



10. Percent of your work as: General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% (Total = 100)

11. Percent of your work performed by or on behalf of the named insured:

- a. New Construction \_\_\_\_\_% Remodeling\* \_\_\_\_\_% Repairs \_\_\_\_\_% = 100%
- b. Outside Building \_\_\_\_\_% Inside Building \_\_\_\_\_% = 100%
- c. Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% = 100%

*\*Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):*

12. Do you use subcontractors?  Yes  No If yes:

- a. Do you request certificates of insurance from subcontractors?  Yes  No
- b. Limits required \_\_\_\_\_
- c. Describe all contracts and/or hold harmless agreements, whether written or oral. \_\_\_\_\_

**13. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

| NAME & ADDRESS | INTEREST | ADD'L INSURED            |
|----------------|----------|--------------------------|
|                |          | <input type="checkbox"/> |
|                |          | <input type="checkbox"/> |

14. Provide the following information: \*exclude payroll of owner(s), clerical, sales

| Year                  | *Total Payroll | Total Costs of Work Subcontracted to Others | Type Work Subcontracted to Others | Total Receipts |
|-----------------------|----------------|---|-----------------------------------|----------------|
| Current Est.          |                |   |                                   |                |
| 1 <sup>st</sup> Prior |                |   |                                   |                |
| 2 <sup>nd</sup> Prior |                |   |                                   |                |
| 3 <sup>rd</sup> Prior |                |   |                                   |                |
| 4 <sup>th</sup> Prior |                |   |                                   |                |

15. Do you construct any residential or commercial:
- |                               |                          |                          |  |                          |                          |
|-------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| a. footings or foundations?   | Yes                      | No                       | d. retaining walls or site preparations? | Yes                      | No                       |
| b. slab or monolithic floors? | <input type="checkbox"/> | <input type="checkbox"/> | e. door, window or assembled millwork?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. chimneys?                  | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |

Do you anticipate getting into any of the above type work?  Yes  No

- 16. Do you draw plans, designs or specifications?  Yes  No
- 17. Do you do excavation, tunneling, underground work or earth moving?  Yes  No
- 18. Do you perform operations that include blasting or utilize explosive material?  Yes  No
- 19. Do you rent or loan machinery or equipment to others?  Yes  No
- 20. Have you ever sold, acquired, or discontinued any operations in the last 5 years?  Yes  No
- 21. Do you specialize in any part of the construction of the following types of buildings?  Yes  No
  - Nursing Homes
  - Day Care Centers
  - Hospitals
  - Condominiums
  - Apartments
  - Multi-family Habitational
  - Hotels/Motels

If yes, explain. \_\_\_\_\_

22. Attach a list of jobs completed in the last 3 years and jobs currently in progress.

COMMENTS/EXPLANATIONS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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Signature of Applicant

Title

Date

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Signature of Producing Agent

Date

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Agent Name and Address

NOTE: Applicant's signature REQUIRED