

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 less than 3 years under current name, this section is required)

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 over \$10,000.

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

☐ Trade/Subcontractor *

☐ Land Developer

* List Details of All Operations

☐ Construction/Project Manager

Additional supplemental required.

☐ Roofing *Additional supplemental required.*

2) Please provide % breakdown of your operations below: *Note: Each line should total 100%*

	Commercial	Residential	Industrial
New Construction	____%	____%	____%
Remodeling	____%	____%	____%
Additions	____%	____%	____%
Repair	____%	____%	____%
Other	____%	____%	____%

3) A. Number of owners: _____

B. Do any of the owners do "any" actual work on "any" job site? 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 Total Costs:

B. Uninsured Subcontractor Costs:

A1. Amount for labor:

A2. Amount for materials (regardless of who supplies them):

C. List all operations performed by uninsured or underinsured subcontractors:

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

7) Gross receipts last year: _____

GENERAL QUESTIONS All must be answered. All YES answers require details on Page 4.

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? *If yes, provide Construction Manager Supplemental.* Yes ☐ No ☐
- 4A. If yes, do you carry errors and omissions coverage? 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 work over three (3) stories? Yes ☐ No ☐
- 7A. If you answered YES to the previous question, do you use cranes or booms? If NO, leave blank. Yes ☐ No ☐
8. Do you carry any of the following? *Check all that apply.* Yes ☐ No ☐
- ☐ Workers' Compensation Insurance ☐ Umbrella/Excess Coverage ☐ Errors & Omission Coverage
9. In the past five years, have you been fired or replaced on a job in progress? Yes ☐ No ☐
10. 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 ☐
11. 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: _____
12. Do you work for any of the "National Builders"? Yes ☐ No ☐
- If YES, please list:
13. Are you involved in any tunneling work, work on public streets & roads, sewer or watermain work, dams, bridges, or other infrastructures? Yes ☐ No ☐
14. Do you or your subs build homes or other structures on piling or piers? Yes ☐ No ☐
15. Are you involved in any exterior spray painting operations? Yes ☐ No ☐
16. Do you perform work for petroleum, industrial, or chemical facilities? Yes ☐ No ☐
17. Do you or your subs perform any operations that include work on or for airports, elevators, escalators, environmental remediation, railroad, traffic signal or signage installation, underground tank installation or removal, exterior insulation finishing systems (E I F S) or synthetic stucco? Yes ☐ No ☐
18. Do you or your subs do any recreational or playground equipment construction or erection? Yes ☐ No ☐
19. Are you or your subs involved in dredging, caisson, or revetment work? Yes ☐ No ☐

20. 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 ☐

21. Do you rent any of your equipment to others? Yes ☐ No ☐

If YES, please list:

22. Do you perform any work on or for hotels/motels? Yes ☐ No ☐

23. Do you perform any work on or for medical facilities/hospitals or schools? Yes ☐ No ☐

24. Do you perform any roofing operations? *If so provide a completed roofing supplemental.* Yes ☐ No ☐

25. Do you perform or subcontract any demolition or blasting operations? Yes ☐ No ☐

26. Do you or your subs perform any smoke, fire, or water restoration (other than replacement of damaged construction material)? Yes ☐ No ☐

26A. Are you a certified, licensed restoration contractor? Yes ☐ No ☐

27. Do you use any directional boring or horizontal drilling equipment? Yes ☐ No ☐

28. Are you involved in work related fiber to optic cable work or installation? Yes ☐ No ☐

29. Do you have operations or work on or for airports or railroads? Yes ☐ No ☐

30. Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property? Yes ☐ No ☐

31. Do you remove asbestos insulation or asbestos containing materials, fungus, mold, or install insulation materials other than fiberglass or rock wool? Yes ☐ No ☐

32. Do you sell, install, service, or repair wood, coal, waste oil-burning, or pellet burning stoves Yes ☐ No ☐

33. 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 ☐

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

34. 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?

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 ☐

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 ☐

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: _____

Please submit this form along with fully completed ACORD 125 & 126 applications to QuickSubmit@FHBinsurance.com. Thank you!