



# CONTRACTOR APPLICATION

## SECTION I - BUSINESS INFORMATION

1. Applicant Name:
2. Contractor's license number:
3. Years in business under the current name:
4. Provide other names under which you have conducted business:
5. States in which you do business:
6. Percentage of work by State: %
7. Website address:
8. To what professional associations do you belong?
9. Have any of your prior policies contained a prior work exclusion? Yes    No

## SECTION II - OPERATIONS INFORMATION

10. Separately list and describe all operations:
11. Five largest projects completed during the past year including details on type of work performed:



19. Please provide type of construction work performed by you (Direct) or subcontracted (Sub). NOTE: Direct is a percentage of total direct payroll and subbed is a percentage of total subcontractor cost.

Type	Direct	Sub	Type	Direct	Sub	Type	Direct	Sub
Asbestos	%	%	Foundations	%	%	Refinery/ Petrochemical	%	%
Blasting	%	%	Gas Mains	%	%	Roofing	%	%
Boiler	%	%	Grading of Land	%	%	Scaffolding Installation	%	%
Bridge Work	%	%	Hazardous Materials	%	%	Seismic Retrofitting	%	%
Carpentry	%	%	HVAC	%	%	Sewer/ Water	%	%
Carpentry (framing)	%	%	Insulation	%	%	Shoring, Underpinning, Cofferdam or Caisson work	%	%
Concrete	%	%	Lead Removal	%	%	Solar	%	%
Condo Conversions	%	%	Maintenance- Industrial	%	%	Steel-Structural	%	%
Crane Operations	%	%	Masonry	%	%	Steel/ Ornamental	%	%
Demolition	%	%	Mechanical	%	%	Street/ Road	%	%
Direction Drilling	%	%	Mold Remediation	%	%	Stucco	%	%
Drilling	%	%	Oil Field Servicing	%	%	Supervisory Only	%	%
Door/Window	%	%	Painting: Exterior Interior	% %	% %	Tanks	%	%
						Telecom	%	%
Drywall	%	%	Plastering	%	%	Traffic Signals	%	%
EIFS	%	%	Pile Driving	%	%	Utilities	%	%
Electrical	%	%	Pipelines	%	%	Waterproofing	%	%
Excavation	%	%	Plumbing	%	%	Other	%	%
Fire Suppression	%	%	Railroad	%	%			
If Other, please describe:								

20. If you hire subcontractors to perform work on your behalf:

a) Do you collect certificates of insurance from all subcontractors? Yes No

Who reviews certificates? Name/Contact information:

b) Are certificates retained for 10 years? Yes No

If No, how long?

c) Do you execute written contracts with all subcontractors performing work for you? Yes No

If No, please explain exceptions:

- d) Do all written contracts with subcontractors require them to:
- i. Carry limits equal to your limits of liability? Yes No
  - ii. Carry excess limits of Insurance? Yes No
  - iii. If Yes, how much? \$
  - iv. Name you as an Additional Insured, including Completed Operations? Yes No
  - v. Defend, indemnify and hold you harmless? Yes No
  - vi. Maintain Workers Compensation insurance? Yes No
21. Do you employ temporary, volunteer, or casual workers? Yes No
- If Yes, please explain:

**NEW YORK ONLY**

**N/A**

**(Answer if you currently, or have ever, done work in the state of New York)**

22. Please provide revenue breakdown for the following geographic territories of New York:

Territory	Revenues	
5 Boroughs of NYC (Manhattan, Bronx, Brooklyn, Queens, Staten Island)	\$	
Nassau, Suffolk, Westchester & Rockland Counties	\$	
Remainder of State	\$	

23. Please provide description of New York projects, address, duration of the project and costs for the upcoming term:

24. Have you had any NY Labor Law/Employee Injury/Sub claims in the past 5 years? Yes No
- If Yes, please provide details and specify whether a subcontractor injury or an employee injury:

25. If you hire subcontractors is it required by written contract that they evidence coverage on an unmodified CGL policy without limitations, or exclusions related to Insured Contracts, Employers Liability or the use of subcontractors in NY? Yes No

## SECTION III - RESIDENTIAL CONSTRUCTION

N/A

RESIDENTIAL means single-family dwellings, multi-family dwellings, duplexes, triplexes, fourplexes, patio homes, condominiums, condominium conversions, tract homes, custom homes, townhouses and cooperatives, but not apartments.

