

CONTRACTORS GENERAL LIABILITY PROGRAM

(Must be completed with Supplemental Contractors Application)

1) Business name & address: _____

2) Location address(if different): _____

3) Proposed effective date: _____

4) Inspection contact name: _____ Phone: _____

5) Type of business: individual corporation partnership joint venture other: _____

6) Type of work: _____% General contractor _____% Sub-contractor

7) Contractors license number: _____ Type: _____

8) Years in business: _____ Your years of experience: _____

9) Indicate type of construction work performed by insured (must equal 100%):

_____ % Air conditioning/heating	_____ % Floor installation	_____ % Plumbing
_____ % Appliance repair	_____ % Garbage collection	_____ % Roofing
_____ % Blasting	_____ % Gas mains	_____ % Sheet metal (shop)
_____ % Bridge building	_____ % Gas hook-ups	_____ % Sheet metal/sliding (outside)
_____ % Cabinet makers	_____ % Grading	_____ % Sewer
_____ % Carpenter (finish)	_____ % Insulation	_____ % Steel (ornamental)
_____ % Carpentry (framing)	_____ % Janitorial	_____ % Steel (structural)
_____ % Concrete	_____ % Landscape/gardening	_____ % Street cleaning
_____ % Drilling	_____ % Masonry	_____ % Street paving/repaving
_____ % Driveway/parking lot paving/repaving	_____ % Painting (interior)	_____ % Tree Trimming
_____ % Drywall/wallboard	_____ % Painting (exterior)	_____ % Tunneling
_____ % Electrical	_____ % Paper hanging	_____ % Wrecking/demolition
_____ % Excavation	_____ % Plastering	_____ % Window cleaning
_____ % Fence erection	_____ % Other _____	

10) Indicate percentage of work performed in:

- a) _____% New construction _____% Remodeling _____% Demolition _____% Repair = 100%
b) _____% Commercial _____% Industrial _____% Residential _____% Institutional = 100%
c) _____% Inside building _____% Outside building _____% Other _____ = 100%

11) Is any work done involving systems that provide: Medical &/or industrial life support yes no
Process piping yes no Dams/levees yes no

12) Does the insured currently, or in the past, build on hillsides, slopes, landfills, or in subsidence areas? yes
 no If yes, explain: _____

a) Degree of slope? _____

13) Any use of scaffolding? yes no If so, are others allowed to use? yes no

14) Does any work include seismic retro fitting? yes no

15) Any use of cranes? yes no If yes, please describe: _____

16) Does the insured have model homes? yes no Location: _____

17) Describe any premises/operations outside of the realm of 'contracting': _____

18) Describe type of work done for commercial, industrial, and/or institutional: _____

19) Does insured perform any work above three stories in height from grade? yes no If yes, give percentage of total work _____%

20) Does insured perform any work below grade? yes no Maximum depth _____ ft Percentage of total work _____%

21) Describe current job: _____

22) Dollar value of average job completed: _____

23) In regards to exterior painting, what precautions are taken to prevent property damage by over spray? _____

24) Any work involving gas? yes no Any work involving LPG? yes no

25) In regards to concrete work, indicate percent of work for each: _____% Slabs & foundations
_____% Flat work _____% Caissons _____% Footings _____% Pumping

26) In regards to remodeling work, any room additions or structural alterations? yes no

27) Does applicant act as general contractor in the construction of buildings? yes no

28) Do you have any prior or planned jobs covered under "wrap-up" or OCIP policies? yes no
Please explain: _____

29) Does insured lease any equipment to others? yes no If yes, frequency? _____
Operators provided? yes no Type of equipment leased: _____

30) Previous liability insurance coverage:

Carrier	Policy Number	Premium	Date Expired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

31) Liability Losses:

Date of Loss	Description	Amount Paid/Reserved	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach more pages, if needed)

32) Have you had any coverage cancelled or non-renewed over the past three years? yes no If yes, explain when & why: _____

33) Payrolls for active owners: _____ (number of active owners x \$33,600 each-exclude clerical)

34) Employees (i.e.: trades, clean-up laborers, or supervisors - excluding owners):

Trade Type	Number of Employees	Estimated Amount of Yearly Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____

35) Gross receipts: (Total of contracts and/or construction costs)

Projected for coming year: _____ Current year: _____ Prior year: _____

36) Are subcontractors used? yes no

a) Cost of sub-contracted work: _____ (Estimate of time & materials for sub-contractors)

b) List subcontractors trades being used:

c) Are certificates of insurance obtained from subcontractors? yes no

d) Are subcontractors required to name the applicant as an additional insured? yes no

e) Limits of liability subcontractors must carry: \$ _____

37) Limits of coverage: \$300,000 \$500,000 \$1,000,000 \$2,000,000 (Gen Agg only)

38) Additional insured(s):

Estimated number of additional insured endorsements needed during term? _____

Name & Mailing Address	Interest (must be stated)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Date

_____ Signature(applicant)

_____ Print Name

SUPPLEMENTAL CONTRACTORS APPLICATION

(Must be completed with Contractors General Liability Program application)

Applicant: _____

1) Have you ever been involved in new construction projects consisting of tract homes, condos, town homes, planned unit developments or apartments in the capacity of subcontractor, general contractor or developer, or do you plan to in the future? yes no If yes, what was built? What was your involvement? When built? Where built? _____

2) Do you do any work for general contractors who are building tract homes, condos, town homes, apartments or planned unit developments? yes no If yes, describe your involvement _____

3) Have you ever acted as general contractor for new building construction or do you plan to in the future? yes no. If yes, what was built? Values? When? What jobs are anticipated? _____

4) Are you or your subcontractors involved in any removal of asbestos, PCB's, pollutants or other hazardous materials? yes no If yes, describe: _____

5) Do you draw any plans or blueprints used in your construction work? yes no If yes, provide a detailed description: _____

6) Describe the five largest projects undertaken by you in the past five years:

Description	Your Work Performed	Job Cost	Job Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Describe the three largest projects planned for the coming year:

Description	Your Work Performed	Job Cost	Job Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8) Average dollar value of a completed project? _____

9) Please describe any types of jobs & projects that you have discontinued: (ie: no longer build, uncompleted, etc) _____

10) Are you involved in any other business besides contracting? yes no If yes, please explain: _____

11) Have you been contacted by any general contractor &/or subcontractor regarding a problem at any location you worked on with them? yes no If yes, please explain: _____

12) Have you ever been involved in or are you aware of pending litigation concerning defective workmanship? yes no If yes, explain: _____

13) Have you or will you perform or subcontract out any of the following activities: Construction management or job site supervision for a fee; Demolition of entire structure; Tilt up concrete construction; Swimming pool construction; Retaining wall construction; Shoring; Construction of roads, bridges, highways; Parking structure construction; Underground tank removal or installations? yes no If yes, explain: _____

Warranty: The purpose of the supplemental questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned therefore warrants that the information contained herein is true & accurate to the best of his knowledge, information & belief.

Signature: _____ Date: _____

Title: _____

(12/99-KYG)