

General Contractors General Liability Supplemental Application (Complete in addition to ACORD)

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

GENERAL

1. Business Name: _____ Web Site: _____
2. Years in business under this name: _____ Years of experience in this field: _____ or new venture ☐
3. Do you operate as a: ☐ General Contractor ☐ Project Manager ☐ Project Owner
☐ Builder/Developer ☐ Construction Manager
 - a. If any work as a Project Manager, Developer, or Construction Manager, describe: _____
 - b. If any work as a Project or Construction Manager, do you carry an E&O policy? ☐ Yes ☐ No
 If yes, describe: _____
 - c. Percent of your work as a General Contractor? _____% As a Subcontractor? _____%
 As a Developer? _____% As a Construction Manager? _____%
4. Are you licensed? ☐ Yes ☐ No License class/number: _____
5. Has any licensing authority taken any action against you? ☐ Yes ☐ No
6. States you operate in: _____
7. Have you operated or been licensed under any other name(s) during the past 10 years? ☐ Yes ☐ No
 If yes, provide prior name(s) and describe type of operations:
 - a. Name(s): _____
 - b. Operations: _____
8. Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No
 If yes, explain and advise where insured: _____
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☐ No
10. Do you lease or rent any equipment to others? ☐ Yes ☐ No

YOUR OPERATIONS

11. Number of active owners: _____ x State Minimum Payroll = \$ _____ Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ _____
13. Number of employees (including leased and temporary): _____
14. Do you use casual laborers? If yes, include in question 15. ☐ Yes ☐ No
15. Specify all employee trades and payroll:

Trade Classification or Code		Payroll	Trade Classification or Code		Payroll
a.		\$	d.		\$
b.		\$	e.		\$
c.		\$	f.		\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):
\$ _____

16. Gross sales for prior policy period: \$ _____
17. Gross sales anticipated for this policy period: \$ _____

18. Do you own any real estate development property? ☐ Yes ☐ No

If yes, number of acres: _____ Number of building sites: _____

What is planned to be developed on this site? _____

19. Do you have any model homes? ☐ Yes ☐ No

20. Do you own any vacant land? ☐ Yes ☐ No

SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors? ☐ Yes ☐ No

22. Do all subcontractors provide Certificates of General Liability Insurance? ☐ Yes ☐ No

23. General Liability limits required of your subcontractors? \$ _____ / _____

24. Are you an additional insured on all certificates received from subcontractors? ☐ Yes ☐ No

25. Is a favorable "hold harmless" agreement part of your contract with subcontractors? ☐ Yes ☐ No

26. How long are certificates kept? _____

27. Do you use the same contractors? ☐ Yes ☐ No

These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.

28. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

30. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☐ No
If yes, specify number of units, location(s) and job description(s): _____

Is this work for: ☐ Individual unit owners or ☐ Contract with the association?

31. Number of residential homes anticipated to be constructed over the next year: _____

Indicate the number of homes built over the past three (3) years: _____

Indicate the number of homes remodeled in the past three (3) years: _____

Maximum number of homes built in any one (1) year (last 10 years): _____

32. Describe the five (5) largest jobs in the last five (5) years (**Attach a separate sheet if needed**):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.			\$	
2.				
3.				
4.				
5.				

33. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☐ No
If yes, indicate which one(s) and provide specific information on each job: _____

34. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☐ No
If yes, indicate which one(s) and provide specific information on each job: _____

35. Are you currently working or would you consider working in the state of New York? ☐ Yes ☐ No
If yes, please provide details on the job or jobs: _____

36. Do you always have a written contract agreement with the customer? ☐ Yes ☐ No

37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? ☐ Yes ☐ No ☐ N/A

38. Do you bid on roofing projects? ☐ Yes ☐ No

39. Do you or your subcontractors frame residential dwellings? ☐ Yes ☐ No

If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____

40. Do you do any foundation work? ☐ Yes ☐ No

If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____

41. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? ☐ Yes ☐ No

If yes, explain: _____

42. Do you perform any:

Alarm monitoring or security system installation, service, maintenance or repair work? ☐ Yes ☐ No

Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? ☐ Yes ☐ No

43. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, describe: _____

44. Describe the typical project your company is involved in: _____

MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? ☐ Yes ☐ No

46. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates: _____

47. List contact for premium audit/inspection: _____ Phone: _____

48. Are American Institute of Architects Standard Contracts used? ☐ Yes ☐ No

If no, explain: _____

49. Do you test all land, even if partially developed, before purchasing for development? ☐ Yes ☐ No

If no, do you only rely on the soils tests supplied by the seller? ☐ Yes ☐ No

50. Do you have a soil engineer on staff? ☐ Yes ☐ No

If no, is an independent soil engineer contracted? ☐ Yes ☐ No

Does the soil engineer hold you harmless and name you as an additional insured? ☐ Yes ☐ No

51. Are homeowner's warranty policies provided to homebuyers? ☐ Yes ☐ No

52. Would you like a quote for the following general liability coverage extensions? (Not available in all states)

Additional Insureds ☐ Yes ☐ No

Additional Insureds – Owners, Lessees, or Contractors – Automatic Status ☐ Yes ☐ No

Primary Coverage for Additional Insureds ☐ Yes ☐ No

Detail of Additional Insureds:

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.

**REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED
AND ATTACHED IN ORDER TO OBTAIN A QUOTE.**

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
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. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee Virginia Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature

Date

Title

Producing Agent