

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/>	<input type="checkbox"/>
			12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL 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	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																	
PROPERTY	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)

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.



General Contractors & Large Artisans CONTRACTORS SUPPLEMENTAL APPLICATION

Applicant Name: _____

Website? _____

Mailing Address: _____

Location Address: _____

GENERAL INFORMATION

1. Applicant is a (% of each):
- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> General Contractor | _____ % | <input type="checkbox"/> Subcontractor | _____ % |
| <input type="checkbox"/> Developer | _____ % | <input type="checkbox"/> Const. Manager | _____ % |
| <input type="checkbox"/> Owner/Builder | _____ % | <input type="checkbox"/> Consultant | _____ % |

2. Describe all operations in detail: _____

3. Years in business under this name: _____

4. Years of experience in this field: _____

Mandatory- Attach Resumes When Available

5. States/area of operations: _____

6. Contractor License Number: _____

Year license issued: _____

7. Have you operated under any other name or names? No Yes

If "Yes," provide prior name and describe type of operations: _____

8. Total number of employees (including leased) _____

9. % of construction operations (Total = 100% for each question 1 & 2):

New construction	_____ %	Remodeling	_____ %	Other	_____ %
Commercial	_____ %	Residential	_____ %		

10. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums, Apartments, or Townhouses in the past 10 years? No Yes

If "Yes," specify year(s), number(s) and location(s) : _____

CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

11. Indicate payrolls/costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Alarm Systems	\$	\$	Painting	\$	\$
Asbestos Removal	\$	\$	Paving – Driveways/Parking	\$	\$
Blasting	\$	\$	Paperhanging	\$	\$
Bridges/Elevated Roads	\$	\$	Plastering/Stucco	\$	\$
Carpentry	\$	\$	Plumbing	\$	\$
Communication Lines	\$	\$	Power Lines	\$	\$
Concrete	\$	\$	Process Piping	\$	\$
Debris Removal	\$	\$	Roofing	\$	\$
Demolition	\$	\$	Seismic Retrofitting	\$	\$
Drywall	\$	\$	Septic Tanks	\$	\$
Earthquake Repair	\$	\$	Sewer	\$	\$
Electrical	\$	\$	Sheet Metal Work	\$	\$
Excavation	\$	\$	Siding	\$	\$
Fire Proofing	\$	\$	Sprinklers	\$	\$
Fire/Damage Restoration	\$	\$	Steel/Ornamental	\$	\$
Gas/Water Mains	\$	\$	Steel/Structural	\$	\$
Grading	\$	\$	Street/Road Construction	\$	\$
HVAC	\$	\$	Street/Road Paving	\$	\$
Insulation	\$	\$	Supervisory	\$	\$
Landscaping	\$	\$	Swimming Pools	\$	\$
Lead Remediation	\$	\$	Tile/Stone/Marble	\$	\$
Masonry	\$	\$	Waterproofing	\$	\$
Mold/Spore Remediation	\$	\$	Water Damage Restoration	\$	\$
Oil or Gas Fields	\$	\$	Other:	\$	\$

12. Indicate any work or operations involving the following, even if subbed out:

- | | | |
|--|--|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Equipment Rental to Others | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Landfills | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Boiler Inspection | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> Bldg – Raising or Moving | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Subways |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Tank Construction |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Tower Construction |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Tunnels |
| <input type="checkbox"/> Drilling | <input type="checkbox"/> Railway | <input type="checkbox"/> Waste & Reclamation |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Shoring/Underpinning | <input type="checkbox"/> Wrap-Ups – Participation In |

If checked, please describe work in detail:

PROJECTS/OPERATIONS INFORMATION

13. List all major projects completed within the past five years, including work in progress and planned projects (list project name, date, description, location, and cost) **OR** Attach a project list

What is the average dollar value of a completed project? _____

14. Please describe any types of projects that you have discontinued (i.e. no longer build, etc): _____
-
15. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? If "Yes," please explain: No Yes
16. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS) No Yes
If "Yes," please explain: _____
-
17. Has your work involved or will it involve systems that provide medical life support or medical gas lines? If "Yes," please explain: No Yes
-
18. Any exterior work performed above two stories in height from grade? No Yes
Maximum number of stories: _____ Percentage of Total Work: _____
19. Any work performed below grade? No Yes
Maximum depth: _____ Percentage of Total Work: _____
20. Is scaffolding owned, rented, or erected? No Yes
Are other contractors at job site allowed to use it? No Yes
21. Have you worked or will you or your employees work under USL&H or Jones Act? No Yes
22. Do you have a formal safety program in operation? No Yes
Please explain and/or provide a copy: _____
23. Indicate the type of security used on a project: Fencing Lighting Watchman

SUBCONTRACTOR INFORMATION/RISK TRANSFER

24. Do you utilize A.I.A. standard contracts for all of your subcontractors? No Yes
25. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain: _____ No Yes
26. Are Certificates of Insurance obtained from subcontractors? No Yes
General Liability: _____
Minimum Limits Required: _____
Workers Compensation: _____
27. Are you named as an additional insured on all subcontractors' policies? No Yes
28. Do you ever use uninsured subcontractors? No Yes
29. Do you normally use the same subcontractors? No Yes

OTHER OPERATIONS

30. Do you draw any plans or blueprints used in your construction work? No Yes
If "Yes," has Professional Liability Coverage been obtained? No Yes
Limit of Liability: \$ _____
31. Do you own any vacant land (raw land with no developmental or improvement activity, held only for investment of possible development more than 12 months in the future. No buildings on the property)? No Yes
32. Do you own any real estate development property (land with improvements – streets, roads, or utilities, etc completed under construction)? No Yes
33. If "Yes," to either questions 31 or 32, is property zoned: Residential Commercial/Retail/Industrial/Other
of acres vacant land: _____ # of acres Real Estate Dev Prop: _____

34. Any other operations other than 'contracting'? No Yes
If "Yes," please describe: _____

35. Where Insured? _____

LOSS EXPERIENCE Check here if not applicable

36. Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

37. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? If "Yes," please explain: No Yes

38. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes," please explain: No Yes

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____