



Application  
For  
**General Contractors**

1. Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Web Site Address \_\_\_\_\_  
Structure of Organization: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐

**Attach a complete list of name insureds including a brief description of each.**

Does the applicant operate as a ☐ General Contractor ☐ Project Manager ☐ Project Owner  
☐ Builder/Developer ☐ Construction Manager

If any work as a Project Manager, Developer, or Construction Manager please describe: \_\_\_\_\_

If any work as a Project or Construction Manager does applicant carry an E & O policy? \_\_\_\_\_

Percent of your work as a General Contractor? \_\_\_\_ % As a Subcontractor? \_\_\_\_ % As a Developer? \_\_\_\_ %  
Construction Manager \_\_\_\_ %

2. Year(s) in business under this name: \_\_\_\_\_ Time at this address: \_\_\_\_\_  
3. Year(s) of experience in this field: \_\_\_\_\_ License class/number: \_\_\_\_\_  
4. Area of operations (county/state): \_\_\_\_\_  
5. Any owned Real Estate development property? ☐ Yes ☐ No If yes, # of acres \_\_\_\_\_ # of Bldg sites \_\_\_\_\_  
What is planned to be developed on this site? \_\_\_\_\_  
6. Limits of Liability requested \$ \_\_\_\_\_ Occurrence / \$ \_\_\_\_\_ Aggregate  
What Workers Compensation requirements do you require of your subcontractors? \_\_\_\_\_  
7. Receipts expected during coming policy period: \$ \_\_\_\_\_  
Receipts past 4 years: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
8. Payroll of active owners (except those exclusively in clerical or sales): \$ \_\_\_\_\_  
9. Number of employees (including leased) in the following classes:  
Field Supervisors: \_\_\_\_\_ Trades \_\_\_\_\_ Laborers \_\_\_\_\_ Clean-up \_\_\_\_\_

ISO Classification and Code	Payroll	ISO Classification and Code	Payroll
a)		d)	
b)		e)	
c)		f)	

Provide a list of trades performed by the named insured: \_\_\_\_\_

What is the cost and number of any leased workers? \$ \_\_\_\_\_ Cost \_\_\_\_\_ Number \_\_\_\_\_  
What is the cost and number of casual laborers used? \$ \_\_\_\_\_ Cost \_\_\_\_\_ Number \_\_\_\_\_

10. Annual subcontracted cost (labor and material): \$ \_\_\_\_\_  
(Include cost of all material provided by you, a sub, an owner or a bank.)

11. Does applicant normally employ the same subcontractors? \_\_\_\_\_

Provide a list of major subcontractors used.  
(Attach page if more space is needed.)

12. Do **all** subs provide Certificates of Insurance? ☐ Yes ☐ No  
Limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate  
Is the applicant an Additional Insured on all subcontractor's policies? ☐ Yes ☐ No  
Do **all** subcontractors "Hold you harmless"? ☐ Yes ☐ No  
Does the applicant keep copies of all certificates? ☐ Yes ☐ No  
How long are they kept? \_\_\_\_\_

Explain any "No" responses to quest #12.

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insured's and their interest and any hold harmless wording).

13. Show percent of work performed in: **(each row should equal 100%)**

<b>Residential:</b>	% New Construction _____ + % Remodeling / Repairs _____ + % Demolition _____ = 100 % % Rural _____ + % Suburban _____ + % Urban _____ = 100%
<b>Commercial:</b>	% New Construction _____ + % Remodeling / Repairs _____ + % Demolition _____ = 100 % % Rural _____ + % Suburban _____ + % Urban _____ = 100%
<b>Industrial:</b>	% New Construction _____ + % Remodeling / Repairs _____ + % Demolition _____ = 100 % % Rural _____ + % Suburban _____ + % Urban _____ = 100%

14. Do you loan, lease or rent equipment to others? ☐ Yes ☐ No

If so, what type of equipment \_\_\_\_\_  
With or without operator? \_\_\_\_\_  
Rental Receipts with operator \$ \_\_\_\_\_ Rental Receipts without operator \$ \_\_\_\_\_

15. Have you built or are you building on hillsides, hilltops, coastal areas, flat pads in flat areas, landfills, in subsidence areas, or in flood zones? If yes, describe ☐ Yes ☐ No

16. Have you built, are you building or remodeling any condominiums, town houses or tract homes? If so, describe

Number of residential homes anticipated to be constructed over the next year? \_\_\_\_\_

17. Indicate the number of residential homes or condos built over the past three (3) years.

Indicate the number of condos remodeled in the past three (3) years.

