

SURPLEX UNDERWRITERS, PO BOX 998 PORTLAND, ME. 04104, FAX 207-856-0260, PHONE 800-441-1799  
 SURPLEX UNDERWRITERS, PO BOX 10477, BEDFORD, NH. 03110, FAX 603-625-4869, PHONE 800-258-6206  
 SURPLEX UNDERWRITERS, PO BOX 6070, WARWICK, RI. 02887, FAX 401-738-7589, PHONE 800-334-7580

## Contractors General Liability Application

Applicant's Name \_\_\_\_\_

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_

**12:01 A.M., Standard Time at the address of the Applicant**

Applicant's Web site address: \_\_\_\_\_

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

### LIMITS OF LIABILITY REQUESTED

General Aggregate (other than products/completed operations) \$

Products & Completed Operations Aggregate \$

Each Occurrence Limit \$

Personal & Advertising Injury Limit \$

Damage to Premises Rented to You (per premises) \$

Medical Expense (per person) \$

Property Damage Extension Endorsement \$

Property Damage Liability Deductible \$

1. **Year business was founded** \_\_\_\_\_ Years of experience in trade: \_\_\_\_\_ Are you licensed? \_\_\_Yes \_\_\_No  
 Kind of license and no.: \_\_\_\_\_ Year license issued: \_\_\_\_\_

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

3. **List the five largest jobs completed within the past five years, including work in progress and planned projects (list all project names, partnerships, joint ventures, corporations, etc.):** \_\_\_\_\_

4. **Number of Owners:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

5. **Account history for prior 3 years:**

	Payroll		Total Receipts	Total cost of hire for Subcontracted work
	Owner	Employee(s)		
<b>Current</b> Policy term				
1 <sup>st</sup> prior				
2 <sup>nd</sup> prior				
3 <sup>rd</sup> prior				

**SUBCONTRACTOR OPERATIONS PERFORMED FOR APPLICANT 6. List**

**subcontractor trades used: ( list the percentage a sub is used for the described operation)**

_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %

**7. Are certificates of insurance obtained from subcontractors?** \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**8. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?**

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

**9. Are you named as an additional insured on all subcontractors ' policies?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**10. Are any additional insureds to be added to your policy?** \_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

**11. Indicate % of work performed in:**

New Construction	_____ %	Remodeling	_____ %	Repair	_____ %
Commercial	_____ %	Industrial	_____ %	Residential Tract/ Subdivision	_____ %
Spec Homes	_____ %	Custom Homes	_____ %	Townhouses	_____ %
Condominiums	_____ %	Other _____	_____ %		

**12. Applicant is a (% of each):** General contractor \_\_\_\_\_ % ☐ Subcontractor \_\_\_\_\_ %

Developer \_\_\_\_\_ % ☐ Owner/Builder \_\_\_\_\_ %

Construction mgr./Consultant \_\_\_\_\_ %

**13. What is the maximum number of buildings (or projects) you have helped construct, remodel or repair in one year?**

Total Residential \_\_\_\_\_ Residential in any single housing development \_\_\_\_\_ Commercial \_\_\_\_\_

**How many do you plan to construct, remodel or repair in the next twelve months?**

Total Residential \_\_\_\_\_ Residential in any single housing development \_\_\_\_\_ Commercial \_\_\_\_\_

**14. Do you perform roofing installations or repair?** \_\_\_\_\_ Yes \_\_\_\_\_ No, **If yes please describe and indicate if you or your Employees are doing it or is it subcontracted out.** \_\_\_\_\_

**Is the roofing work done incidental to an overall job or are you involved in roofing installation or repair on its own** \_\_\_\_\_

**\*\*\* (if you are involved in roofing operations you will need to complete our Roofing supplemental PA01-423(4-03), which can be download from our web page)**

**15 Do you now or have you in the past, or do you plan in the future, to supervise, sub-contract out or perform any of the following?**

