

# Associated Underwriters, Inc.

P.O. Box 45820  
Omaha, NE 68145-0820  
1-800-475-1711 • Fax (402) 592-0962

## General Contractors/Developers General Liability Application

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE.

Applicant's Name	_____
	_____
	_____
Mailing Address	_____
	_____

Agent Name	_____
Address	_____
	_____

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

**Does applicant have a Web Site?** .....  Yes  No  
If yes, Web Site Address: \_\_\_\_\_

**Applicant is:**     Individual             Corporation             Partnership             Joint Venture  
                          Limited Liability Company             Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$ _____	Premises/Operations
Products & Completed Operations Aggregate \$ _____	
Personal & Advertising Injury \$ _____	Products
Each Occurrence \$ _____	\$ _____
Damage To Premises Rented To You (any one premise) \$ _____	Other
Medical Expense (any one person) \$ _____	\$ _____
Other Coverage, Restrictions, and/or Endorsements:	
Deductible \$ _____	Total
	\$ _____

**A. Applicant is a (% of each):**     General contractor \_\_\_\_\_ %             Subcontractor \_\_\_\_\_ %  
    Developer \_\_\_\_\_ %             Construction manager/Consultant \_\_\_\_\_ %  
    Owner/Builder \_\_\_\_\_ %

**B. States/area of operations:** \_\_\_\_\_  
Radius of operations from main location: \_\_\_\_\_ miles.

**C. Describe all operations in detail:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Length of time in business: \_\_\_\_\_ years. Years of experience: \_\_\_\_\_

Are you licensed? .....  Yes  No

Type of license and no.: \_\_\_\_\_ Year license issued: \_\_\_\_\_

Length of time in business operating under the name shown above: \_\_\_\_\_ years or  new venture.

Have you operated or been licensed under any other name(s) during the past 10 years? .....  Yes  No

If Yes, provide prior name and describe type of operations:

Name	Describe Operations
_____	_____
_____	_____
_____	_____

E. Total number of employees? \_\_\_\_\_

F Indicate % of operations involving:

1. New construction .. \_\_\_\_\_ %    Remodeling..... \_\_\_\_\_ %    Demolition..... \_\_\_\_\_ %

Repair..... \_\_\_\_\_ %    Other (explain below) .. \_\_\_\_\_ % (Must total 100%)

Explain other: \_\_\_\_\_

2. Commercial new construction .... \_\_\_\_\_ %    Commercial remodeling..... \_\_\_\_\_ %

Industrial ..... \_\_\_\_\_ %    Institutional..... \_\_\_\_\_ %

Residential\* new construction ... \_\_\_\_\_ %    Residential\* remodeling..... \_\_\_\_\_ %

Apartments ..... \_\_\_\_\_ %    Commercial Condominiums .. \_\_\_\_\_ % (Must total 100%)

(\*If Residential Construction—Condos/Townhouses (including conversions) ..... \_\_\_\_\_ %;

Single family or residential dwellings ..... \_\_\_\_\_ %;

If Residential Remodeling—Interior work only ..... \_\_\_\_\_ %;

Ground-up construction ..... \_\_\_\_\_ %)

G. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums, or Townhouses in the past 10 years? .....  Yes  No

If yes, indicate maximum number built during any twelve (12) month period, maximum at any one project/development site and expected maximum number to be built during next twelve (12) months. (For these purposes' a duplex is equivalent to two single family residences; a triplex equals three homes, etc.)

	No. Residential Homes	No. any one Project/ Development Site	No. Condominiums/ Townhouses
<b>Next 12 months</b>			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			

H. Do you have a formal home warranty program? .....  Yes  No

If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I. Do you have model homes? .....  Yes  No

If yes, give no.: \_\_\_\_\_ Location: \_\_\_\_\_

J. List all major projects completed within the past five years, including work in progress and planned projects. (List project name, date, project description, location, and revenues): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Operations by Applicant</b>
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K. Indicate percentage of payroll for each type of construction work performed by your employees:

Airports	%	Gas Mains	%	Sewer	%
Asbestos Removal	%	Insulation	%	Soil Stabilization	%
Blasting	%	Maintenance	%	Steel (ornamental)	%
Bridges/Elevated Roads	%	Masonry	%	Steel (structural)	%
Carpentry	%	Mechanical	%	Street/Road	%
Communication Lines	%	Mold & Spore Remediation	%	Supervisory Only	%
Concrete	%	Oil or Gas Fields	%	Swimming Pools	%
Drilling	%	Painting	%	Tunneling	%
Earthquake Reinforcement	%	Pipeline/Water Main	%	Underpinning	%
EIFS	%	Plastering	%	Waterproofing	%
Electrical	%	Plumbing	%	Water Restoration	%
Excavating	%	Power Lines	%	Wrecking/Demolition	%
Fire Proofing	%	Process Piping	%	Other (describe)	%
Fire Restoration	%	Removal/Installation of Underground Tanks	%	_____	
Framing of Buildings	%	Roofing	%	_____	

L. Account history for prior 5 years and projected current year:

Year	Payroll	Total Revenue	Subcontracted Cost		
			Cost of Labor, Fees, Commissions +	Cost of Materials & Equipment Rental =	Total Subcontracted Cost
Current					
1st Prior					
2nd Prior					
3rd Prior					
4th Prior					
5th Prior					

