

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)										CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
									OPEN	CLSD	

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

CONTRACTORS LIABILITY QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

PROHIBITED CIRCUMSTANCES

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?
Units are defined as each town home unit or condominium unit. Yes No
2. Are you a general contractor (paper), real estate developer or construction manager? Yes No
3. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)? Yes No
4. Do you perform door, window, or siding installation? Yes No
5. Do you perform water extraction? Yes No
6. Do you perform fire restoration? Yes No
7. Do you do work on new apartments, condominiums, town homes or row houses? Yes No
8. Do you perform work on buildings over three stories in height? Yes No
9. Are you a remediation contractor? Yes No
10. Have you been named in a suit for defective workmanship? Yes No
11. Have you ever performed work in California? Yes No

If any of these questions were answered "YES", you are not eligible for coverage.

GENERAL INFORMATION

1. Have you operated under any other name(s)? Yes No
If yes, list the name and address, and years in operation: _____

2. Years in current business: _____ Years of experience as a contractor: _____

3. Contractors License No. and type: _____

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

4. Are you a subsidiary of another entity, or do you have any subsidiary entities? Yes No
5. Have you filed for bankruptcy, or have any tax or credit leans been filed against you, in the last 5 years? Yes No

OPERATIONS

6. Breakdown of construction activities:

Type of Construction	Commercial	Residential	Industrial	% of Operations
New construction	%	%	%	%
Renovation	%	%	%	%
Real Estate Developer	%	%	%	%

If any residential construction, how many homes per year? _____

Total number of homes in project: _____

7. Special Hazards:

	Yes	No		Yes	No
Use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	Foundation repair	<input type="checkbox"/>	<input type="checkbox"/>
Use of tower cranes	<input type="checkbox"/>	<input type="checkbox"/>	Shoring or underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Pile driving	<input type="checkbox"/>	<input type="checkbox"/>
Structural alterations	<input type="checkbox"/>	<input type="checkbox"/>	Caisson or cofferdam work	<input type="checkbox"/>	<input type="checkbox"/>
Demolition of structures (other than interior.	<input type="checkbox"/>	<input type="checkbox"/>	Other special hazards: _____	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above, please explain your answer in detail:

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

	Emp.	Sub.	N/A		Emp.	Sub.	N/A
Asbestos Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock – interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering – outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

9. List contracting receipts for each of the last 3 years:

Year	Receipts
	\$
	\$
	\$

10. Do you offer any warranties?

(If yes, attach copies of all warranties offered.)

Yes No

11. List any builder associations which you are a member of:

12. How do you dispose of trash / waste / scraps?

13. Have you ever used, sold, installed, or worked with asbestos? If so, explain: Yes No

14. Do you store any liquid propane (LP) gas? Yes No
 If so, how much, how is it stored, and what safety precautions are taken?

15. Do you have a written safety program? Yes No

16. Do you have any mobile equipment that travels over public roads? Yes No

17. Do you lease employees to or from other employers? Yes No

18. Have you ever used, sold, installed or removed asbestos? Yes No

19. Do you rent or loan machinery or equipment to others? Yes No

20. Do you perform work more than three stories in height above grade? Yes No
 If so, what % , ___%. Describe: _____

21. Do you perform work below grade? Yes No
 If so, what % , ___%. Describe: _____

22. Is job site security provided at night? Yes No
 If yes, describe: _____

23. Do you or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence? Yes No
 If yes, describe: _____

24. Do you draw any plans or blueprints used in your construction work? Yes No
 If yes, describe: _____
 If yes, do you carry Professional Liability or Errors and Omissions insurance? Yes No

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

25. Please list all parties for whom you have signed a contracts and/or hold harmless agreement, whether written or oral (contracting parties, date of contract, additional interest, cost) (ATTACH COPIES OF ANY CONTRACTS)

NAME & ADDRESS	RELATIONSHIP TO APPLICANT	CERTIFICATE	ADD'L INSURED
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

26. How long are certificates of insurance kept? Until job ends. One year. Other
 (If Other, provide details): _____

INDEPENDENT CONTRACTORS

27. Do you subcontract any work? Yes No
28. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes No
29. Do you use a standard contract with all of your subcontractors? Yes No
30. Do you require subcontractors to:
- a. Provide proof of General Liability insurance with coverage and limits equal to or greater than your own? Yes No
 - b. Name you as an Additional Insured? Yes No
 - c. Provide Certificates of Insurance for General Liability and Workers Comp? Yes No
 If yes, how long do you keep certificates of insurance? _____
31. What is the total cost of all subcontracted work? \$ _____

HISTORY

32. Have you been involved in any other business besides contracting? Yes No
 If yes, describe: _____
33. 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? Yes No
 If yes, describe: _____
34. Describe any types of operations or projects that you have discontinued (i.e. no longer build, did not complete, etc.)

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

Description	Job Cost	Project Duration
	\$	
	\$	
	\$	
	\$	
	\$	

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

Description	Job Cost	Project Duration
	\$	
	\$	
	\$	

ROOFING OPERATIONS (if applicable)

37. What percentage of your roofing work is performed on:

A. Residential:: _____% (homes, condos, townhouses) <u>Of Residential Roofing:</u> New Construction _____% Repair/Patching _____% Replacement _____% Total <u>100%</u>	B. Commercial: _____% (office buildings, schools, retail) <u>Of Commercial Roofing:</u> New Construction _____% Repair/Patching _____% Replacement _____% Total <u>100%</u>	C. Industrial:: _____% (mfg. plants, warehouses) <u>Of Industrial Roofing:</u> New Construction _____% Repair/Patching _____% Replacement _____% Total <u>100%</u>
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38. What type of roofs do you work on? Pitched Roofs: _____% + Flat Roofs: _____% = 100%

What type of roofing applications do you perform? Give percentage if applicable:

Hot Tar: _____%	Polyurethane Foam: _____%	Other: _____%
Hot Composition: _____%	Slate: _____%	
Metal/Aluminum: _____%	Tile: _____%	
	Wood Shake/Shingle: _____%	

39. If hot tar or a torch is used, explain in detail the process and what safety precautions are used:

40. Do you use any spray method for applying roofing materials? Yes No
 If yes, are flammable liquids or catalysts used? Yes No
41. Do you install any type of elastomer roof covering? Yes No
 If yes, does it require use of flammable liquid or open fire? Yes No
42. Does the contractor or foreman inspect the job site at completion before leaving? Yes No
43. Which of the following do you use to protect the public from potential injury? (Check all that apply.)
- | | |
|--|--|
| Cones <input type="checkbox"/> | Rope off area <input type="checkbox"/> |
| Flashing Lights <input type="checkbox"/> | Signs <input type="checkbox"/> |
| Man always on the grounds <input type="checkbox"/> | Other : _____ <input type="checkbox"/> |
| No protection necessary <input type="checkbox"/> | |
44. How are materials lifted to the roof? (Check all that apply.)
- | | |
|---------------------------------------|--|
| Crane <input type="checkbox"/> | |
| Hoist Pully <input type="checkbox"/> | |
| Ladder <input type="checkbox"/> | |
| Other: _____ <input type="checkbox"/> | |



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLWEDE AFTER REASONABLE ENQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address