To be completed by General Agent

Effective Date _____

Producer Code _____

State Code _____

APPLICATION FOR

# COMMERCIAL GENERAL LIABILITY INSURANCE
# GENERAL CONTRACTORS

## APPLICANT AND RECORDS

Name of Applicant*: _____

Mailing Address: _____ Zip _____

Name of person to contact for inspection: _____ Phone Number (  ) _____

Name of person to contact for audit records: _____ Phone Number (  ) _____

Proposed Effective Date: From ____/____/____ To ____/____/____ 12:01 a.m. Standard Time at the address of Applicant

*If Applicant has multiple names or entities, explain the relationship of each.

## LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations) _____ $ _____

Products-Completed Operations Aggregate Limit _____ $ _____

Personal and Advertising Injury Limit _____ $ _____

Each Occurrence Limit _____ $ _____

Damage To Premises Rented To You Limit _____ $ _____ Any One Premises

Medical Expense Limit ($5,000 maximum limit) _____ $ _____ Any One Person

Exclude these coverages:
(  ) Personal and Advertising Injury Limit
(  ) Damage To Premises Rented To You
(  ) Medical Expense
(  ) Contractual: Use Contractual Liability Limitation

## BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Form of Business: (  ) Individual (  ) Joint Venture (  ) Partnership
(  ) Organization (Other than Partnership or Joint Venture)

1. Location of **All Premises Applicant Owns, Rents or Occupies** that are to be covered by this insurance:

| | Location | Operations Conducted on Premises |
|---|---|---|
| a. | | |
| b. | | |
| c. | | |

(  ) List is continued on sheet attached.

2. Location of **All Premises Applicant Owns, Rents or Occupies** that are NOT to be covered by this insurance:

| | Location | Operations Conducted on Premises |
|---|---|---|
| a. | | |
| b. | | |

(  ) List is continued on sheet attached.

UNDERWRITING

1. Risk is a: General Contractor _____% Subcontractor _____% ( ) Full-time ( ) Part-time

2. In terms of total construction costs (labor, materials and equipment, and subcontracted costs), whether as a General Contractor or a Subcontractor, the applicant subcontracts _____% of work completed. ( ) Applicant does not subcontract any work.

3. a. Estimated Gross Receipts from Operations next 12 months _____ $_____.
   b. Total Gross Receipts from Operations past 12 months _____ $_____.
   c. Total Gross Receipts from Operations first prior year _____ $_____.

4. Applicant is also a ( ) Real Estate Developer ( ) Real Estate Agency ( ) Manufacturer ( ) Landlord
   ( ) General Manager for Limited Partnership ( ) Construction Manager
   ( ) Architect or Engineer ( ) Other business owned or operated

   Explain fully each item checked: _____

   _____

5. Applicant has been in business _____ years. Prior Industry related experience _____

6. Applicant specializes in:
   ( ) Residential Construction:
      ( ) Residences, single family, completed values less than $200,000.
      ( ) Dwellings, 2 - 4 family.
      ( ) Apartments, Condominiums, and Townhouses, not more than two stories and eight units, or 16 units if equally divided by a fire wall meeting national code and built on a single lot not part of an apartment complex or planned unit development, intended for ownership by small investors.
      ( ) Other. Explain _____

      _____

   ( ) Commercial Construction:
      ( ) Office and Mercantile buildings, not more than two stories and 30,000 square feet.
      ( ) Combination Mercantile, Office and Apartment buildings, not more than two stories and 30,000 square feet, joisted masonry, semi-fire resistive, non-combustible, or fire resistive construction only.
      ( ) Motel/Hotel buildings including typical occupancies, not more than two stories and 30,000 square feet with sleeping units separated from Office/Mercantile occupancies by fire divisions meeting national code.
      ( ) Auditoriums, Churches, Exhibition or Convention Buildings, Health Care Facilities, Laboratories, Schools, Theaters.
      ( ) Other. Explain _____

      _____

   ( ) Industrial Construction:
      ( ) Manufacturing facilities, not more than 30 feet in height and 30,000 square feet.
      ( ) Processing facilities, not more than 30 feet in height and 30,000 square feet.
      ( ) Warehouses, not more than 30 feet in height and 30,000 square feet.
      ( ) Other. Explain _____

      _____

   ( ) Farm Construction:
      ( ) Residence and outbuildings including but not limited to hay barns, pole barns, dairy barns, pig and poultry houses, machine shed and stables.
      ( ) Erection of silos and grain bins, no commercial grain elevators or terminals.

   ( ) Machinery and Equipment erection, installation, servicing or repair, Commercial, Industrial or Farm:
      ( ) Other than cranes, elevators and escalators, mechanized conveyor systems including screw type, slurry pipelines, machinery or equipment installation, servicing or repair where premises & operations hazard involve ammunition, explosives, fireworks, liquefied petroleum gas, anhydrous ammonia, oil or gas drilling, refining or pipelines, public utilities, airports & underground coal mines.
      ( ) Any of the above, explain _____

      _____

( ) Artisan work such as but not limited to concrete work, carpentry, drywall or wallboard, electrical, grading of land, landscape gardening, heating and air conditioning, masonry, paving or repaving, plumbing, roofing, sheetmetal, tile and stone work.