M. Are certificates of insurance obtained from subcontractors? .....  Yes  No

Minimum Limits Required \$ \_\_\_\_\_

Do you use uninsured subcontractors? .....  Yes  No

If yes, percentage of total subcontracted cost: \_\_\_\_\_ %

N. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor? .....  Yes  No

If no, explain when not required: \_\_\_\_\_

**O. Are you named as an additional interest on the subcontractors' policies?** .....  Yes  No

**P. Do you normally use the same subcontractors?**.....  Yes  No  
 If no, do you put all subbed work out for bids? .....  Yes  No

<b>Subcontractors Operations Performed for Applicant</b>
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**Q. Indicate type of construction work performed by your Subcontractors:** (Indicate percentage of total subcontracted costs)

Airports	%	Gas Mains	%	Sewer	%
Asbestos Removal	%	Insulation	%	Soil Stabilization	%
Blasting	%	Maintenance	%	Steel (ornamental)	%
Bridges/Elevated Roads	%	Masonry	%	Steel (structural)	%
Carpentry	%	Mechanical	%	Street/Road	%
Communication Lines	%	Mold & Spore Remediation	%	Supervisory Only	%
Concrete	%	Oil or Gas Fields	%	Swimming Pools	%
Drilling	%	Painting	%	Tunneling	%
Earthquake Reinforcement	%	Pipeline/Water Main	%	Underpinning	%
EIFS	%	Plastering	%	Waterproofing	%
Electrical	%	Plumbing	%	Water Restoration	%
Excavating	%	Power Lines	%	Wrecking/Demolition	%
Fire Proofing	%	Process Piping	%	Other (describe)	%
Fire Restoration	%	Removal/Installation of Underground Tanks	%	_____	
Framing of Buildings	%	Roofing	%	_____	

**R. Is any work done involving systems that provide:**  
 Medical and/or industrial life support     Process piping     Dams/levees

**S. Does work require monitoring by:**  
 Certified inspectors     Resident inspectors     Part-time     When called

**T. Any work performed above two stories in height from grade?** .....  Yes  No  
 Maximum number of stories: \_\_\_\_\_

**U. Any work performed below grade?** .....  Yes  No  
 Maximum depth: \_\_\_\_\_ ft. \_\_\_\_\_ % of total work

**V. Is scaffolding owned, rented or erected?** \_\_\_\_\_  
 Are other contractors at job site allowed to use it? .....  Yes  No

**W. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**X. Do you have a formal safety program in operation?** .....  Yes  No  
 Please explain and/or provide a copy: \_\_\_\_\_

**Y. 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: \_\_\_\_\_

Percent of grade \_\_\_\_\_ %    Prior testing (geological, topical)? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

Which geological survey engineering firm do you use? \_\_\_\_\_

Underpinning? .....  Yes  No  
 Any past subsidence losses? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**Z. Do you or any of your employees hold a Real Estate Agent's license?** .....  Yes  No  
 If yes, has Professional Liability Coverage been obtained? .....  Yes  No  
 Limit of Liability: \$ \_\_\_\_\_

**AA. Any other operations outside the realm of "contracting"?** .....  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 Where insured? \_\_\_\_\_

**BB. Any mobile equipment leased from others?** .....  Yes  No  
 If yes, from whom? \_\_\_\_\_  
 Lease basis? \_\_\_\_\_  
 Operators provided? .....  Yes  No  
 Type of equipment leased? \_\_\_\_\_

**CC. Do you own any Vacant Land?** (Raw land with no developmental or improvement activity, held only for investment or possible development more than 12 months in the future. No buildings on property.) .....  Yes  No  
 If yes, is property zoned:  Residential  Commercial/Retail/Industrial or other

No. of Acres	No. of Lots	Location Description

**DD. Do you own any Real Estate Development Property?** (Land with improvements-streets, roads, utilities, etc completed or under construction) .....  Yes  No  
 If yes, is property zoned:  Residential  Commercial/Retail/Industrial or other

If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

**EE. Do you hold other persons' property for service, storage, or repair?** .....  Yes  No  
 If yes explain: \_\_\_\_\_

**FF. Any underground storage tanks?** .....  Yes  No  
 If yes, when inspected and by whom? \_\_\_\_\_

**GG. Any employees working under:**  
**U.S. Longshoremen's and Harborworkers' Act?** .....  Yes  No  
**Jones Maritime Act?** .....  Yes  No  
 If yes, what percent of payroll? \_\_\_\_\_ % Give city and state: \_\_\_\_\_

HH. Does applicant have Workers' Compensation coverage in force?.....  Yes  No

II. Does applicant lease employees from others?.....  Yes  No

Does applicant lease employees to others? .....  Yes  No

JJ. Dollar value of average job completed: \$ \_\_\_\_\_

KK. Are any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? .....  Yes  No

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LL. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MM. List all active owners, partners and executive officers and their job duties/responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NN. Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit? .....  Yes  No

If Yes, and loss or suit is older than 5 years, provide details:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

OO. Have any known events occurred prior to the proposed effective date that may result in a claim? .  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR CARRIER INFORMATION – FIVE YEAR PERIOD**

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

**LOSS HISTORY—FIVE YEAR PERIOD**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

**SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (t) Other (c) Total Cost	Terr.	Rate		Premium	
					Prem./Ops.	Products	Prem./Ops.	Products

**Authorized Applicant's Representative** (Name and Phone number of individuals to contact for inspection/audit):

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

APPLICABLE IN THE STATE OF NEW YORK:

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.

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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.

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

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT (if applicable): \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.