

GENERAL CONTRACTOR GENERAL LIABILITY SUPPLEMENTAL APPLICATION

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| Applicant's Name: | Agency Name: Agency Location: |
| Applicant Mailing Address: | Agent Name: |
| Applicant Location Address: | Applicant's E-mail Address: |
| Applicant Website Address: | Applicant's Phone: |
| PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant | |

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|----------------------|--|--|--|
| Applicant is: | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (Specify) |
| | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company | |

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| 1. | AUDIT CONTACT INFORMATION |
| | Contact Name: E-mail address : Phone Number: |

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| 2. | ACTIVE OWNERS, PARTNERS AND EXECUTIVE OFFICERS | | |
| | NAME | TITLE/POSITION | DUTIES/RESPONSIBILITIES |
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| 3. | CLASSIFICATION OF RISK check all that apply and provide percentage of operation | | | |
| | <input type="checkbox"/> Commercial Contractor % | <input type="checkbox"/> Owner/Builder % | | |
| | <input type="checkbox"/> Construction/Project Manager and/or Consultants - PROHIBITED | <input type="checkbox"/> Remodeling Contractor % | | |
| | <input type="checkbox"/> Developer % | <input type="checkbox"/> Residential Contractor % | | |
| | | <input type="checkbox"/> Subcontractor % | | |

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| 4. | APPLICANT INFORMATION | |
| a. | Years in business Years of Experience Years operating under applicant name above: | |
| b. | Business Name change within the last year? PROHIBITED | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | Any changes to operations within the last year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | If yes, please describe | | | | | | | | | | | | | |
|-------------------|---|---|-----------------------|----------------------|--|--|--|--|--|---|--|--|--|---|
| d. | Describe all operations in detail. | | | | | | | | | | | | | |
| e. | <p>Is applicant licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Year license issued:</p> <p>License number License Type:</p> <p>Applicant licensed under any other name in last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes List prior name and describe operations:</p> <table border="1"> <thead> <tr> <th>PRIOR NAME & DATE</th> <th>OPERATION DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | PRIOR NAME & DATE | OPERATION DESCRIPTION | | | | | | | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | |
| PRIOR NAME & DATE | OPERATION DESCRIPTION | | | | | | | | | | | | | |
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| f. | Does applicant have other business ventures for which coverage is not requested? If yes, please describe | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| g. | Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| h. | Are any operations insured elsewhere by an owner-controlled insurance program (OCIP) also referred to wrap insurance? If yes, please describe | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| i. | States, areas of operation: Radius of operations from main location | miles | | | | | | | | | | | | |
| j. | <p>Does applicant own any Vacant Land? (Raw land with no developmental or improvement activity, held only for investment or possible development more than twelve (12) months in the future. No buildings on property.)</p> <p>If yes, property is zoned: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other</p> <table border="1"> <thead> <tr> <th>No. of Acres</th> <th>No. of Lots</th> <th>Location Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | No. of Acres | No. of Lots | Location Description | | | | | | | | | | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| k. | <p>Does applicant own any Real Estate Development Property? (Land with improvements – streets, roads, utilities, etc. completed or under constructions.)</p> <p>If yes, property is zoned: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Retail/Industrial</p> <table border="1"> <thead> <tr> <th>No. of Acres</th> <th>No. of Lots</th> <th>Location Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | No. of Acres | No. of Lots | Location Description | | | | | | | | | | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| No. of Acres | No. of Lots | Location Description | | | | | | | | | | | | |
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| l. | <p>Does applicant or any of applicant's employees hold a Real Estate Agent's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: has Professional Liability Coverage been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Limit of liability:</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | |

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| 5. | EMPLOYEE INFORMATION | |
| a. | Number of employees | |
| b. | Does applicant have a formal safety program If yes describe | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | Does applicant have workers compensation coverage in force | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. | Any employees working under: U.S Longshoremen's and Harborworkers' Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | Jones Maritime Act? If yes, in what capacity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | Does applicant lease employees from others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. | Does applicant lease employees to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 6. | SUBCONTRACTORS | |
| a. | Are all subcontractors required to carry General Liability insurance? If yes, minimum limits required: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. | Are all subcontractors required to carry Workers Compensation insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | Are certificates of insurance obtained from all subcontractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. | Is applicant named as an additional insured on all subcontractors' policies | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | Does applicant use uninsured subcontractors? If yes, percentage of total subcontracted cost: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. | Do written contracts contain hold-harmless agreements in favor of the applicant? If no, explain when not required: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. | Does applicant normally use the same subcontractors? If no, is subcontracted work put out for bids? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. | Does applicant own or operate a salvage yard and/or act as a secondhand building materials dealer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 7. | ACCOUNT HISTORY – 5 Years & projected current | | | Subcontracted Work | | |
| | | Payroll | Total Revenue | Cost of Labor, Fees, Commissions + | Cost of Materials & Equipment Rental = | Total Subcontracted Cost |
| | Projected | \$ | \$ | \$ | \$ | \$ |
| | 1 st Prior | \$ | \$ | \$ | \$ | \$ |
| | 2 nd Prior | \$ | \$ | \$ | \$ | \$ |
| | 3 rd Prior | \$ | \$ | \$ | \$ | \$ |
| | 4 th Prior | \$ | \$ | \$ | \$ | \$ |
| | 5 th Prior | \$ | \$ | \$ | \$ | \$ |

