

CONTRACTORS SUPPLEMENTAL LIABILITY APPLICATION

PREQUALIFICATION (Refer to Contractors section of the Underwriting Guide for additional restrictions)

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are you involved (past, present or intended in future), in new residential construction, and/or development of, more than 10 single family dwellings, town home units or condominium units, in one development, in any one year? <i>Units are defined as each town home unit or condominium unit.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your cost of subcontractors exceed 30% of gross receipts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do your gross receipts exceed \$3,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been in business less than a year with less than 2 years experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are your operations in Arizona, California, Colorado or Nevada? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had OSHA violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a general contractor, real estate developer or construction manager? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been named in a suit for defective workmanship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you own real estate development property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you employ architects or engineers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE FOR COVERAGE.

BUSINESS INFORMATION

1. Named Insured _____
2. Have you operated under any other name(s)? Yes No
If yes, list name, address and years in operation. _____
3. Years in current business _____ Years of experience as a contractor _____
4. Contractors License No. and type _____

TYPE OF CONTRACTOR

5. Provide complete description of your operations (type of work you do, new or remodeling/renovation, any demolition/gutting and rebuild, tenant buildout/improvements, complete buildings or room additions, non-structural remodels, seismic retrofit, etc.): _____

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

A. New Construction _____%	B. Outside Building _____%	C. Residential _____%	D. Your employees _____%
Remodeling _____%	Inside Building _____%	Commercial _____%	Subcontractors _____%
Repairs _____%		Industrial _____%	
TOTAL 100%	TOTAL 100%	TOTAL 100%	TOTAL 100%

7. Do you specialize in any part of the construction of the following types of buildings? Yes No
If yes, mark as many as are applicable: Nursing Homes Condominiums Hotels/Motels
 Day Care Centers Apartments Hospitals Multi-family Habitational
 If yes, explain. _____

8. Indicate whether the following types of work are done by your employees or are performed by subcontractors:

	E – Employees	S – Subcontractors	N/A – Not Applicable		E	S	N/A
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"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<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"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____			
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

INDEPENDENT CONTRACTORS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 18. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you use a standard contract with all of your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you require subcontractors to provide you with the following information: | | |
| a. Proof of General Liability insurance 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 these records kept by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Total cost of work subcontracted to others: \$ _____ | | |

HISTORY

- | | Yes | No |
|--|--------------------------|--------------------------|
| 22. Have you been involved in any other business besides contracting?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever been involved in or are you aware of pending litigation against you, your current company, or any past company concerning defective workmanship or mold claims?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Describe any types of operations or projects that you have discontinued (i.e. no longer build, did not complete, etc.)

_____ | | |

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

Description	Job Cost	Project Duration

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

Description	Est. Job Cost	Project Duration

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