18. Are you currently working or have you ever worked in the state of New York? ☐ Yes ☐ No  
If yes, please provide details on the job or jobs.

19. Do you have any future plans or would you consider working in the state of New York? ☐ Yes ☐ No  
If yes, please provide details on the job or jobs.

20. Describe the largest jobs completed in the last 10 years. **(Attach a separate sheet if needed)**

	<u>Project/Location</u>	<u>Nature of Work</u>	<u>Receipts</u>	<u>Dates - Start/End</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

21. Describe jobs in progress: **(Attach a separate sheet if needed)**

	<u>Project/Location</u>	<u>Nature of Work</u>	<u>Receipts</u>	<u>Dates - Start/End</u>
1.				
2.				
3.				
4.				
5.				

22. Describe jobs scheduled to begin in coming policy term. **(Attach a separate sheet if needed)**

	<u>Project/Location</u>	<u>Nature of Work</u>	<u>Receipts</u>	<u>Dates - Start/End</u>
1.				
2.				
3.				
4.				
5.				

23. Do you provide watchmen or security for job site(s)? ☐ Yes ☐ No Are sites fenced? ☐ Yes ☐ No

Describe your formal safety program or attach copy:

24. Are A.I.A. Standard Contracts used? ☐ Yes ☐ No If not, attach sample copy of contract.

25. Do you or your subcontractors frame residential dwellings? ☐ Yes ☐ No  
If yes, indicate the number per year \_\_\_\_\_

26. If excavating, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? ☐ Yes ☐ No

27.	<u>Indicate % work done:</u>	<u>By You or Employees</u>	<u>By Subs</u>	<u>Not Done</u>		<u>By You or Employees</u>	<u>By Subs</u>	<u>Not Done</u>
	1. Airports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Mold Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Nuclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Boilers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Process Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Radon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Railroads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Cranes/Hoists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Re-Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Sprinklers or			
	13. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Synthetic Stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15. Fire or Water				35. Stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Street/Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16. Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Tunneling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17. Highways/Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Welding at job sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	19. Joint Venture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Work over 3 stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20. Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Wrap-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Describe work done in detail (attach separate sheets if needed)

28. Loss History for the past five (5) years: (Please include currently valued, company issued loss runs)

	<u>Policy Year</u>	<u># of Claims</u>	<u>Losses (Open/Closed)</u>	<u>Details of Losses</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

29. Of the above, how many involved litigation/lawsuits

Has the applicant been accused of faulty construction or had similar allegations made, which did not lead to a claim. ☐ Yes ☐ No If yes, explain:

30. Expiring Carrier Information (past five (5) years):

	<u>Carrier</u>	<u>Limit</u>	<u>SIR/Deductible</u>	<u>Premium</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

31. Loss Control:

- A. Does the applicant test all land, even if partially developed, before purchasing for development? \_\_\_\_\_ Or, does the applicant only rely on the soils tests supplied by the seller?

\_\_\_\_\_

- B. Does the applicant have a soil engineer on staff?

If not, is an independent soil engineer contracted? \_\_\_\_\_

Does the soil engineer hold the applicant harmless and name it as an additional insured? \_\_\_\_\_

- C. Does the applicant employ an independent inspector that inspects each phase of construction?

If so, what is the name of the inspection company/companies? \_\_\_\_\_

\_\_\_\_\_

- D. During the past three (3) years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? \_\_\_\_\_ If yes, please provide details:

\_\_\_\_\_

32. Management/Quality Control:

1. Please attach a copy of the applicant's quality control program.

2. What is your construction experience and that of your key personnel? (attach resume(s), if available):

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>Yrs. Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Who in the applicant's organization is responsible for customer service?

\_\_\_\_\_

4. How long does the applicant respond to complaints? \_\_\_\_\_

5. Would the applicant respond to homebuyers' complaints after their warranty periods? \_\_\_\_\_

6. If so, what is the maximum time the applicant would do this? \_\_\_\_\_

7. Please describe the process by which the applicant handles homebuyer's complaints, including documentation and follow-up with the homebuyer. Include a description of the applicant's process when a subcontractor is needed for repairs. Please include the follow-up procedure after the repairs have been made:

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8. Does the applicant provide a homeowners manual which describes maintenance schedules and proper use of property to all homebuyers? \_\_\_\_\_

9. Are homeowner's warranty policies provided to homebuyers? \_\_\_\_\_

10. Please attach a sample homeowner warranty policy.

Applicant agrees to notify the Company of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: \_\_\_\_\_

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

Title (Officer, Partner): \_\_\_\_\_