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GENERAL CONTRACTORS AND DEVELOPERS

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____ Applicant's SS# or FEIN: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

1. List all location(s) Owned, Leased, Rented, and where service and operations are conducted:
 Contractor's license # _____ State in which you do business: _____
 Percentage of operations: _____%
2. General Contractor _____% Subcontractor _____% Owner/Builder _____
3. List your estimate for next 12 months: Gross Receipts \$ _____
4. Indicate the amounts for prior years:
 Year Amounts
 20__ Direct Payroll \$ _____ Contract Costs \$ _____ Gross Receipts \$ _____
 20__ Direct Payroll \$ _____ Contract Costs \$ _____ Gross Receipts \$ _____
 20__ Direct Payroll \$ _____ Contract Costs \$ _____ Gross Receipts \$ _____
5. Indicate the percentage of construction work performed by you:
 New Construction _____% Commercial _____% Inside Building _____%
 Remodeling _____% Residential _____% Outside Building _____%
 Other _____
6. Using percentage of payroll and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months.

TYPE OF WORK	PAYROLL	SUBBED	TYPE OF WORK	PAYROLL	SUBBED	TYPE OF WORK	PAYROLL	SUBBED
Blasting			Earthquake Repair			Masonry		
Bridge Building			Electrical			Mechanical		
Carpentry			Excavation			Painting		
Concrete			Grading			Plastering		
Demolition			Insulation			Plumbing		
Drilling			Maintenance			Other (describe)		

7. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:
8. List current projects or those scheduled to commence over the next twelve months: (Attach separate sheet if necessary.)

LOCATION	TYPE	START DATE	ENDING DATE	HARD COSTS	SOFT COSTS

9. Indicate the type of security used on a project: Fencing Lighting Watchman
10. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? Yes No
11. Has any licensing authority taken any action against you? Yes No
 If yes, please explain: _____
12. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas? Yes No
 If yes, please explain: _____
13. Have you been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes No
 If yes, please explain: _____
14. Have you built or will you build/construct buildings or other structures in excess of four stories? Yes No

15. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's, or other hazardous materials? Yes No
16. Have you been involved or will you or your subcontractors be involved in removal or work on fuel tanks or pipelines? Yes No

17. If you are a roofing contractor or otherwise perform roofing work, what percentage of operations is:

Hot Tar	%	Excess of four (4) stories	%
Foam Application	%	N/A	%

18. Have you performed or will you or your subcontractors perform any work below grade? Yes No
19. Maximum depth _____; %of operations: _____%
20. Any shoring, underpinning, cofferdam, or caisson work? Yes No
If yes, please explain: _____
21. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? Yes No
22. Do you have operations other than contracting? Yes No
23. Covered by other insurance? Yes No
If yes, please explain: _____
24. Are these operations to be covered by this Insurance? Yes No
25. If you are a general contractor or developer, are adequate records kept of certificates of insurance and contractual agreements with subcontractors? Yes No
26. Limit Required _____ Written contract? Yes No
If no, during the pendency of the policy to which this application is attached, do you warrant that adequate records of certificates of insurance and contractual agreements with subcontractors will be kept?
 Yes No
If yes, do you warrant that during the pendency of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance and contractual agreements with subcontractors? Yes No
27. Has or will any of your work involve the construction of or for condominiums, townhouses, or apartments?
 Yes No
If yes, is the work new construction? Yes No
Repair only? Yes No
28. Any tract homes? Yes No
If yes, maximum number of homes in tract: _____
29. During the past five years, has any insurer ever cancelled, declined, or refused to issue similar insurance to any applicant? Yes No
If yes, please explain: _____
30. Has any lawsuit ever been filed; or any claim otherwise been made against your company, or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company, or entities on whose behalf your company has assumed liability? Yes No
(For the purpose of this application, a claim means a receipt of a demand for money, services, or arbitration.)
If yes, please explain: _____
31. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents – including but not limited to faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No
If yes, please explain: _____
32. Number of Total Staff: _____ Full Time: _____ Part Time: _____

33. Number of non-operational employees (salesman, collectors, messengers, drivers, clerical, etc.)? _____
34. Provide list of equipment, using a separate form, to be insured under any coverage issued.
35. Explain use of any equipment to be insured for liability? _____

36. Total gross annual receipt for all business operations: \$ _____
37. Total gross annual receipt from building trades contracted services: \$ _____
 Note: May or may not be the same.
38. Indicate Gross Receipts by class of service performed:

