

AGENT FIRST NAME:	AGENT LAST NAME	AGENT EMAIL:
FIRST NAME:	LAST NAME:	DBA:
BUSINESS NAME:	BUSINESS TYPE:	COUNTY:
PRIMARY LOCATION ADDRESS:	CITY:	STATE: ZIP:
MAILING ADDRESS:	CITY:	STATE: ZIP:
WEB ADDRESS:	INSURED PHONE:	INSURED EMAIL:
EFFECTIVE DATE:	YEARS IN BUSINESS:	EXPERIENCE:

IS APPLICANT A NEW VENTURE, EVER OPERATED UNDER ANOTHER NAME OR DISCONTINUED ANY OPERATIONS YES OR NO?	
IF YES, PLEASE EXPLAIN:	
DESCRIPTION OF OPERATIONS:	

IS THE APPLICANT CERTIFIED OR LICENSED FOR TRADE - YES, NO, or NOT APPLICABLE? (EX. ARCHITECT, ENGINEER, OR REALTOR)	IF YES, LICENSE #:
DESIRED DEDUCTIBLE:	OCCURRENCE LIMIT:
	AGGREGATE LIMIT:

OPERATIONS - PERCENT OF WORK

NEW CONSTRUCTION:	%	REMODELING/REPAIR:	%	SERVICE:	%	MUST = 100%		
RESIDENTIAL:	%	COMMERCIAL:	%	INDUSTRIAL:	%	OTHER:	%	MUST = 100%
If residential work is being done, what type?				<input type="checkbox"/> Apartments <input type="checkbox"/> Custom Homes <input type="checkbox"/> Condo/Townhouses. <input type="checkbox"/> Tract Homes				

If NEW residential construction is being completed, how many "Starts" do you project in the upcoming policy term?

WORK PERFORMED BY EMPLOYEES AND SUB CONTRACTORS

TRADE/ CLASS CODE (EX. GENERAL CONTRACTING):	PAYROLL:	SUB COSTS:	UNINSURED SUBCONTRACTORS:
EMPLOYEE PAYROLL:	SUBCONTRACTOR COSTS:	OWNER PAYROLL:	TOTAL EXPOSURE:

CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

ANY CONSTRUCTION OPERATIONS/SERVICES PERFORMED ON OR NEAR THE FOLLOWING

<input type="checkbox"/> MOLD REMEDIATION	<input type="checkbox"/> PIPELINES	<input type="checkbox"/> SEWER/UTILITIES	<input type="checkbox"/> DAMS/LEVIES	<input type="checkbox"/> TUNNELING
<input type="checkbox"/> PCBS	<input type="checkbox"/> HIGHWAYS/BRIDGES	<input type="checkbox"/> AIRPORTS	<input type="checkbox"/> BLASTING/MINING	<input type="checkbox"/> EIFS
<input type="checkbox"/> FUEL TANKS	<input type="checkbox"/> NAVIGABLE WATERWAYS	<input type="checkbox"/> PLAYGROUNDS	<input type="checkbox"/> TRAFFIC CONTROLS	<input type="checkbox"/> RAILROADS
<input type="checkbox"/> OIL FIELDS	<input type="checkbox"/> HAZARDOUS WASTE	<input type="checkbox"/> FOUNDATION REPAIR	<input type="checkbox"/> QUARRIES	<input type="checkbox"/> SCHOOLS
<input type="checkbox"/> PETROLEUM/CHEMICAL FACILITIES	<input type="checkbox"/> EARTHQUAKE RETROFITTING	<input type="checkbox"/> LEAD PAINT/ASBESTOS ABATEMENT	<input type="checkbox"/> ENVIRONMENTAL REMEDIATION	<input type="checkbox"/> CHURCHES/HOUSES OF WORSHIP
<input type="checkbox"/> MUSEUMS	<input type="checkbox"/> HISTORIC BUILDINGS	<input type="checkbox"/> HOSPITALS	<input type="checkbox"/> MEDICAL FACILITIES	<input type="checkbox"/> RECREATIONAL FACILITIES

ANY WORK ABOVE 3 STORIES **YES or NO??** _____

MAXIMUM HEIGHT? _____ FEET _____ STORIES

ANY WORK BELOW GROUND **YES or NO??** _____

IF YES, WHAT DEPTH? _____ FEET

MAXIMUM NUMBER OF INTERIOR STORIES? _____

MAXIMUM NUMBER OF EXTERIOR STORIES? _____

ANY NEW CONSTRUCTION OF CONDOMINIUMS, CONDO CONVERSIONS, TRACT HOUSING OR TOWNHOMES **YES or NO?** _____

IF YES, WHAT IS THE MAXIMUM # OF RESIDENTIAL UNITS PER DEVELOPMENT? _____

ANY REPAIR OR REMODELING OF CONDOMINIUMS, CONDO CONVERSIONS, TRACT HOUSING OR TOWNHOMES **YES or NO?** _____

IF YES, WHAT IS THE MAXIMUM # OF RESIDENTIAL UNITS PER DEVELOPMENT? _____

WILL YOU PERFORM OCIP (WRAP-UP) WORK **YES or NO?** _____

IF YES, EXPLAIN: _____

RADIUS OF OPERATIONS?		ANY WORK OUTSIDE OF APPLICANT'S HOMESTATE?		IF YES, STATES?	
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PAYROLL INFORMATION

