



CONTRACTORS APPLICATION

Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.

1. **APPLICANT** Proposed Effective Date: _____

A. Give the full name of applicant and subsidiary companies. _____

B. Principal Address: _____

C. Website: www. _____

D. Corporation _____ Partnership _____
 Proprietorship _____ Other (specify) _____

E. How many years has applicant been in business under the current name? _____

F. Have any of the principals ever engaged in this or similar enterprises under a different name?
 i. Yes _____ No _____ (if yes, attach details)

E. Please state the name, title and telephone number of the person we may contact in order to arrange for an inspection of your operation.

i. Name _____
 ii. Title _____
 iii. Tel.# _____

2. **SPECIFICATIONS:** Requested Current

A. Limits of Liability _____ _____

B. Self-Insured Retention or Deductible (specify): _____ _____

C. Retroactive Date (if applicable): _____

D. Present Insurer: _____ and Premium: _____

E. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance?
 Yes _____ No _____ If yes, please attach details.

2. DESCRIPTION OF CONTRACTING OPERATIONS:

3. GENERAL INFORMATION:

- A. What percentage of work is subcontracted? _____
- B. What is the cost of subcontracted work? _____
- C. What type of work is subcontracted? _____

- D. Are certificates of insurance required from all contractors? Yes _____ No _____ What limits are required? _____
- E. Are you added as an additional insured by all sub-contractors? Yes _____ No _____
- F. Are you held harmless by sub contractors via a written contract? Yes _____ No _____
- G. Do you perform any new residential construction? Yes _____ No _____ % of total operations? _____
- H. Commercial Work _____ % of total receipts.
Residential Work _____ % of total receipts.
- I. Is a formal safety plan in operation? Yes _____ No _____
- J. Does applicant draw plans, designs or specifications? Yes _____ No _____
- K. Do any operations include blasting or utilize or store explosive material? Yes _____ No _____
- L. Do any operations include excavation, tunneling, underground work or earth moving? Yes _____ No _____
- M. Any medical facilities provided or doctors employed/contracted? Yes _____ No _____
- N. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? Yes _____ No _____ If yes, please explain. _____
- K. Any operations sold, acquired or discontinued in last 5 years? Yes _____ No _____ If yes, please explain. _____

4. HISTORICAL RECEIPTS AND PAYROLL.

	RECEIPTS	PAYROLL
Estimated (next 12 months):	\$ _____	\$ _____
Past 12 months:	\$ _____	\$ _____
1 st Previous Year:	\$ _____	\$ _____
2 nd Previous Year:	\$ _____	\$ _____
3 rd Previous Year:	\$ _____	\$ _____
4 th Previous Year:	\$ _____	\$ _____

5. CLAIMS HISTORY

A. 5 years or more (attach hard copy loss runs), total aggregate losses, from first dollar, including expenses.

Valuation date of loss information: _____

Carrier	Term	# of claims	Indemnity Paid	Expenses Paid	Indemnity Reserved	Expenses Reserved	Total Incurred
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

B. Individual Losses greater than \$10,000, from first dollar including expenses.

Date of Claim	Product involved	Description of claim	Total Indemnity	Total Expense	Open or closed

C. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects, which may result in claims against you? Yes _____ No _____ If yes, give details: _____

D. If you have been self-insured or had an SIR, who adjusted the claims and established reserves?

E. Have you ever been involved or named in any class action, multi-claimant or multi-district litigation lawsuit? Yes _____ No _____ If yes, give details: _____

F. Have you ever been involved or named in any claim or suit related to the existence of mold, mildew or fungus? Yes _____ No _____ If yes, please explain (include the location of the incident) _____

6. List of current or recently completed jobs, including work performed, duration & cost.

PLEASE CHECK TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Attach copies of:

- Latest annual report.
- 10K report (if publicly traded)
- Current audited financial statement (or pro forma)
- Additional explanation to questions herein where appropriate.

(Note--completion of this application creates no obligation upon the applicant to accept insurance or upon Liberty International Underwriters to offer insurance.)

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: _____ Date _____

Title _____

Name of Broker _____