



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854  
quotes@primeis.com

## 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: \_\_\_\_\_

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

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

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="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
--------------------------	--------------------	--------------------------	-----------------------------

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

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

**E. Business Activities**

- 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: \_\_\_\_\_%
- General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Owner/Builder \_\_\_\_\_
- List your estimate for next 12 months: Gross Receipts \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- Indicate the percentage of construction work performed by you:  
New Construction \_\_\_\_\_% Commercial \_\_\_\_\_% Inside Building \_\_\_\_\_%  
Remodeling \_\_\_\_\_% Residential \_\_\_\_\_% Outside Building \_\_\_\_\_%  
Other \_\_\_\_\_
- 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)		

- 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:
- 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

- Indicate the type of security used on a project:  Fencing  Lighting  Watchman
- 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
- Has any licensing authority taken any action against you?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 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 with operator services	\$	\$
General Contractor Services	\$	\$
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)	\$	\$

	GROSS RECEIPTS BY TYPE OF SERVICE	GROSS ANNUAL PAYROLL BY TYPE OF SERVICE
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)	\$	\$
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: \_\_\_\_\_
  - c. Federal Agency  Yes  No Name: \_\_\_\_\_
  - d. Private Agency  Yes  No Name: \_\_\_\_\_
64. What percent of your work is:
- a. Commercial over 3 stories? \_\_\_\_\_%
  - b. Residential 3 stories or less? \_\_\_\_\_%
  - c. All Other \_\_\_\_\_%
65. Would your company agree to participate in a sponsored Risk Management and Loss Control program if such were offered in your area?  Yes  No  
If no, please briefly describe why not, or if yes, please indicate the best month during a year that such a meeting should be scheduled. \_\_\_\_\_
66. Attach a schedule of all equipment owned, rented or leased for which insurance is requested. Information not received will not be quoted, and no coverage will be provided should coverage be issued.
67. Is "OVER THE ROAD" coverage requested for:
- a. Mobile Equipment – "unlicensed":  Yes  No
  - b. Equipment Mounted service vehicles – "licensed":  Yes  No
68. If Commercial Auto Liability is required, please complete a separate questionnaire to obtain a quote for this coverage.
69. If Commercial Building Property, Building Contents, Property in the open at the job site, or contractor's equipment coverage is required, please complete a separate questionnaire.
70. Do you carry Workers' Compensation for all employees?  Yes  No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.



The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
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