	ESTIMATED NEXT 12 MONTHS	ACTUAL PREVIOUS 12 MONTHS
GROSS RECEIPTS	\$ _____	\$ _____
NUMBER OF PROJECTS	_____	_____
TOTAL OWNER PAYROLL (#OWNERS: _____)	\$ _____	\$ _____
TOTAL EMPLOYEE PAYROLL (FIELD LABOR- NO OFFICE)	\$ _____	\$ _____
INSURED SUB COSTS, INCLUDING LABOR AND MATERIALS	\$ _____	\$ _____
UNINSURED SUB COSTS, INCLUDING LABOR AND MATERIALS	\$ _____	\$ _____
NUMBER OF ACTIVE OWNERS WORKING IN THE FIELD	_____	NUMBER OF FULL-TIME EMPLOYEES IN THE FIELD _____
NUMBER OF JOBSITES	_____	NUMBER OF PART-TIME EMPLOYEES _____

SUBCONTRACTORS

UNINSURED SUBCONTRACTORS **YES or NO?** _____

IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTOR LABOR: \$ _____

CASH/1099 LABOR **YES or NO?** _____

IF YES, ANTICIPATED COST: \$ _____

TYPE OF WORK PERFORMED? _____

CHECK THE TYPES OF SUBCONTRACTOR AGREEMENTS YOU REQUIRE: STANDARD (AGC, AIA CONTRACTS) CUSTOM OTHER: _____

DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS **YES or NO?** _____

DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE **YES or NO?** _____

DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS NAMING YOU AS AN ADDITIONAL INSURED **YES or NO?** _____

DO YOU REQUIRE ALL SUBCONTRACTORS TO CARRY PRIMARY LIMITS EQUAL TO OR GREATER THAN YOUR OWN **YES or NO?** _____

IS THERE A DIARY SYSTEM IN PLACE TO TRACK EXPIRATION DATES OF CERTIFICATES OF INSURANCE **YES or NO?** _____

DO YOU REQUIRE ALL SUBCONTRACTORS TO WAIVE THEIR RIGHT OF SUBROGATION AGAINST YOU **YES or NO?** _____

HOW LONG DOES THE APPLICANT KEEP COPIES OF CERTIFICATES ON FILE? * _____ YEARS

ADDITIONAL INFORMATION

IS THE APPLICANT A CONSTRUCTION MANAGER YES or NO? (CONTRACTOR WORKING FOR THE OWNER, AND OBSERVING THE DAY-TO-DAY WORK ON SITE. SUBS ARE EMPLOYED BY AND PAID BY THE OWNER. THE CONSTRUCTION MANAGER WILL WORK FOR THE OWNER, ASSURING COMPLIANCE WITH CODES AND QUALITY WORK, BUT WILL NOT DIRECT THE DAILY OPERATION OF THE SUB CONTRACTORS.)	
IS THE APPLICANT A REAL ESTATE DEVELOPER YES or NO? (CONTRACTOR WHO PURCHASES LARGE, UNIMPROVED TRACTS OF LAND, AND MAKES THEM READY FOR BUILDING BY ADDING STREETS, ROADS, UTILITIES, ETC.)	
DOES THE APPLICANT HAVE A WRITTEN SAFETY/QUALITY CONTROL PROGRAM YES or NO?	
DOES THE APPLICANT COMPLY WITH ALL STATE AND LOCAL GOVERNMENT LICENSING REQUIREMENTS YES or NO?	
DOES THE APPLICANT ALLOW OTHERS TO USE THEIR CONTRACTING LICENSE TO OBTAIN PERMITS, BID PROJECTS, ETC. YES or NO?	
ANY INSTALLATION OR ERECTION OF PLAYGROUND EQUIPMENT, BLEACHERS OR STAGES YES or NO?	
ANY LEASING OR RENTAL OF EQUIPMENT TO OTHERS YES or NO?	
ANY CONCRETE OR MASONRY WORK YES or NO?	
ANY EXTERIOR SPRAY PAINTING OPERATIONS YES or NO?	
ANY WORK RELATED TO FIBER OPTIC CABLE WORK OR INSTALLATION YES or NO?	
ANY SALES OF CHEMICALS OR THE APPLICATION OF CHEMICALS, SUCH AS HERBICIDES OR PESTICIDES YES or NO?	
WILL YOU PERFORM ANY WATERPROOFING YES or NO?	
DO YOU USE MOTORIZED OR HEAVY EQUIPMENT IN ANY OF YOUR OPERATIONS YES or NO?	
ANY SALES, INSTALLATION, SERVICE OR REPAIR TO WOOD, COAL OR WASTE OIL-BURNING STOVES YES or NO?	
ANY GRADING AND EXCAVATING ON SLOPES OF GREATER THAN 30 DEGREES OR WORK ON RETAINING WALLS OVER 6 FEET IN HEIGHT?	
ANY WORK FOR "CLEAN ROOMS", INDUSTRIAL, PETROLEUM, CHEMICAL, MINING FACILITIES OR POWER GENERATION PLANTS YES or NO?	
ANY WORK PERFORMED AT HOSPITALS, STUDENT/SENIOR HOUSING, ASSISTED LIVING/RETIREMENT HOMES OR SCHOOLS YES or NO?	
*ANY INSTALLATION, REPAIR OR MAINTENANCE IN GRAIN ELEVATORS, TRAFFIC LIGHTS, UNGROUND STORAGE TANKS, SKYLIGHTS OR EIFS?	
*ANY SALES, INSTALLATION, SERVICE OR REPAIR OF ALARM SYSTEMS, AUTOMATIC FIRE EXTINGUISHING SYSTEMS, BOILERS, ELEVATORS, ESCALATORS, SURVEILLANCE SYSTEMS OR TV MONITORING SYSTEMS, EITHER COMMERCIAL OR RESIDENTIAL YES or NO?	
ARE RECORDS KEPT FOR EACH JOB INCLUDING THE DESCRIPTION OF MATERIALS AND EQUIPMENT USED OR INSTALLED YES or NO?	
HAS ANY OFFICER, OWNER, OR PARTNER OF THE COMPANY BEEN CONVICTED OF A FELONY YES or NO?	
IS ANY OFFICER, OWNER OR PARTNER CURRENTLY INVOLVED IN BANKRUPTCY PROCEEDINGS YES or NO?	
DO YOU NEED AN AUTOMATIC ADDITIONAL INSURED INTEREST YES or NO?	
DO YOU NEED TO PROVIDE AUTOMATIC WAIVER OF TRANSFER OF RIGHTS YES or NO?	