	B Me By	By Subs	None		By Me	By Subs	None
Airport or strip work	_____	_____	_____	Insulation work	_____	_____	_____
Architectural/design engineering	_____	_____	_____	Lead abatement or paint removal	_____	_____	_____
Asbestos abatement	_____	_____	_____	LPG work	_____	_____	_____
Blasting	_____	_____	_____	Medical or industrial life support	_____	_____	_____
Boiler installation or repair	_____	_____	_____	Oil refinery or pipeline work	_____	_____	_____
Bridge construction	_____	_____	_____	Overpass construction	_____	_____	_____
Caisson work	_____	_____	_____	Railroad work	_____	_____	_____
Concrete tilt-up construction	_____	_____	_____	Process piping	_____	_____	_____
Dam or reservoir work	_____	_____	_____	Retaining walls	_____	_____	_____
Demolition	_____	_____	_____	Swimming pool construction	_____	_____	_____
Environmental clean-up	_____	_____	_____	Synthetic stucco or EIFS work	_____	_____	_____
Equipment rental to others	_____	_____	_____	Traffic control construction	_____	_____	_____
Fire proofing	_____	_____	_____	Underground tank work	_____	_____	_____
Fire sprinkler work	_____	_____	_____	Use of cranes	_____	_____	_____
Framing	_____	_____	_____	Use of scaffolding	_____	_____	_____
Gas line, main or pump work	_____	_____	_____	Utilities work	_____	_____	_____
Highway or road construction	_____	_____	_____	Welding at job sites	_____	_____	_____
Industrial machinery or repair	_____	_____	_____	Wrap-ups	_____	_____	_____

Explain all "by me" or "by subs" responses \_\_\_\_\_  
 \_\_\_\_\_

**16. Do you do framing jobs?** \_\_\_Yes \_\_\_No If yes, how many homes per year? \_\_\_\_\_

**17. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums Townhouses or Apartment Buildings?** \_\_\_Yes \_\_\_ No

**(If yes, maximum number built during any 12-month period during the last five)**

\_\_\_\_\_ Residential Homes \_\_\_\_\_ Condos \_\_\_\_\_ Townhouses \_\_\_\_\_ Apartment Buildings

**18. Any work performed above three stories in height?** \_\_\_Yes \_\_\_ No Maximum number of stories: \_\_\_\_\_

**19. Any work performed below grade?** \_\_\_Yes \_\_\_ No Maximum depth \_\_\_\_\_ ft. \_\_\_\_\_ % of total work

**20. Do you have a formal safety program in operation?** \_\_\_Yes \_\_\_No Please explain and/or provide a copy:

**21. Have you ever built or do you intend to build on hillsides, slopes, landfills or in subsidence areas?**

\_\_\_ Yes \_\_\_ No      If yes, explain: \_\_\_\_\_

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

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

If yes, provide details:

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

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

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

**24. 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

No. of Acres	No. of Lots	Location Description

If yes, is property zoned? ☐ Residential ☐ Commercial/Retail/Industrial or other

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

**25. 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

26. Any underground storage tanks? \_\_\_Yes \_\_\_ No

If yes, when inspected and by whom? \_\_\_\_\_  
\_\_\_\_\_

27. 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: \_\_\_\_\_

28. Have you ever been named in litigation alleging faulty construction, construction defects or mold?

\_\_\_Yes \_\_\_ No

If yes, in which state? \_\_\_\_\_ Describe nature and date of work, amount paid and reserved. \_\_\_\_\_  
\_\_\_\_\_

29. Do any of the entities named in the application have knowledge of pre-existing acts, errors, omissions, events, conditions or damage or injury to any person or property that may potentially give rise to a future claim or legal action against such entity? \_\_\_Yes \_\_\_ No If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

30. Are any of the entities named in the application involved in any other business besides building contracting?

\_\_\_Yes \_\_\_ No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

31. List the states in which you currently or plan to operate or in which you have a contractors license. \_\_\_\_\_  
\_\_\_\_\_

32. Have you ever done any work in AZ, CA, CO, NV, NY, OR, TX or WA? ☐ Yes ☐ No If yes, give years worked there and type of work done. \_\_\_\_\_  
\_\_\_\_\_

33. Do you carry an all risk contractor ' s equipment floater? \_\_\_Yes \_\_\_ No

Is automatic acquisition on leased, rented or replaced equipment provided? \_\_\_\_\_ Limits: \_\_\_\_\_

\*\*\* Attach list of contractor's equipment.

34. Do you hold other person ' s property for service, storage, or repair? \_\_\_ Yes \_\_\_ No

35. Does applicant have Workers ' Compensation coverage in force? \_\_\_ Yes \_\_\_ No

36. Does applicant lease employees? \_\_\_Yes \_\_\_ No

37. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant? \_\_\_Yes \_\_\_ No

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

**PRIOR CARRIER INFORMATION**

	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 (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem/ Ops	Products	Prem/ Ops	Products

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.

**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.

**FRAUD WARNING:**

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.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Producer Signature & Date

\_\_\_\_\_  
Producer Name & Address

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

<b>NOTICE OF INSURANCE INFORMATION PRACTICES</b> PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.
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ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” OR “N/A”.