



## DISCONTINUED COMPLETED OPERATIONS APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at  
the address of the Applicant

To:

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies,  
or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for  
the property to undergo receivership?

Yes No

FEIN:

Applicant is: Individual Joint Venture LLC  
Corporation Partnership Other – Specify:

Inspection and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

1) What year was the business established under current name:

2) What date did business operations cease?

3) Description of operations for named insureds and all subsidiaries:

5) Were certificates of insurance required and collected from all subcontractors/independent  
contractors/1099 workers?

Yes No

a. What limits of coverage are required from subcontractors/independent contractors/  
1099 workers?

b. Were all subcontractors/independent contractors/1099 workers required to name the  
Applicant as an Additional Insured?

Yes No

Was this part of the written contract?

Yes No

- 6) Were all subcontractors/independent contractors/1099 workers required to defend, indemnify and hold the Applicant harmless in the written contract or agreement? Yes No
- 7) Did the written contracts with subcontractors/independent contractors/1099 workers require that Workers Compensation insurance was maintained? Yes No
- 8) Were temporary, volunteer or casual workers employed? Yes No  
If Yes, describe:

- 9) Who reviews and maintains the certificates?

How long will they be kept?

- 10) Provide actual financial figures for the past 5 years:

Year	Direct Payroll	Subcontractor Cost	Gross Sales
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**Note: When used in this questionnaire, RESIDENTIAL means single-family dwellings, multi-family dwellings, duplexes, triplexes, fourplexes, patio homes, condominiums, condominium conversions, townhouses and cooperatives, but not apartments.**

- 11) Percentage of construction work using percentage of Direct Payroll under "Direct" and percentage of Subcontractor/Independent contractors/1099 workers Costs under "Subbed" as the basis.

	Direct	Subbed		Direct	Subbed		Direct	Subbed
Airport Runways	%	%	Excavation	%	%	Roofing	%	%
Blasting	%	%	Fire Suppression	%	%	Seismic Retrofitting	%	%
Boiler	%	%	Fire sprinkler	%	%	Sewer / Water	%	%
Bridge Building	%	%	Gas Main	%	%	Solar	%	%
Carpentry	%	%	Grading	%	%	Steel (Structural)	%	%
Concrete	%	%	Hazardous Material	%	%	Steel (Ornamental)	%	%
Crane Rental	%	%	HVAC	%	%	Street / Road	%	%
Demolition	%	%	Insulation	%	%	Stucco	%	%
Drilling	%	%	Maintenance	%	%	Supervisory Only	%	%
Door/Window	%	%	Masonry	%	%	Tanks	%	%
Drywall	%	%	Mechanical	%	%	Traffic Signals		
Earthquake Repair	%	%	Painting	%	%	Waterproofing		
EIFS/Synthetic Stucco	%	%	Plastering	%	%	Water/Gas	%	%
Electrical	%	%	Plumbing	%	%			
Other (Describe):							%	%

- 12) Percentage of Construction Types performed by the Applicant or on the Applicant's behalf:

**Construction Types**

Residential % Inside Buildings %

Commercial/Industrial % Outside Buildings %

13) Percentage of Residential Construction activities performed by the Applicant or on the Applicant's behalf:

**Type of Residential**

New Construction	%	Structure Single-Family (Tract)	%
Structural Remodeling/Repair	%	Single-Family (Custom)	%
Other Remodeling/Repair	%	Multi-Family	%
Condo Conversion	%		

14) Has the Applicant ever worked on new condominiums/townhouses? Yes No

If Yes, how long ago?

Provide description of projects:

15) Has the Applicant ever converted apartments to condominiums? Yes No

If Yes, provide a description of projects:

16) Has the Applicant ever built a home from the ground up? Yes No

If Yes, how long ago and how many?

17) Has the Applicant ever worked in new tract developments? Yes No

If Yes, how long ago?

How many units in the entire development?

18) Has the Applicant ever been involved in any Wrap-Up/OCIP/CCIP Projects? Yes No

19) Describe four largest projects over the past five years, including values:

20) Was there a formal safety program in place? Yes No

21) Has the Applicant built on hillsides, terraces, landfills or subsidence areas? Yes No

22) Has the Applicant or Subcontractor/Independent contractors/1099 workers working on the Applicant's behalf ever remove or work on fuel tanks or pipelines? Yes No

23) Was there any work performed below grade? Yes No

If Yes, Maximum Depth:

24) Has the Applicant been accused of faulty construction in the past 8 years? Yes No

If Yes, describe:

25) Have there been any losses, claims or suits against the Applicant in the past eight years? Yes No

26) Are there any claims or legal actions pending against any active, inactive or dissolved businesses in which the Applicant has had a controlling interest? Yes No

27) After inquiry, does the Applicant have knowledge of any pre-existing act, omission, event, condition damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application? Yes No

## **Fraud Notices**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \* Applies in FL only.

**Applicable in KS:** 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** 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, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

### Other State Notices

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

**If you prefer not to return the questionnaire with an electronic signature, please print and sign.**