



GENERAL CONTRACTORS/REMODELERS SUPPLEMENTAL APPLICATION

(To be submitted with ACORD General Liability Application)

GENERAL INFORMATION

Business Name: _____

Website: _____

1. Years in business under this name: _____

2. Years of experience in this field: _____

3. Applicant operates 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, does applicant carry an E&O policy? No Yes
If Yes, describe: _____

c. Percentage of applicant's work as a: General Contractor _____% Subcontractor _____%
Developer _____% Construction Manager _____%

4. Is the applicant licensed? No Yes

5. Has any licensing authority taken any action against applicant? No Yes

6. State(s) Applicant operates in: _____

7. Has Applicant operated or been licensed under any other name(s) during the past 10 years? No Yes
If Yes, provide prior name(s) and describe type of operations:

a. Name(s): _____

b. Operations: _____

8. Does Applicant have other business ventures for which coverage is not requested? No Yes

If Yes, explain and advise where insured: _____

9. Does applicant allow their license to be used by others to obtain a permit without their jobsite supervision? No Yes

10. Does applicant lease or rent any equipment to others? No Yes

OPERATIONS INFORMATION

11. Number of active owners: _____

12. Annual subcontracted cost (labor and materials): \$ _____

13. Number of employees (including leased and temporary): _____

14. Does applicant use casual laborers? (If Yes, include in question 15) No Yes



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15. Specify all Employee trades and payroll:

Trade Classification or Code	Payroll	Trade Classification or Code	Payroll
a.	\$	f.	\$
b.	\$	g.	\$
c.	\$	h.	\$
d.	\$	i.	\$
e.	\$	j.	\$

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

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

18. Gross sales anticipated for this policy period: \$ _____

19. Does Applicant own any real estate development property? No Yes

20. Does Applicant have any model homes? No Yes

21. Does Applicant own any vacant land? No Yes

SUBCONTRACTOR INFORMATION (Uninsured Subcontractors are not eligible)

22. Does Applicant require policies/certificates of Workers Compensation coverage from subcontractors? No Yes

23. Do all subcontractors provide Certificates of General Liability Insurance? No Yes

24. General Liability limits required of Applicant's Subcontractors? \$ _____ / _____

25. Is Applicant an additional insured on all certificates received from Subcontractors? No Yes

26. Is a favorable "hold harmless" agreement part of your contract with subcontractors? No Yes

27. How long are certificates kept? _____

28. Does Applicant use the same contractors? No Yes

29. Indicate work done by subcontractors:

Trade Classification or Code	Labor + Materials	Trade Classification or Code	Labor + Materials
a.	\$	f.	\$
b.	\$	g.	\$
c.	\$	h.	\$
d.	\$	i.	\$
e.	\$	j.	\$

Describe Other: _____

30. 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%

31. Does Applicant plan on working or is Applicant working on any condominiums, town houses, or tract homes? No Yes

If Yes, specify number of units, location(s) and job description(s):

Is this work _____ Individual Unit Owners? No Yes

for: _____ Contract with Association? No Yes



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32. 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): _____

33. 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.			

34. Has Applicant worked in any of the following states: AK, AZ, CA, CO, FL, HI, ID, MN, NM, NV, OR, SC, UT, WA? If Yes, indicate which state(s) and provide specific information on each job: No Yes

35. Does Applicant plan on working in any of the following states: AK, AZ, CA, CO, FL, HI, ID, MN, NM, NV, OR, SC, UT, WA? If Yes, indicate which state(s) and provide specific information on each job: No Yes

36. Is Applicant currently working or would consider working in the state of New York? If Yes, please provide details on the job(s): No Yes

37. Does Applicant always have a written contract agreement with the customer? No Yes

38. If Excavating, does Applicant use "Dig Safe" or does Applicant contact utilities prior to digging? N/A No Yes

39. Does Applicant bid on roofing projects? No Yes

40. Does the Applicant bid on any roofing, framing, or foundation work? No Yes

If Yes, how many over the past two (2) years?

How many anticipated for the coming 12 months?

41. Has Applicant ever built or intends on building on: hillsides, slopes, former landfills/dumps or in subsidence areas? If Yes, explain: No Yes

42. Has Applicant or their Subcontractors ever done any of the following:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Airports	<input type="checkbox"/>	<input type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Monitoring/Security System Installation					
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	Radon Mitigation	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Removal	<input type="checkbox"/>	<input type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Re-Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Mains	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Dry Wall	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic Stucco	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Facility					
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water Restoration	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals/Operations Rooms/Medical/Surgical Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Work performed below grade level	<input type="checkbox"/>	<input type="checkbox"/>
Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>			
Mold Remediation	<input type="checkbox"/>	<input type="checkbox"/>			
New Residential construction for condos, town, or tract homes	<input type="checkbox"/>	<input type="checkbox"/>			

If Yes to any of the above, describe: _____



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43. Describe the typical project Applicant's company is involved in:

MANAGEMENT / LOSS CONTROL

44. Has Applicant ever had a Construction Defect loss/claim, been involved in a class action suit, defect suit, or is aware of any pending litigation? No Yes

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

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

47. Are American Institute of Architects standard contracts used? No Yes

If not, explain: _____

48. Does applicant test all land, even if partially developed, before purchasing for development? No Yes

If No, does applicant only rely on the soils test supplied by the seller? No Yes

49. Does applicant have a soil engineer on staff? No Yes

If No, is an Independent Soil Engineer contracted? No Yes

Does the Soil Engineer hold Applicant harmless and name Applicant as an Additional Insured? No Yes

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

51. Would Applicant like a quote for the following General Liability coverage extensions? (Not available in all states)

Additional Insureds No Yes

Additional Insureds – Owners, Lessees or Contractors – Automatic Status No Yes

Primary Coverage for Additional Insureds No Yes

<u>Identity</u>	<u>Interest</u>	<u>Primary</u>	<u>Waive of Transfer of Rights of Recovery</u>

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Billpoint: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**