

**CONTRACTORS APPLICATION**

**Applicant's Instructions:**

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.

1. **APPLICANT** **Proposed Effective Date:** \_\_\_\_\_

A. Give the full name of applicant and subsidiary companies. \_\_\_\_\_  
 \_\_\_\_\_

B. Principal Address: \_\_\_\_\_  
 \_\_\_\_\_

C. Website: www. \_\_\_\_\_

D. Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
 Proprietorship \_\_\_\_\_ Other (specify) \_\_\_\_\_

E. How many years has applicant been in business under the current name? \_\_\_\_\_

F. Have any of the principals ever engaged in this or similar enterprises under a different name?  
 i. Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, attach details)

E. Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operation.

i. Name \_\_\_\_\_  
 ii. Title \_\_\_\_\_  
 iii. Tel.# \_\_\_\_\_

**2. SPECIFICATIONS:**

	Requested	Current
A. Limits of Liability	_____	_____
B. Self-Insured Retention or Deductible (specify):	_____	_____
C. Retroactive Date (if applicable):	_____	
D. Present Insurer: _____ and Premium: _____		
E. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? Yes _____ No _____ If yes, please attach details.		

**2. DESCRIPTION OF CONTRACTING OPERATIONS:**

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**3. GENERAL INFORMATION:**

- A. What percentage of work is subcontracted? \_\_\_\_\_
- B. What is the cost of subcontracted work? \_\_\_\_\_
- C. What type of work is subcontracted? \_\_\_\_\_  
 \_\_\_\_\_
- D. Are certificates of insurance required from all contractors? Yes \_\_\_\_\_ No \_\_\_\_\_ What limits are required? \_\_\_\_\_
- E. Are you added as an additional insured by all sub-contractors? Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Are you held harmless by sub contractors via a written contract? Yes \_\_\_\_\_ No \_\_\_\_\_
- G. Do you perform any new residential construction? Yes \_\_\_\_\_ No \_\_\_\_\_ % of total operations? \_\_\_\_\_
- H. Commercial Work \_\_\_\_\_ % of total receipts.  
 Residential Work \_\_\_\_\_ % of total receipts.
- I. Is a formal safety plan in operation? Yes \_\_\_\_\_ No \_\_\_\_\_
- J. Does applicant draw plans, designs or specifications? Yes \_\_\_\_\_ No \_\_\_\_\_
- K. Do any operations include blasting or utilize or store explosive material? Yes \_\_\_\_\_ No \_\_\_\_\_
- L. Do any operations include excavation, tunneling, underground work or earth moving? Yes \_\_\_\_\_ No \_\_\_\_\_
- M. Any medical facilities provided or doctors employed/contracted? Yes \_\_\_\_\_ No \_\_\_\_\_
- N. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_
- K. Any operations sold, acquired or discontinued in last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

**4. HISTORICAL RECEIPTS AND PAYROLL.**

	<b>RECEIPTS</b>	<b>PAYROLL</b>
Estimated (next 12 months):	\$ _____	\$ _____
Past 12 months:	\$ _____	\$ _____
1 <sup>st</sup> Previous Year:	\$ _____	\$ _____
2 <sup>nd</sup> Previous Year:	\$ _____	\$ _____
3 <sup>rd</sup> Previous Year:	\$ _____	\$ _____
4 <sup>th</sup> Previous Year:	\$ _____	\$ _____

**5. CLAIMS HISTORY**

A. 5 years or more (attach hard copy loss runs), total aggregate losses, from first dollar, including expenses.

Valuation date of loss information: \_\_\_\_\_

Carrier	Term	# of claims	Indemnity Paid	Expenses Paid	Indemnity Reserved	Expenses Reserved	Total Incurred
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

B. Individual Losses greater than \$10,000, from first dollar including expenses.

Date of Claim	Product involved	Description of claim	Total Indemnity	Total Expense	Open or closed

C. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects, which may result in claims against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

D. If you have been self-insured or had an SIR, who adjusted the claims and established reserves?  
\_\_\_\_\_

E. Have you ever been involved or named in any class action, multi-claimant or multi-district litigation lawsuit?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

F. Have you ever been involved or named in any claim or suit related to the existence of mold, mildew or fungus? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain (include the location of the incident) \_\_\_\_\_

6. List of current or recently completed jobs, including work performed, duration & cost.

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PLEASE CHECK TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Attach copies of:

- Latest annual report.
- 10K report (if publicly traded)
- Current audited financial statement (or pro forma)
- Additional explanation to questions herein where appropriate.

(Note--completion of this application creates no obligation upon the applicant to accept insurance or upon Liberty International Underwriters to offer insurance.)

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Name of Broker \_\_\_\_\_



**2. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS:**

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3. **LOCATION INFORMATION** – Please attach a schedule of all locations including: Location address, year built, No. of floors, No. of units, square footage, rental receipts & Occupancy.

**4. GENERAL INFORMATION:**

- A. Does the insured sell or serve alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Does the insured have any contracting operations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a description of work, estimated receipts and payroll. \_\_\_\_\_  
\_\_\_\_\_
- C. Does the insured sub-contract any work? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, does the insured obtain certificates of insurance and hold-harmless agreements from all sub-contractors? Yes \_\_\_\_\_ No \_\_\_\_\_  
Limits of insurance required of sub-contractors? \_\_\_\_\_
- D. Are security services provided, employed or contracted? \_\_\_\_\_
- E. Are janitorial or maintenance services provided, employed or contracted? \_\_\_\_\_
- F. Are parking facilities provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of parking spaces? \_\_\_\_\_
- G. Provide fire protection information for all scheduled locations.
- H. Is a formal safety plan in operation? Yes \_\_\_\_\_ No \_\_\_\_\_
- I. Are there any pools on premises? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_
- J. Any boats, docks, floats owned hired or leased? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_
- K. Are there recreations facilities provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_
- K. Any sporting or social events sponsored? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_
- L. Any structural alterations contemplated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_
- M. Any demolition contemplated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_
- N. Any location constructed and completed prior to 1980? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please advise which location, occupancy and if tested for the presence of lead \_\_\_\_\_

**2. HISTORICAL SALES, RENTAL RECEIPTS, NUMBER OF LOCATIONS.**

Estimated (next 12 months):	\$ _____
Past 12 months:	\$ _____
1 <sup>st</sup> Previous Year:	\$ _____
2 <sup>nd</sup> Previous Year:	\$ _____
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- Current audited financial statement (or pro forma)
- Additional explanation to questions herein where appropriate.
- Location information as stated in Item 4 of the application.

(Note--completion of this application creates no obligation upon the applicant to accept insurance or upon Liberty International Underwriters to offer insurance.)

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Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Name of Broker \_\_\_\_\_