	GROSS RECEIPTS BY TYPE OF SERVICE	GROSS ANNUAL PAYROLL BY TYPE OF SERVICE
Crane Rentals <u>with</u> operator services	\$	\$
<u>General Contractor Services</u>	\$	\$
Air Conditioning Systems or Equipment Dealers or Distributors, and installation, Servicing or repair (no household type Appliances or room air conditioners).	\$	\$
Appliances and Accessories Installation, servicing or repair – household (no television or radio receiving set installation, servicing or repair).	\$	\$
Carpentry – construction of residential Property not exceeding three stories in height (Including private garages).	\$	\$
Carpentry – interior (including installation of doors, floors, windows, cabinets, and hardwood or parquet flooring).	\$	\$
Carpentry – N.O.C. (no shop only operations).	\$	\$
Carpet, Rug, Furniture, or Upholstery Cleaning on customers' premises	\$	\$
Door, Window or Assembled Millwork - Installation – metal	\$	\$
Driveway, Parking Area or Sidewalk - Paving or repaving (no clearing of right –of-way, Earth or rock excavation, or filling or grading of land)	\$	\$
Drywall or Wallboard Installation	\$	\$
Electrical Work – within buildings (including wiring and installation or repair of electrical fixtures and appliances, and incidental outside work; no alarm, alarm systems or machinery installation).	\$	\$
Fence Erection Contractors	\$	\$
Floor Covering Installation – not ceramic tile or stone	\$	\$
Furniture or Fixtures – installation in offices or Stores – portable – metal or wood		
Glass Dealers and Glaziers (no shop only operations)	\$	\$
Heating or Combined Heating and Air Conditioning Systems or Equipment – dealers or distributors and Installation, servicing or repair (no liquefied petroleum Gas equipment sales or work).	\$	\$
House Furnishings installation (including incidental Upholstering and floor covering installation)	\$	\$
Interior Decorators	\$	\$
Landscape Gardening (no excavation)	\$	\$

	GROSS RECEIPTS BY TYPE OF SERVICE	GROSS ANNUAL PAYROLL BY TYPE OF SERVICE
Masonry Contractors	\$	\$
Metal Erection – decorative or artistic Metal Erection – in the construction of dwellings not exceeding two stories in height.	\$	\$
Metal Erection – nonstructural – N.O. C.	\$	\$
Office Machines – installation, inspection, Adjustment or repair.	\$	\$
Painting – buildings or structures (exterior painting does not exceed 10% of gross annual receipts)	\$	\$
Paperhanging	\$	\$
Plastering or Stucco Work	\$	\$
Plumbing – commercial and industrial (including building connections, shop and display)	\$	\$
Plumbing – residential or domestic (including house connections, shop and display rooms)	\$	\$
Tile, Stone, Marble, Mosaic or Terrazzo Work - Interior construction (including incidental exterior work).	\$	\$
Garage Door Installation	\$	\$
Storage Building and Carport Installation	\$	\$
Framing Contractor	\$	\$
Roofing Contractor Services	\$	\$
Siding Contractor Services	\$	\$
Gutter and Downspout Services	\$	\$
Sprinkler Service Contractor	\$	\$
Curb and Gutter Contractor	\$	\$
Stucco Contractor	\$	\$
Alarm System and Security Cameras	\$	\$
Television, Stereo DVD, and Related Home Sound Systems and Business.	\$	\$
All and any other – explain:	\$	\$
TOTAL (must equal all of the above):	\$	\$

Note: Only those services noted will be provided coverage under any insurance issued.

39. Identify, from the equipment list provided, the units with rubber tires, which are driven on the public roads: _____

40. How many pieces of truck driven equipment are driven over public roads? _____

Explain: _____

41. How many of the above are registered and licensed as vehicles? _____

42. Are equipment operators required to be licensed in your state? Yes No

43. Are contractors using equipment with long booms required to obtain a permit prior to use in your city or state? Yes No

44. What type of license(s), i.e., general contractor, electrical, etc., do you hold? _____

45. Describe any contracting operation, or other business discontinued in the past five (5) years. _____

46. Does Applicant perform renovation work involving structural change to load-bearing walls? Yes No

47. Does Applicant perform external work above three stories? Yes No

48. Does Applicant lease or rent equipment to others? Yes No

49. Does Applicant lease or rent equipment from others? Yes No
50. Does Applicant distribute or sell building materials or supplies for installation by others? Yes No
51. Do you hire sub-contractors? Yes No
If Yes, do you require certification and evidence of insurance? Yes No

52. Explain type of work sub-contracted to others: _____

53. Do you draw plans, designs, or specifications for others? Yes No
54. Do you hire or lease any boats? Yes No
55. Do you rent any portion of your premises to others? Yes No
56. Note names of any partners, key employees, and principal owners involved in the business.

Title	Name	Years with Firm

57. Provide copies of:
- a. Advertisement, brochures, descriptive literature;
 - b. Sample contract between you and your clients outlining the services to be rendered;**
 - c. Any other information, which may help describe your operation.

58. Answer the following:

- a. Does any one client or contract represent more than 50% of annual gross income? Yes No
If yes, explain. _____
- b. Do you ever perform services on a salary or annual retainer basis? Yes No
If yes, explain. _____
- c. Has any Insured of your firm or organization ever been the subject of any complaint to or disciplinary action by authorities as a result of the professional services performed? Yes No
If yes, provide detail on separate form.
- d. Are you owed any compensation that any client refuses or is unable to pay in whole or in part? Yes No
If yes, provide separate statement providing detail.
- e. Have you filed any suit for the collection of fees during the past five (5) years? Yes No
If yes, attach detail.

59. What steps are taken to prevent unauthorized use of machines and equipment? _____

60. Months or period your business is open: From: _____ To: _____

61. Do you have a formal safety program in operation? Yes No
62. Do you have personal property of others (not leased or rented equipment) in care, custody, or control? Yes No
If yes, explain type: _____

63. Are all premises and equipment inspected or certified by any outside third party? Yes No
If yes, please complete the following: (Use additional paper if necessary.)
- a. Local Agency Yes No Name: _____
 - b. State Agency Yes No Name: _____

3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name