



**Important: Please attach a copy of an executed subcontract agreement for our review.**

g. Have the procedures listed above been followed for at least the past 3 years? Yes  No

h. How long do you maintain records of the above documents? \_\_\_\_\_

8. Do you have any prior or planned jobs covered under "wrap-up" or OCIP policies? Yes  No   
Please explain \_\_\_\_\_

9. States in which you operate: \_\_\_\_\_

10. Gross receipts and payroll for the next 12 months and last 4 years

Next 12 months: \$ \_\_\_\_\_ \$ \_\_\_\_\_ Last 12 months: \$ \_\_\_\_\_ \$ \_\_\_\_\_

2<sup>nd</sup> year prior \$ \_\_\_\_\_ \$ \_\_\_\_\_ 3<sup>rd</sup> year prior \$ \_\_\_\_\_ \$ \_\_\_\_\_

4<sup>th</sup> year prior \$ \_\_\_\_\_ \$ \_\_\_\_\_

11. Number of owners, officers, and partners active at job sites or performing supervisory duties: \_\_\_\_\_ x \$33,600 = \$ \_\_\_\_\_  
Payroll of employees other than owners, officers, partners & clerical \$ \_\_\_\_\_  
Cost of leased, temporary, staffing service, casual labor (if not included above) \$ \_\_\_\_\_  
Total Payroll (sum of above three lines) \$ \_\_\_\_\_

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start date	End date	Value	Description

13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description

14. Dollar value of average job completed (including all materials, labor & equipment) \$ \_\_\_\_\_

15. Does the Insured enter into contracts that require them to include:  
Indemnity Provisions Yes  No   
Hold Harmless Agreements Yes  No   
Additional Insured Endorsements including Primary Non Contributory wording Yes  No

16. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_

17. Do any prior operations differ substantially in nature from current operations? Yes  No

Please explain \_\_\_\_\_

18. a. Are you a licensed architect or engineer? Yes  No   
 b. Do you have any operations other than contracting? Yes  No   
 c. In the past 3 years have you owned, operated or controlled any businesses not listed on the application? Yes  No   
 If yes describe: \_\_\_\_\_  
 d. In the past 2 years have you added or discontinued any operations? Yes  No   
 If yes describe \_\_\_\_\_

19. **Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.**  
 Have you performed, or will you perform work involving, related to, or about the premises of:

		Remodel/ Repairs	New Construction
a.	Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Assisted living facilities, retirement homes, military, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Description \_\_\_\_\_

20. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes  No   
 Description \_\_\_\_\_  
 If retaining walls have been or will be built, maximum height \_\_\_\_\_ ft.

21. Do you perform work above two stories in height (other than interior remodeling)? Yes  No   
 If so, what percentage? \_\_\_\_\_% Maximum height \_\_\_\_\_ ft  
 Description \_\_\_\_\_

22. Do you perform work on scaffolding equipment? Yes  No   
 If so, what percentage? \_\_\_\_\_% Type of scaffolding equipment \_\_\_\_\_  
 Average Height \_\_\_\_\_ Maximum Height \_\_\_\_\_

23. Do you perform any work below ground level? Yes  No   
 If so, what percentage? \_\_\_\_\_% Maximum depth \_\_\_\_\_ ft  
 Description \_\_\_\_\_

24. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes  No   
 Description \_\_\_\_\_

25. a. Have you or will you work as a construction manager for a fee? Yes  No   
 b. Have you or will you supervise contractors paid by a different entity? Yes  No   
 Description \_\_\_\_\_

26. In the past 3 years have you been fired or replaced on a job in progress? Yes  No

27. **Note: The following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal actions" includes lawsuits, mediation, and arbitration.**

Explain any "yes" answers below:

- a. Have there been losses, claims or legal actions against you in the past 5 years? Yes  No
- b. Are there any claims or legal actions pending against you? Yes  No
- c. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any entity named in the application? Yes  No
- d. Have you been accused of faulty construction in the past 5 years? Yes  No
- e. Have you been accused of breaching a contract in the past 5 years? Yes  No
- f. Number of OSHA violations in the in the past 5 years? Yes  No

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28. Have you filed for bankruptcy in the past 5 years? Yes  No

29. For each of the following activities check:

**Yes:** if you have or will perform, supervise, or subcontract that activity

**No:** if you have never performed, supervised, or subcontracted that activity and have no plans to do so.

- |   | Yes                      | No                       |  |                          |                          |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| a. Demolition   | <input type="checkbox"/> | <input type="checkbox"/> | i. Process Piping                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Concrete Tilt-up Construction                                      | <input type="checkbox"/> | <input type="checkbox"/> | m. Swimming Pool construction                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. LPG work   | <input type="checkbox"/> | <input type="checkbox"/> | n. Road/Highway/Bridge/Overpass Construction | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Seismic Retrofitting   | <input type="checkbox"/> | <input type="checkbox"/> | o. Underground Tank Removal/Repair           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Elevator or Escalator work   | <input type="checkbox"/> | <input type="checkbox"/> | p. Work on Gas Lines or Pumps                | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Boiler Installation/Repair   | <input type="checkbox"/> | <input type="checkbox"/> | q. Asbestos or Lead Abatement                | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Industrial Machinery Repair or Installation (millwright work)      | <input type="checkbox"/> | <input type="checkbox"/> | r. Environmental Cleanup                     | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Use of Cranes  | <input type="checkbox"/> | <input type="checkbox"/> | s. Dam or Levee Work                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Rental of Equipment to Others                                      | <input type="checkbox"/> | <input type="checkbox"/> | t. Traffic Signals/Controls Work             | <input type="checkbox"/> | <input type="checkbox"/> |
| j. EIFS work (exterior finish insulation system or similar products). | <input type="checkbox"/> | <input type="checkbox"/> | u. Alarm Installation/repairs/monitoring     | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Playground Equipment Install/repair                                | <input type="checkbox"/> | <input type="checkbox"/> | v. Roofing – Installation or Repairs         | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | w. Fire Suppression Systems                  | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers below and state whether performed by insured or subcontracted:

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30. Loss Control – Do you have a job site Loss Control Program with the following provisions?

- |  | Yes | No  |
|--|-----|-----|
| a. Written Loss Control Program            | ___ | ___ |
| b. Pre-Planning Meeting                    | ___ | ___ |
| c. Safety Meeting Attendance Documents     | ___ | ___ |
| d. Site Safety Inspection Check List       | ___ | ___ |
| e. Non-Compliance Notice Safety Violations | ___ | ___ |
| f. Accident Reporting System               | ___ | ___ |

31. Worker Longevity -

- a. Percentage of employees with your company over 1 year \_\_\_\_\_%

b. Percentage over 3 years \_\_\_\_\_%

	Yes	No
32. Employee Screening – do you:		
Require a completed employment application?	___	___
Check references?	___	___
Have a drug and alcohol pre-employment screening program?	___	___

33. Does the insured have a return to work program?   Yes \_\_\_ No \_\_\_  
If yes it is active and effective? Explain \_\_\_\_\_

**WARNING:** 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.

**I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

Signature of Applicant\* \_\_\_\_\_ Date \_\_\_\_\_

Name and Title\* \_\_\_\_\_

\* Must be owner, executive officer, or partner