

General Liability Supplemental Application

Requested Policy Period: _____ to _____

INSURED INFORMATION

Insured Name: _____ DBA: _____

Business Owners Name: _____ *(list all owners)*

Individual Partnership Corporation Other _____

Contact: _____ Contact Phone Number: _____

Mailing Address: Business Address:
(If different from mailing address)

FEIN or SSN: _____ License Type/Number: _____

INSURED EXPERIENCE

Years under current name: *(If more than 3 years under current name, please proceed to loss history section)*

Date business established: Years of related experience:

List all business names that applicant/owner has owned in the past:

Brief summary of prior experience *(must be in the same field)*:

LOSS HISTORY

This business has had general liability claims, totaling (paid and reserve) within the past 5 years.

There are open claims.

Have you had more than one construction defect claim? Yes No

** Please supply currently valued loss runs including a complete description of all losses.*

PRIOR POLICY/CARRIER INFORMATION - EXPIRING

Carrier: _____ Total Prem: _____ Total Gross Receipts: _____

OPERATIONS & EXPOSURES

Limits Requested: 300k/600k 500k/1m 1m/2m

1) Detailed Description of Operations:

- General Contractor
- Land Developer
- Construction/Project Manager
Additional supplemental required.
- Trade/Subcontractor *
- Roofing *Additional supplemental required.*

* List Details of All Operations

2) Indicate work types performed: *Note: Each line should total 100%*

A. Residential	_____%	Commercial	_____%			Total = 100%
B. New	_____%	Remodel/Repair	_____%	Additions	_____%	Total = 100%
C. Single Family Homes	_____%	Condo/Townhomes	_____%	Other	_____%	Total = 100%
D. Interior	_____%	Exterior	_____%			Total = 100%

- 3) A. Number of owners: _____
 B. Do any of the owners do "any" actual work on "any" jobsite? Yes No

- 4) A. Number of employees: _____
 B. Direct payroll *excluding owner, principals, sales, & clerical:*

5) Please provide exposure estimates for the upcoming term:

- A. Insured Subcontractor Costs:
- B. Uninsured Subcontractor Costs:
- C. Estimated Gr. Receipts This Year:
- D. List all operations performed by uninsured or underinsured subcontractors:

- 6) How many new homes do you plan/expect to build in the upcoming year? _____

GENERAL QUESTIONS *All must be answered.*

- 1. Does the insured comply with all state and local government licensing requirements? Yes No
- 2. Has any officer, owner, or partner of the company been convicted of a felony? Yes No
- 3. Is any officer, owner, or partner currently involved in bankruptcy proceedings in the past 5 years? Yes No
- 4. Do you work as a Construction Manager or Project Manager on a consulting basis for a fee on projects other than your own? Yes No
- 5. Have you ever had insurance canceled, declined, or a renewal refused? Yes No

6. Do you have a written safety program? Yes No
7. Are you involved in any tunneling work, work on public streets & roads, sewer or watermain work, dams, or other infrastructures? Yes No
8. Are you involved in ANY work over three (3) stories? Yes No
- 8A. If you answered YES to the previous question, do you use cranes or booms? If NO, leave blank. Yes No
9. Are you involved in any exterior spray painting operations? Yes No
10. Do you perform or subcontract any demolition or blasting operations? Yes No
11. Do you perform work for petroleum, industrial, or chemical facilities? Yes No
12. Do you have operations or work on elevators, environmental remediation, swimming pool construction, traffic lights or signage installation, underground tanks, skylights, or EIFS? Yes No
13. Do you or your subs do any recreational or playground equipment construction or erection? Yes No
14. Do you carry any of the following? *Check all that apply.* Yes No
- Workers' Compensation Insurance Umbrella/Excess Coverage Errors & Omission Coverage
15. Are you or your subs involved in dredging, caisson, or revetment work? Yes No
16. In the past five years, have you been fired or replaced on a job in progress? Yes No
17. Do you or your subs perform any smoke, fire, or water restoration (other than replacement of damaged construction material)? Yes No
- 17A. Are you a certified, licensed restoration contractor? Yes No
18. Are you involved in work related fiber to optic cable work or installation? Yes No
19. Do you have operations or work on or for airports or railroads? Yes No
20. Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property? Yes No
21. Do you remove asbestos insulation or asbestos containing materials, fungus, mold, or install insulation materials other than fiberglass or rock wool? Yes No
22. Do you sell, install, service, or repair wood, coal, waste oil-burning, or pellet burning stoves? Yes No
23. Are you engaged in any structural work including grading and excavation on slopes greater than 30 degrees or work on retaining walls over 6 feet in height? Yes No
24. Do you work on student housing, senior housing, assisted living facilities or retirement homes EXCEPT for repair or remodeling of not more than one unit within a development? Yes No
25. Have you, or are you planning to, built/build or perform any work on/in any new tract homes, condominiums, or townhomes? Yes No

If YES, please select: 0-10 11-25 More than 25
 Type: Tract Homes Condo Townhome Other: _____

Coverage for these project may be excluded by some carriers.

26. Do you sell, install, service, or repair alarm systems, automatic fire extinguishing systems, boilers, elevators, escalators, surveillance systems, or TV monitoring systems, either commercial or residential? Yes No

27. Do you perform any work on or for hotels/motels? Yes No
28. Do you perform any work on or for medical facilities/hospitals or schools? Yes No
29. Do you perform any roofing operations? *If so provide a completed roofing supplemental.* Yes No
30. Do you work for any of the "National Builders"? Yes No

If YES, please list:

31. Do you require all of the following from your subcontractors prior to starting any job: Yes No
- A. Signed hold harmless agreement in your favor? Yes No
- B. Proof that they carry General Liability coverage with limits equal to or higher than yours and name you as an additional insured? Yes No
- C. If required by law, the sub carries WC coverage? Yes No
- D. Proof that all subs are licensed if required by law? Yes No

Please explain any YES answers or enter any comments you may have about this risk:

TRADE CONTRACTORS SPECIFIC QUESTIONS

1. Do you manufacture any products? Yes No
- If YES, please provide list of products:
-
2. Do you do any commercial floorwaxing? Yes No
- If YES, please provide percentage of operations: _____%
- If YES, any retail stores, grocery stores, or stores open 24 hours? Yes No
3. Any use of water proofing or pressure washing equipment over 3,000 PSI? Yes No
4. Any pressure washing of roofs? Yes No
5. Do you do any directional boring? Yes No

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, FL, HI, MA, NE, OH, OK, or VT ; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.

IN FLORIDA, 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.

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

Applicant Signature: _____

Date: _____

Position: _____

Producer Signature: _____

Date: _____