ANY ADDITIONAL COMMENTS:

*ADDITIONAL QUESTIONNAIRE WILL BE SENT FOR COMPLETION.

ROOFERS PERCENT OF WORK

PICHD ROOFS	RESIDENTIAL: %	COMMERCIAL: %	INDUSTRIAL: %	MUST = 100%
FLAT ROOFS	RESIDENTIAL: %	COMMERCIAL: %	INDUSTRIAL: %	MUST = 100%

ROOF SYSTEM %

SHINGLES/SHAKES	RESIDENTIAL: %	COMMERCIAL: %	INDUSTRIAL: %	MUST = 100%
METAL	RESIDENTIAL: %	COMMERCIAL: %	INDUSTRIAL: %	MUST = 100%
CLAY OR CONCRETE TILE	RESIDENTIAL: %	COMMERCIAL: %	INDUSTRIAL: %	MUST = 100%
HEAT APPLICATIONS (TAR/ASPHALT)	RESIDENTIAL: %	COMMERCIAL: %	INDUSTRIAL: %	MUST = 100%
OTHER	RESIDENTIAL: %	COMMERCIAL: %	INDUSTRIAL: %	MUST = 100%

DESCRIBE OTHER

ADDITIONAL QUESTIONS

Describe what safety precautions are in place if hot tar, torchdown or other hot processes are in place:

How do you protect the general public from potential injury?

How are materials lifted to the roof?

How are openings in the roof protected over night or when a rain storm is imminent?

Are you a member of NRCA? (Nat'l Roofing Contractors Association) **YES or NO?**

PROJECT DESCRIPTION OF LARGEST FIVE JOBS IN THE LAST THREE YEARS	COST OF PROJECT	DURATION
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Additional Project Information:

LOSS INFORMATION

HAVE YOU HAD ANY LOSSES IN THE PAST 3 YEARS **YES or NO?** **IF YES, LOSS RUNS FROM INUSRER NEEDED TO PUT POLICY IN PLACE

IF YES, PLEASE EXPLAIN
LOSSES:

HAVE YOU EVER HAD INSURANCE CANCELLED, DECLINED, OR A RENEWAL REFUSED **YES or NO?**

IF YES, PLEASE EXPLAIN
DECLINE/CANCEL/NON-
RENEWAL:

PREMIUM AND LOSS HISTORY	CARRIER	PREMIUM	LOSSES
CURRENT		\$	\$
1 ST PRIOR YEAR		\$	\$
2 ND PRIOR YEAR		\$	\$
ADDITIONAL LOSS COMMENTS:			

SIGNATURES

IT IS A CRIME TO KNOWINGLY AND INTENTIONALLY ATTEMPT TO DEFRAUD AN INSURANCE COMPANY BY PROVIDING FALSE OR MISLEADING INFORMATION OR CONCEALING MATERIAL INFORMATION DURING THE APPLICATION PROCESS OR WHEN FILING A CLAIM. SUCH CONDUCT COULD RESULT IN THE POLICY BEING VOIDED AND SUBJECT YOU TO CRIMINAL AND CIVIL PENALTIES.

I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S NAME AND TITLE (PRINTED): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____