



CARRIER:

[Empty box for carrier information]

# Owner Acting as General Contractor Product

OWNER ACTING AS GENERAL CONTRACTOR APPLICATION - MONOLINE GENERAL LIABILITY

Please complete all sections of this application and have signed by the applicant.

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Policy Term:  Three months  Six months  Nine months  Annual

Please advise all entities requesting to be added as additional insured on this policy:  Not Applicable

Complete Name	Address	Interest

## DETAILS OF PROJECT:

1. Project location/address: \_\_\_\_\_

2. Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

3. Type of project:  New Construction  Renovation

4. Complete details of project:

[Empty box for project details]

5. Cost of labor: \$ \_\_\_\_\_ Cost of materials: \$ \_\_\_\_\_ Total cost of project: \$ \_\_\_\_\_ Sq. ft. floor space: \_\_\_\_\_

6. General liability limits requested:  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

7. Type of project:  Residential  New construction  Renovation of existing building  
 Commercial  New construction  Renovation of existing building

8. What percentage of work being performed is being done by the applicant's employees or casual laborers? \_\_\_\_\_ %

## ELIGIBILITY

- 9. The applicant is acting as the general contractor for this job only  True  False
- 10. All contractors are required to carry their own general liability insurance at a minimum of \$1,000,000 per occurrence  True  False
- 11. Applicant is the owner of the property  True  False
- 12. No locations or operations in Alaska, Arizona, California, Colorado, Louisiana, Nevada or West Virginia  True  False
- 13. No prior existing or pending bankruptcy in the past five years  True  False
- 14. The applicant is not a general contractor by trade  True  False
- 15. The project has not already commenced (other than site preparation or demolition prior to the inception date of our policy)  True  False
- 16. Project does not involve underpinning or shoring of adjacent buildings or structures  True  False
- 17. Project does not have a planned duration in excess of 12 months  True  False
- 18. Building is totally vacant  N/A  True  False
- 19. Building is not currently damaged (fire or otherwise)  N/A  True  False
- 20. Building is locked and secured from unauthorized entry  True  False
- 21. Exterior operations up to a maximum of 4 stories or 50 feet from grade level  True  False

22. No demolition work (except incidental non-load bearing interior work)  True  False
23. No adding of stories to existing structures  True  False
24. No blasting operations  True  False
25. No construction, installation, renovation or removal of underground tanks (except residential fuel oil tanks)  True  False
26. Certificates of insurance are required from all sub-contractors naming the applicant as additional insured  True  False
27. No swimming pools  True  False

**ADDITIONAL ELIGIBILITY INFORMATION**

28. Does the applicant engage in any operations or have any classifications on their premise(s) other than those listed in the Details of Project section above?  Yes  No

<p>Construction: <input type="checkbox"/> Fire resistive/Modified fire resistive <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Frame</p> <p>Protection class _____ Requested cause of loss: <input type="checkbox"/> Basic <input type="checkbox"/> Special</p> <p>Requested valuation: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value</p> <p>Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%</p> <p>What year was the building constructed? _____</p> <p>Age of roof: _____ Roof type: <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____</p> <p>Plumbing type: <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized <input type="checkbox"/> Other _____</p> <p>If renovation of an existing building, what is the existing building value? _____</p> <p>Is the building sprinklered? <input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input type="checkbox"/> Fully</p> <p>If sprinklered, will the system be operational during construction/renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**PROPERTY/BUILDER'S RISK**

29. Is property coverage requested (If yes, please complete the following)  Yes  No
30. Will any work be done to the structural load bearing members of the existing building?  Yes  No
31. Have any tenants been evicted from the property in the past 60 days?  Yes  No
32. Is project on filled land or does any demolition need to be done prior to construction?  Yes  No
33. Does the project include any large open atriums equaling three stories or more?  Yes  No
34. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground or waterborne exposures?  Yes  No
35. Does the project include any lift- slab or tilt- up construction methods?  Yes  No
36. Does the scope of the project include work on airport hangers, antennas, barns, bridges, dams, tunnels, inflatable or bubble buildings, greenhouses, silos, mobile homes, waste water treatment plants, chemical/petroleum/energy/ co-generation facilities, tanks, radio, TV or communication towers, signs, underground or waterborne exposures, warehouse or distribution centers over 100,000 square feet?  Yes  No
37. Is the construction site protected with a locked fence?  Yes  No
38. Is a watchman on premises 24 hours per day?  Yes  No

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Statement:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Florida Fraud Statement:** 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.

**Kansas Fraud Statement:** 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** 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

**Maryland Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** 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.

**Oklahoma Fraud Statement:** WARNING: 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.

**Oregon Fraud Statement:** Notice to Oregon 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 may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** 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 subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

**THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** 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 signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.