



Contractors' General Liability Application

Insured Name: _____ Effective Date: _____

Description of operations: _____

Scope of Operations	Percentage of Work	New Construction	Remodel/Service/Repair
Years in Business: _____	Residential: _____	_____	_____
# Years Experience: _____	Commercial: _____	_____	_____
# Years Prior GL Coverage: _____	Industrial: _____	_____	_____

Historical & Future Projects	Next 12 Months	1st Prior Year	2nd Prior Year	3rd Prior Year
# of Projects: _____	_____	_____	_____	_____
Employee Payroll: _____	_____	_____	_____	_____
Gross Receipts: _____	_____	_____	_____	_____
Subcontracted Cost: _____	_____	_____	_____	_____

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|--|---------|--------|---------|
| 1 Do you perform work on residential projects valued over \$2 million: | ___ Yes | ___ No | ___ N/A |
| 2 Do you require subcontractors to have a written contract, provide certificates of insurance showing limits of liability equal to or greater than those on your policy: | ___ Yes | ___ No | ___ N/A |
| 3 Any exterior work exceeding three (3) stories in height: | ___ Yes | ___ No | ___ N/A |
| 4 Work on condominiums, townhouses, or Tract Developments with more than 15 units: | ___ Yes | ___ No | ___ N/A |
| 5 Any work with student housing, senior housing, assisted living facilities, or retirement homes involving more than one (1) individual unit within the development: | ___ Yes | ___ No | ___ N/A |
| 6 Work on slopes greater than 15 degrees or retaining walls higher than 6 feet: | ___ Yes | ___ No | ___ N/A |
| 7 Any installation or work with wood, coal, or waste oil-burning stoves: | ___ Yes | ___ No | ___ N/A |
| 8 Any work involving mold, asbestos, environmental remediation, or herbicides/pesticides: | ___ Yes | ___ No | ___ N/A |
| 9 Any installation of fire extinguishing systems or monitoring of alarm systems: | ___ Yes | ___ No | ___ N/A |
| 10 Any work on railroads, traffic lights, airports, recreation facilities, petroleum plants, chemical facilities, elevators, escalators, retrofitting, or foundation repair/stabilization: | ___ Yes | ___ No | ___ N/A |
| 11 Any swimming pool installation, work with fiber optics, or tunneling operations: | ___ Yes | ___ No | ___ N/A |
| 12 Have you filed bankruptcy in the past 7 years: | ___ Yes | ___ No | ___ N/A |
| 13 During the past three years has any company ever cancelled, non-renewed, declined, or refused to issue similar insurance: | ___ Yes | ___ No | ___ N/A |
| 14 Have you had any general liability insurance claims in the past 3 years: | ___ Yes | ___ No | ___ N/A |
| 15 Do you have knowledge of any event that may result in a general liability insurance claim: | ___ Yes | ___ No | ___ N/A |

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.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature	Date	Producer's Signature	Date
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