

## CONTRACTORS GENERAL LIABILITY APPLICATION

### Application Instructions

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firms letterhead.

*Instant Indication*

### A. Applicant Information

- 1. Applicant Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_
- 2. Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_
- 3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 4. Effective Date: \_\_\_\_\_
- 5. Expiration Date: \_\_\_\_\_
- 6. Does the applicant do Tract Home Projects? YES/NO
- 7. Who is filing the surplus lines taxes? \_\_\_\_\_

### B. Policy Limits

- 1. Combined Limit: \_\_\_\_\_  
Deductible: \_\_\_\_\_

### C. Risk Classifications

- 1. Total Payroll: \$ \_\_\_\_\_  
Total Gross Sales: \$ \_\_\_\_\_

#### 2. Add Class

Class Description	Class Code	Payroll	Gross Sales	Subcontractor Costs

## D. Experience

### 1. Loss Data

	Total # of Losses	Total Incurred	Dates From	Dates To	Valuation Date
Last Year					
Latest Prior					
2nd Prior					
3rd Prior					
4th Prior					

2. All single losses greater than \$10,000, must be detailed here: \_\_\_\_\_

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## E. Operations

1. How many years has the applicant been in business: \_\_\_\_\_

2. Please place a check next to any of the types of work listed below that the applicant performs;

- Concrete Pumping Operation
- Concrete Ready Mix
- Drywall
- Exterior Insulation and Finish Systems
- Fire Suppression System Installation
- Oil and Gas Contractors
- Plastering
- Non Synthetic Stucco
- Synthetic Stucco

3. Percentage of revenue derived from Industrial Maintenance & Service contracts: \_\_\_\_\_

4. If work is performed in Condominiums, is this work always contracted by the individual owners? YES/NO

5. Will any roofing work be performed? YES/NO

*If 'YES', please answer the following:*

If any roofing work includes using hot tar or torch, please indicate percentage: \_\_\_\_\_

If any roofing work will be performed on new, non-tract, residential properties, please indicate the percentage: \_\_\_\_\_

6. Will any demolition work be performed? YES/NO
7. Does the applicant have an Incurred (Indemnity and LAE) Construction Defect claim over \$50,000? YES/ NO

## **F. Coverages & Endorsements**

1. Condominium and Townhouse Limitation: YES/NO
2. Additional Insured – Owners, Lessees, or Contractors – Scheduled Person or Organization (CG 20 10 10 01): YES/NO

*Please note: If you choose not to select any of the Additional Insured Coverage items listed below, the policy will be issued with Additional Insured – Owners, Lessees, or Contractors – (Form B) – (CG 20 10 10 93)*

3. Additional Insured – Owners, Lessees, or Contractors – (Form B) – (CG 20 10 10 93) with Primary Wording: YES/NO
4. Additional Insured – Owners, Lessees, or Contractors – (Form B) – (CG 20 10 11 85): YES/NO
5. Do you want primary/non-contributory wording? YES/NO

*\*Please Note: TRIA and full terrorism coverage is provided on ALL of our policies*

*Application*

**A. Applicant Information**

1. Contact Name: \_\_\_\_\_
2. Phone: \_\_\_\_\_
3. Email: \_\_\_\_\_
4. Web Site: \_\_\_\_\_
5. Type of Business (Individual, Corporation, Partnership, LLC, Other): \_\_\_\_\_
6. Brief Description of Business: \_\_\_\_\_  
\_\_\_\_\_
7. FEIN Number: \_\_\_\_\_
8. Who is filing the surplus lines taxes? \_\_\_\_\_

**B. Operations**

1. Has the Applicant changed names in the last five years? YES/NO

*If 'YES', provide details:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Indicate the Percentage of Construction work performed:

Commercial (Incl Apts) \_\_\_\_\_

Demolition \_\_\_\_\_

Residential (Incl Condo) \_\_\_\_\_

Inside Buildings \_\_\_\_\_

Industrial \_\_\_\_\_

Outside Building \_\_\_\_\_

New Construction \_\_\_\_\_

Over 3 Stories \_\_\_\_\_

Remodeling \_\_\_\_\_

Max Height \_\_\_\_\_

Repair \_\_\_\_\_

3. Are you named as additional insured on all subcontractors policies? YES/NO

4. Are your subcontractors providing you certificates of insurance? YES/NO

5. Do you require your subs to carry limits of liability equal to, or greater than, your own? YES/NO

*If 'NO', explain:*

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6. Do you require your subcontractors to sign a written contract, containing an indemnity agreement, holding you harmless? YES/NO

## C. Operations 2

1. Does the applicant have a job safety program? YES/NO

2. Do you conduct tailgate meetings? YES/NO

3. Do you video or photograph job site before commencement of work? YES/NO

4. Do you perform any work below grade? YES/NO

*If 'YES', what is the maximum depth (please circle one)? 10 15 20*

5. Do you use a service to mark any underground lines before commencement of work? YES/NO

*If 'YES', what is the company name?* \_\_\_\_\_

6. Do you do any blasting? YES/NO

7. Do you act as a distributor of explosive material? YES/NO

*If 'YES', gross receipts: \$* \_\_\_\_\_

8. List the five largest clients for your company in the last 5 years (Be sure to include Client's full name and approximate revenue):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

9. List current projects underway or planned for the next year, including values (Be sure to include Client's full name, approximate revenue, and description of work performed):

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## D. Policy History

1. If this is a renewing Lexington policy, please enter expiring policy number:

2. In the past 3 years has your General Liability insurance been canceled or non renewed? YES/NO

*Please provide details:*

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3. Previous Year's Insurance Carrier:

Expiring Limits: \_\_\_\_\_

Expiring Deductible: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

## E. Coverages & Endorsements

1. Wrap Up Exclusion: YES/NO

2. Per Project Aggregate: YES/NO

3. Employee Benefits Liability: YES/NO

4. Additional Insured Lessor or Leased Equip (CG 20 28 11 85): YES/NO

5. Additional Insured

Name: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Relationship: \_\_\_\_\_

6. Add Insured Designated Name of Person or Organization: \_\_\_\_\_

7. Waiver of Transfer of Rights: \_\_\_\_\_

*\*Please Note: TRIA and full terrorism coverage is provided on ALL of our policies*

## **IMPORTANT NOTICE**

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO FLORIDA APPLICANTS:** "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 IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

**NOTICE TO LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."



**NOTICE TO OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**NOTICE TO OKLAHOMA APPLICANTS:** "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

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*PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.*

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgement or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

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Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

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