

1. Company Name: (Attach list of all subsidiaries) \_\_\_\_\_
2. Description of Operations: \_\_\_\_\_
3. Area of Operations (States other than Home State): \_\_\_\_\_
4. Years In Business \_\_\_\_\_
5. Has the applicant changed names in the last five year? Yes ☐ No ☐ (If yes provide details)
6. Has the applicant merged with or purchased any other operations within the last 5 years? Yes ☐ No ☐  
(If yes attach addendum providing full details, including whether or not purchased companies liabilities as well as assets were purchased).

7. Historical Exposures:	Payroll	Gross Receipts	Cost of Subcontractors
Next Policy Year (EST.)	\$ _____	\$ _____	\$ _____
Current Year	\$ _____	\$ _____	\$ _____
1 <sup>st</sup> Prior Year	\$ _____	\$ _____	\$ _____
2 <sup>nd</sup> Prior Year	\$ _____	\$ _____	\$ _____
3 <sup>rd</sup> Prior Year	\$ _____	\$ _____	\$ _____
4 <sup>th</sup> Prior Year	\$ _____	\$ _____	\$ _____

8. What is the insured's average job size/cost? \$ \_\_\_\_\_
9. Applicant works? As Sole Contractor \_\_\_\_\_% As General Contractor \_\_\_\_\_% As Sub-contractor \_\_\_\_\_%

10. List the five largest jobs completed in the last 12 months

Client Name	Contract Cost	Sub-contracted Cost	Description of work
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
5. _____	\$ _____	\$ _____	_____

11. List the three largest jobs currently in progress

Client Name	Contract Cost	Sub-contracted Cost	Description of work
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____

12. List the three largest jobs currently being Bid

Client Name	Contract Cost	Sub-contracted Cost	Description of work
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____

13. Has the applicant ever been named in litigation regarding faulty construction? Yes ☐ No ☐ (If yes attach addendum giving full details including dates and amounts paid)
14. Has the contractor ever been involved with New Residential Multi Unit facilities or Master Planned Residential Communities or Tract Housing? Yes ☐ No ☐ (If yes attach addendum giving full details including dates and amounts paid)
15. Does the applicant use a written job safety program? Yes ☐ No ☐ (If yes attach copy of safety program)
16. Has the applicant had any OSHA citations in the last 10 years? Yes ☐ No ☐ If yes attach addendum giving full details including dates and amounts paid)
17. Indicate percent of work performed in each: New Construction\_\_\_% Remodeling\_\_\_%  
Commercial(Buildings)\_\_\_% Institutional\_\_\_% Demolition\_\_\_% Service/Repair\_\_\_%  
Commercial(other)\_\_\_% Industrial\_\_\_% Residential(tract homes)\_\_\_%  
Residential (condos/townhouses)\_\_\_% Residential (apartments) \_\_\_% Residential(custom single family homes)\_\_\_%
18. Does the applicant contract the services of sub-contractors? Yes☐ No ☐ If yes, what \_\_\_\_\_% of work
19. Are written contracts used with sub-contractors? Yes ☐ No ☐
20. Are copies of sub-contractors Certificates of Insurance required? Yes ☐ No ☐ List limits required;  
General Liability \$\_\_\_\_\_ Auto \$\_\_\_\_\_ Employers Liability \$ \_\_\_\_\_
21. Is the applicant ALWAYS named as an additional insured on Certificates of Insurance? Yes ☐ No ☐
22. Is any work done in the following areas: (Attach addendum detailing all yes answers)
- |                         |  |                          |  |
|-------------------------|--|--------------------------|--|
| Pile Driving            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Drilling                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Wrecking with Ball      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Interior Strip Out       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Wrecking by "hand"      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Grading                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Demolition (explosives) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mining                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Excavation              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Use of Cranes            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Bridge Work             | Yes <input type="checkbox"/> No <input type="checkbox"/> | X, C or U Hazards        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dam Work                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Work higher than 15 feet | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blasting                | Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |  |
21. If applicant answered yes to demolition or blasting questions answer the following:
- Demolition projects over three stories? Yes ☐ No ☐
  - Show percent of demolition projects in the various areas?  
Urban \_\_\_ % Suburban \_\_\_ % Rural \_\_\_ %
  - Blasting projects/Number of "shots" over the next 12 months? \_\_\_\_\_
  - Does the applicant act as a distributor of explosive material? Yes ☐ No ☐  
If Yes, gross receipts? \$\_\_\_\_\_

**22. Attach 5 YEARS CURRENTLY VALUED LOSS INFORMATION & most recent financial statement.**