26. Please provide percentage of revenue and unit breakdown for each type of residential project below that you are currently working on or will in the upcoming term:

	New		# of Units or Homes	Remodel/ Repair		# Units or Homes
Custom single family		%			%	
Tract homes		%			%	
Duplex/ triplex/ quads		%			%	
Townhomes		%			%	
Condominiums		%			%	

27. Please provide description of any new townhome, condominium or tract home projects that you have performed work for in the past 10 years:

28. Do you perform work for regional or national home builders? Yes    No

If Yes, please name the builder(s) and describe work performed:

29. How many units were in the entire development?

30. Have you been named in any construction defect claims in the last 10 years? Yes    No

If Yes, please describe and include state:

31. Have you or will you ever convert apartments to condominiums? Yes    No

If Yes, please provide a description of projects and when completed:

32. Have you ever built on hillsides, terraces, landfills, or subsidence areas? Yes    No

If Yes, please explain:

## SECTION IV - RISK MANAGEMENT PRACTICES

33. Have you been cited by OSHA or MSHA for violations in the past five years? Yes    No  
If Yes, please explain:
34. Do you have a formal safety program in place? Yes    No  
If Yes, please describe:
35. Do you employ a full-time safety director? Yes    No  
Name:  
  
Contact Information:
36. Is fall protection included in your safety program? Yes    No
37. Do you maintain Workers Compensation insurance? Yes    No  
If Yes, please attach your current Experience Modification worksheet.
38. Do you or any representative of the company have knowledge of an occurrence including alleged construction defects, breach of contract, property damage or worker / third party bodily injury that could give rise to a claim or lawsuit? Yes    No  
If Yes, please provide all facts and circumstances related to the occurrence:

**Please note the following documents are material to completion of the questionnaire and must be attached:**

- Five-year loss summary based on company loss runs valued within 90 days of the proposed effective date.
- Statement of qualifications, brochure or other advertising material.
- Copies of open and closed OSHA or MSHA violations and related correspondence.

**If you perform any Roofing or EIFS work please complete the applicable attached addendum.**

**IF NOT, skip to the last page to sign and date.**

# ADDENDUM - ROOFING CONTRACTORS ONLY

N/A

39. Please provide the percentage of each type of roof, materials used and roofing method:

Type of Roof		Materials Used		Method	
Pitched	%	Asphalt Shingle	%	Torch Down	%
Low Slope	%	Wood / Shake Shingle	%	Hot Air Welding	%
Flat	%	Slate	%	Hot Tar	%
Other	%	Tile	%	Other	%
		Metal	%		
		EDPM Rubber	%		
		Polyurethane Foam	%		
		Modified Bitumen	%		

40. Please describe your procedures in the event of inclement weather:

41. Are roof openings covered to prevent weather infiltration after work hours? Yes    No

42. If Yes, please explain methods and supervisory practices

43. Are there any circumstances under which you will leave a roof open or unattended for more than 2 hours? Yes    No

If Yes, please describe the circumstances:

44. Please describe your open roof & heat application protection procedures:

45. How long do you remain at a heat application job site when work is completed for the day?

**46. Type of EIFS Systems installed:**

Type	Residential		Commercial	
Barrier Wall System		%		%
Drainable EIFS		%		%

**47. For all EIFS projects please provide the below information:**

Construction Type	Estimated to be completed or commenced during the policy period		Completed prior to the policy period within the last 5 years	
Over metal/iron structures		%		%
Over combination of metal/ iron structures with masonry or brick wall		%		%
Over wood frame structures		%		%

48. Please describe the training and / or certification that you or your subcontractors have received from EIFS Manufacturers:

49. Please provide names of the manufacturer(s) your contractors receive training from (i.e. Parex, Sto Corp, Dryvit Systems, Master Wall, Inc, Master Builders Solutions):

Please include a copy of the training certificate(s) from the manufacturer.



**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.

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.**