| 8. | OPERATIONS BY APPLICANT EMPLOYEES AND SUBCONTRACTORS | | | | | |
|----|--|-----------|--------------|---|-----------|--------------|
| | Percentage of payroll for employees, percentage of subcontracted work costs for all construction performed by subcontractors | | | | | |
| | | Employee | Sub | | Employee | Sub |
| | Operation | % payroll | % work costs | Operation | % payroll | % work costs |
| | Airports - SUBMIT | | | Plastering | | |
| | Asbestos removal PROHIBITED | XXXXX | XXXXX | Plumbing | | |
| | Blasting/Explosive SUBMIT | | | Power Lines PROHIBITED | | |
| | Bridges/Elevated Roads - PROHIBITED | XXXXX | XXXXX | Process Piping | | |
| | Carpentry | | | Removal/Installation of Underground tanks | | |
| | Communication lines | | | Residential prefab, modular or kit home manufacturing and installation - PROHIBITED | XXXXX | XXXXX |
| | Concrete | | | Roofing (submit if more than 25% of receipts) | | |
| | Drilling | | | Rooftop work other than roofing | | |
| | Earthquake reinforcement – retrofitting PROHIBITED | XXXXXX | XXXXX | Sewer | | |
| | EIFS - PROHIBITED | XXXXXX | XXXXX | Soil Stabilization PROHIBITED | XXXXX | XXXXX |
| | Electrical | | | Steel -ornamental | | |
| | Excavating | | | Steel – structural | | |
| | Fire Proofing | | | Street/roads/highway | | |
| | Fire Restoration – SUBMIT | | | Supervisory only | | |
| | Framing of Buildings | | | Swimming Pools | | |
| | Gas Mains | | | Tiny house PROHIBITED | XXXXX | XXXXX |
| | Insulation | | | Tunneling PROHIBITED | XXXX | XXXX |
| | Maintenance | | | Underpinning - PROHIBITED | XXXXX | XXXXX |
| | Masonry | | | Waterproofing | | |
| | Mechanical | | | Water Restoration - SUBMIT | | |
| | Mold & Spore remediation - PROHIBITED | XXXXX | XXXXX | Wrecking/Demolition | | |
| | Oil or Gas Facilities - PROHIBITED | XXXXX | XXXXXX | Other -describe: | | |
| | Painting | | | | | |
| | Pipeline/Water Main | | | | | |

| 9. DESCRIPTION OF OPERATIONS BY PERCENTAGE | | | |
|--|---|------------------|--|
| a. | Type of Operation: Must total 100% Demolition New Construction | % % | Remodeling Repair % |
| b. | Type of Construction - Commercial: Must total 100% Apartments Commercial Condominiums Commercial new construction Commercial remodeling | % % % % | Industrial Institutional Residential New Construction Residential Remodeling Other: Explain % |
| c. | Residential new construction Condos/Townhouses (including conversions) – PROHIBITED Single family or residential dwellings Average cost of new homes built \$ Greater than 20 per year or location PROHIBITED | XXXXX % | Residential Remodeling Interior work only Ground up construction % |

| 10. ADDITIONAL CONSTRUCTION DETAILS | |
|-------------------------------------|---|
| a. | Any Past, Present or Future new residential condominium or townhouse construction, including conversion projects? If yes, PROHIBITED |
| b. | Maximum number of residential homesites developed in any one year or at any one project site (Past, present or future) |
| c. | Does applicant have a formal home warranty program? If yes, describe |
| d. | Does applicant have model homes? If yes, Number: Location: |
| e. | Work done involving systems that provide (check all that apply) |
| f. | Any work which requires monitoring by (check all that apply) |
| g. | Any work performed above two stories in height from grade? If yes, maximum number of stories |
| h. | Any work performed below grade? If yes, maximum depth Percentage of total work % |
| i. | Any underground storage tanks? |

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| 11. | CONSTRUCTION DETAILS: HILLSIDES, SLOPES, LANDFILLS, DUMPS, SUBSIDENCE AREAS | |
| a. | Has applicant ever built or intended to build on former landfills/dumps or in subsidence areas? PROHIBITED Has applicant ever built or intended to build on hillsides and/or slopes? If yes, explain Percent of Grade: % | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. | Prior testing (geological, topical)? If yes explain Which geological survey engineering firm does applicant use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | Any past subsidence losses? If yes, explain | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 12. | EQUIPMENT DETAILS | |
| a. | Is scaffolding owned, rented or erected? Are other contractors at job site allowed to use it? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. | Any mobile equipment leased from others? If yes, from whom: Lease Basis? Operators Provided? Type of equipment leased | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | Does applicant hold other persons' property for service, storage or repair? If yes, Explain | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 13. | SCHEDULE OF HAZARDS | | | | |
| | Loc. No. | Classification Description | Class Code | Exposure | Premium Basis ** |
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| | **Premium Basis – choose one: (s) gross sales; (p) payroll; (a) area; (c) total cost; (t) other | | | | |

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| 14. | MAJOR PROJECTS LAST 5 YEARS – COMPLETED, IN-PROGRESS, AND PLANNED | | | | |
| | Project Name | Project Description | Project Location | Date | Revenue |
| | | | | | |
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FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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 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.

APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

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| APPLICANT NAME: | APPLICANT TITLE: |
| APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer) | DATE: |
| PRODUCER'S SIGNATURE: _____ | DATE: |

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.