- g. Name and position of Insured's contact person responsible for managing the collection and verification of Additional Insured Endorsements, signed Hold-Harmless agreements and Certificates of insurance received from the subcontractors:

14. Check YES if you will perform supervise or subcontract that activity.

Check NO if you have never performed, supervised or subcontracted that activity and have no plans to do so.

Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Process piping	<input type="checkbox"/> Yes <input type="checkbox"/> No
LPG Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming pool construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seismic retrofitting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridge construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elevator or escalator work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underground tank, removal, repair or installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boiler installation/repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work on gas lines or pumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial machinery repair or installation (millwright work)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos or lead abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of cranes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental cleanup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental of equipment to others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dam or levee work	<input type="checkbox"/> Yes <input type="checkbox"/> No
EIFS work (exterior finish insulation system or similar products)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing – installation or repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Playground equipment install/repair	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Explain any YES answers below and state whether performed by insured or subcontracted.

15. Do you have any prior or planned jobs covered under “wrap-up” or OCIP policies? Yes No

If yes, please explain:

16. Indicate the anticipated percentage of construction work over the next twelve (12) months to be performed by you using percentage of payroll under “Direct” and percentage of contract costs under “Subbed” as the basis:

	Direct	Subbed		Direct	Subbed		Direct	Subbed
Artisan contractor	%	%	Electrical	%	%	Grading	%	%
Blasting	%	%	Excavation	%	%	Plumbing	%	%
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%
Carpentry	%	%	Insulation	%	%	Seismic Retro-Fitting	%	%
Concrete	%	%	Maintenance	%	%	Sewer	%	%
Construction Manager	%	%	Masonry	%	%	Steel (structural)	%	%
Dams or Levees	%	%	Mechanical	%	%	Steel (ornamental)	%	%
Demolition	%	%	Non-structural remodels	%	%	Street/Road	%	%
Developer/Spec builder	%	%	Painting	%	%	Structural remodel/additions	%	%
Drilling	%	%	Plastering	%	%	Supervisory only	%	%
Earthquake Repair	%	%	Excavation	%	%	Water/Gas Mains	%	%
Other: (describe)	%	%						

17. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:

18. List current projects or those scheduled to commence over the next twelve (12) months: (Attach separate sheet if needed)

<u>Location</u>	<u>Type</u>	<u>Start Date</u>	<u>Ending Date</u>	<u>Hard Costs</u>	<u>Soft Costs</u>
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19. Indicate the type of security used on a project: Fencing Lighting Watchmen

20. Have you allowed, are you currently or will you ever allow your license to be used by any other contractor for a project on which you have not worked? Yes No

If yes, please provide details:

Has any licensing authority taken any action against you? Yes No

21. Have you built/are you currently or will you build on hillsides, terraces, landfills or subsidence areas?

Yes No If yes, please explain:

Maximum degree of slope:

22. Have you been involved, are you currently or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes No

If yes, please explain:

23. Has your work involved, does your work currently or will your work involve systems that provide medical and/or industrial life support process piping? Yes No

If yes, please explain:

24. Have you been involved, are you currently or will your subcontractors be involved in any removal or abatement of asbestos, lead, PCB's or other hazardous materials? Yes No

Removal or work on fuel tanks or pipelines? Yes No

25. If you are a roofing contractor or otherwise perform roofing work, what percentage of operations are:

Hot tar: % Foam application: % Torchdown: % Excess four (4) stories: %

26. Have you performed in the past or will your subcontractors perform any work below grade/ground level?

Yes No Maximum Depth: ft. Percent of operations: %

Any shoring, underpinning, cofferdam or caisson work? Yes No

If yes, please describe and explain safety procedures regarding underground utilities:

If retaining walls have been or will be built, maximum height: ft.

27. Do you perform work above two stories in height (other than interior remodeling)? Yes No

If so, what percentage? % Maximum height: ft.

28. Do you or have you performed repairs of fire damage, water damage or mold damage? Yes No

Percentage of operations: % Describe:

29. Have you or will you perform work related to the following: Gas stations, refineries, chemical plants, airports, public utilities, railroads or hospitals? Yes No

If yes, please describe:

30. Have you or will you work as a Construction manager for a fee? Yes No

Have you or will you supervise contractors paid by a different entity? Yes No

If yes, please describe:

31. **Have you worked, are you currently or will any of your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act?** Yes No

32. **Do you have operations other than contracting?** Yes No

Are these operations to be covered by this insurance? Yes No

If yes, please provide details:

33. **If you are a general contractor or developer or employ subcontractors, are certificates of Worker's Compensation and General Liability insurance, hold harmless agreements and signed contracts required of subcontractors prior to being allowed on your job site?** Yes No

What General Liability policy limits do you require of subcontractors?

\$ / per occurrence \$ General Aggregate \$ Products/Completed Operations Aggregate

How many years are records of certificates of insurance and contractual agreements with subcontractors maintained by you? yrs.

Do you require that subcontractors name you as an additional insured on their General Liability insurance? Yes No

34. **Do you or will you have a formal safety program in place?** Yes No

35. **In the past 10 years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract homes subdivisions or master planned residential communities?** Yes No

If yes, please provide details including developer/General Contractor that the work was/is/will be performed for and the location of such work (attach separate sheet if necessary):

36. **In the past three years have you been fired or replaced on a job in progress?** Yes No

If yes, please describe:

37. **Have you been accused of faulty construction in the past five years?** Yes No

Have you been accused of breaching a contract in the past five years? Yes No

If either answer is yes, please explain:

38. **During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company? *(Missouri applicants need not answer this question.)***

Yes No If yes, please explain:

39. **Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors is business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.**

Yes No

If yes, please explain including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed: (attach separate sheet if necessary)

40. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty of defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes No

If yes, please explain including the name(s) and location(s) of the projects where such operation were performed: (attach a separate sheet if necessary)

Signature of Applicant: _____

Title (Officer, Partner): _____

Date: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMIT A FRAUDULANT INSURANCE ACT, WHICH IS A CRIME

NOTICE TO STATE APPLICANTS

ALABAMA: ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ARKANSAS, NEW MEXICO, RHODE ISLAND OR WEST VIRGINIA : ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CONFINEMENT IN PRISON.

COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

KANSAS ANY PERSON WHO COMMITS A FRAUDULENT INSURANCE ACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES AND CONFINEMENT IN PRISON. A FRAUDULENT INSURANCE ACT MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER OR INSURANCE AGENT OR BROKER, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE,

FACSIMILE, MAGNETIC, ORAL OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR INSURANCE, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT UNDER AN INSURANCE POLICY, WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY MATERIAL FACT THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

LOUISIANA: ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CONFINEMENT IN PRISON.

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.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON: 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 MATERIAL FACT, MAY COMMIT A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PENNSYLVANIA: 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE, VIRGINIA OR WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.