

General Contractors

General Liability Supplemental Application

(Complete in addition to ACORD)

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

GENERAL

1. Business Name: _____ Web Site: _____
2. Years in business under this name: _____ Years of experience in this field: _____ or new venture
3. Do you operate as a: General Contractor Project Manager Project Owner
 Builder/Developer Construction Manager
 - a. If any work as a Project Manager, Developer, or Construction Manager, describe: _____
 - b. If any work as a Project or Construction Manager, do you carry an E&O policy? Yes No
 If yes, describe: _____
 - c. Percent of your work as a General Contractor? _____% As a Subcontractor? _____%
 As a Developer? _____% As a Construction Manager? _____%
4. Are you licensed? Yes No License class/number: _____
5. Has any licensing authority taken any action against you? Yes No
6. States you operate in: _____
7. Have you operated or been licensed under any other name(s) during the past 10 years? Yes No
 If yes, provide prior name(s) and describe type of operations:
 - a. Name(s): _____
 - b. Operations: _____
8. Do you have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? Yes No
10. Do you lease or rent any equipment to others? Yes No

YOUR OPERATIONS

11. Number of active owners: _____ x State Minimum Payroll = \$ _____ Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ _____
13. Number of employees (including leased and temporary): _____
14. Do you use casual laborers? If yes, include in question 15. Yes No
15. Specify all employee trades and payroll:

Trade Classification or Code	Payroll	Trade Classification or Code	Payroll
a.	\$	d.	\$
b.	\$	e.	\$
c.	\$	f.	\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):
\$ _____

16. Gross sales for prior policy period: \$ _____
17. Gross sales anticipated for this policy period: \$ _____

18. Do you own any real estate development property? Yes No
 If yes, number of acres: _____ Number of building sites: _____
 What is planned to be developed on this site? _____
19. Do you have any model homes? Yes No
20. Do you own any vacant land? Yes No

SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors? Yes No
22. Do all subcontractors provide Certificates of General Liability Insurance? Yes No
23. General Liability limits required of your subcontractors? \$ _____ / _____
24. Are you an additional insured on all certificates received from subcontractors? Yes No
25. Is a favorable "hold harmless" agreement part of your contract with subcontractors? Yes No
26. How long are certificates kept? _____
27. Do you use the same contractors? Yes No

These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.

28. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Show percent of work performed in: **(each row should equal 100%)**

Residential:	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%
Commercial:	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%
Industrial:	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%

30. Do you plan on working or are you working on any condominiums, town houses, or tract homes? Yes No
 If yes, specify number of units, location(s) and job description(s): _____

Is this work for: Individual unit owners or Contract with the association?

31. Number of residential homes anticipated to be constructed over the next year: _____

Indicate the number of homes built over the past three (3) years: _____

Indicate the number of homes remodeled in the past three (3) years: _____

Maximum number of homes built in any one (1) year (last 10 years): _____

32. Describe the five (5) largest jobs in the last five (5) years (**Attach a separate sheet if needed**):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.			\$	
2.				
3.				
4.				
5.				

33. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? Yes No
 If yes, indicate which one(s) and provide specific information on each job: _____

34. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? Yes No
 If yes, indicate which one(s) and provide specific information on each job: _____

35. Are you currently working or would you consider working in the state of New York? Yes No
 If yes, please provide details on the job or jobs: _____

36. Do you always have a written contract agreement with the customer? Yes No

37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? Yes No N/A

38. Do you bid on roofing projects? Yes No

39. Do you or your subcontractors frame residential dwellings? Yes No
 If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____

40. Do you do any foundation work? Yes No
 If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____

41. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? Yes No
 If yes, explain: _____

42. Do you perform any:
 Alarm monitoring or security system installation, service, maintenance or repair work? Yes No
 Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? Yes No

43. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, describe: _____

44. Describe the typical project your company is involved in: _____

MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? Yes No

46. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates: _____

47. List contact for premium audit/inspection: _____ Phone: _____

48. Are American Institute of Architects Standard Contracts used? Yes No
If no, explain: _____

49. Do you test all land, even if partially developed, before purchasing for development? Yes No
If no, do you only rely on the soils tests supplied by the seller? Yes No

50. Do you have a soil engineer on staff? Yes No
If no, is an independent soil engineer contracted? Yes No
Does the soil engineer hold you harmless and name you as an additional insured? Yes No

51. Are homeowner's warranty policies provided to homebuyers? Yes No

52. Would you like a quote for the following general liability coverage extensions? (Not available in all states)
Additional Insureds Yes No
Additional Insureds – Owners, Lessees, or Contractors – Automatic Status Yes No
Primary Coverage for Additional Insureds Yes No

Detail of Additional Insureds:

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

Applicant's Signature

Date

Title

Producing Agent