( ) Engineered Projects: Airport facilities; road, highway or street general contracting including bridge or elevated highway; caisson or cofferdam work; cantilevered construction; dam, levee, dike, revetment or reservoir construction; demolition of buildings or structures by blasting; grandstand or bleacher construction or erection; hillside and/or "cut and fill" construction; jetty or breakwater construction; nuclear facilities; chemical, oil and liquefied petroleum gas distributing terminals and tank farms; pier, wharf and similar type waterfront construction; pipeline construction - gas, oil or slurry whether or not flammable mixtures; pollution abatement risks including asbestos, lead, hazardous waste, and petroleum; power generating facilities; race track and stadium construction; radio and television broadcasting tower construction; railroad construction; sewer main or connections construction; stadium construction; subway or tunnel construction; tank construction designed for manufacture, storage, distribution or use with petroleum, toxic, flammable, explosive or reactive products or waste; towers construction; work on board aircraft, ships or vessels including gas and oil well platforms. Circle applicable operations and explain _____

_____

( ) Miscellaneous Construction: Building or Structure raising, underpinning or moving; Asphalt Works, Blasting; Boiler installation, inspection, cleaning or repair; electric light or power line construction; exterminators; pile driving; and stevedoring. Circle applicable operation and explain _____

_____

7. Applicant
   a. is or has in the past built over landfills or in subsidence areas _____ ( ) Yes ( ) No
   b. draws plans, designs, or specifications _____ ( ) Yes ( ) No
   c. has model homes _____ ( ) Yes ( ) No
      If Yes, there are _____ model homes and all locations are scheduled in the Business Description and Location of Premises section of this application.
   d. performs work above two stories in height above grade _____ ( ) Yes ( ) No
      If Yes, explain including % of total work _____
   e. performs work below grade _____ ( ) Yes ( ) No
      If Yes, explain including maximum depth and % of total work _____
   f. has employee working under U.S. Longshoremens' and Harborworkers' Act _____ ( ) Yes ( ) No
   g. has employees working under Jones Maritime Act _____ ( ) Yes ( ) No
   h. uses written contract with customers _____ ( ) Yes ( ) No
      If Yes, attach copy of standard contract including any hold harmless agreements.
   I. uses written contract with subcontractors _____ ( ) Yes ( ) No
      If Yes, attach copy of standard contract including any hold harmless agreements.

8. Description and location of applicant's last five jobs/projects.
   a. _____
   b. _____
   c. _____
   d. _____
   e. _____

9. Applicant owns or leases to use in own operations the mobile or specialized equipment scheduled as follows:

| DESCRIPTION (Name, Mfr., Self-propelled, Boom Length, Scaffolding, Truck chassis mounted crane, drilling rig, cherry picker, etc.) | LEASED TO OTHERS w/ Operator | LEASED TO OTHERS w/o Operator |
|---|---|---|
| a. _____ | ( ) | ( ) |
| b. _____ | ( ) | ( ) |
| c. _____ | ( ) | ( ) |
| d. _____ | ( ) | ( ) |
| e. _____ | ( ) | ( ) |

   f. Total Receipts from rental of equipment to others $ _____. ( ) None

   g. Applicant carries Commercial Automobile Insurance covering public liability for over-the-road use of truck mounted equipment. ( ) True ( ) Not True

   h. Name of Insurance Company: _____

10. a. Previous Insurer, premiums and losses (past three years).

| YEAR | COMPANY | POLICY NO. | PREMIUM | LOSSES PAID | LOSSES RESERVED | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

b. Applicant has not been cancelled, declined or refused similar insurance by any company during the past three years.
( ) True ( ) Not true. Explain _____

| Location Number | Schedule of Operations by Classification | Class Codes | Premium Basis % |
|---|---|---|---|
| | Number of owners, co-partners or officers active in the business _____.<br><br>Number of all other employees Part-time _____ Full-time _____ ( ) None | | |
| | Contractors - executive supervisors or executive superintendents - including Products and/or Completed Operations | 91580 | (p) |
| | Completion of the following forms completes this schedule of operations. | | |
| | ( ) Contractor's Schedule of Operations by Classification, Form BG-G-112, is attached and made a part of this declaration.<br><br>( ) Subcontractor Schedule, Form BG-G-108, is attached and made a part of this declaration. | | (%) Legend<br><br>(c) Total Cost<br>(p) Payroll |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

IMPORTANT NOTICE: IT IS A CONDITION OF THIS INSURANCE THAT (1) PREMIUM SHOWN IN THE COMMERCIAL GENERAL LIABILITY COVERAGE PART IS A MINIMUM AND DEPOSIT PREMIUM, AND (2) 100% OF THIS ADVANCE PREMIUM SHALL BE PAYABLE AT POLICY INCEPTION, AND (3) PREMIUM WILL BECOME DUE AND PAYABLE AT THE END OF THE FIRST SIX MONTHS BASED UPON ACTUAL EXPOSURES AS DETERMINED BY AUDIT OF APPLICANT'S RECORDS, AND (4) AT THE END OF THE LAST SIX MONTHS, FINAL PREMIUMS WILL BE DETERMINED FROM AN AUDIT OF THE APPLICANT'S RECORDS AND THE DEPOSIT PREMIUM WILL BE APPLIED AGAINST ANY PREMIUM DUE THE COMPANY, AND (5) THE COMPANY WILL SEND THE APPLICANT A NOTICE FOR PREMIUM DUE IN EXCESS OF THE PREMIUM PAID AT INCEPTION, AND (6) IF THE PREMIUM PAID AT POLICY INCEPTION IS GREATER THAN THE LAST SIX MONTHS AUDIT PREMIUM, WE WILL RETURN THE EXCESS TO THE APPLICANT EXCEPT THAT IF THE TOTAL EARNED PREMIUM FOR THE POLICY PERIOD IS LESS THAN THE TOTAL ADVANCE PREMIUM, THEN THE ADVANCE PREMIUM IS THE MINIMUM PREMIUM AND IS NOT SUBJECT TO FURTHER ADJUSTMENT.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Applicant's Signature _____ Date _____