



## CONTRACTORS LIABILITY APPLICATION

### APPLICANT INFORMATION

<b>NAME:</b>	
<b>MAILING ADDRESS:</b>	
<b>PROPOSED EFF DATE:</b>	<b>WEBSITE:</b>
<b>FROM:</b>	<b>TO:</b>
<b>FORM OF BUSINESS:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	<b>YEARS IN BUSINESS</b>

### PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	INTEREST	YR BUILT	PART OCCUPIED

### DESCRIPTION OF OPERATIONS BY PREMISE(S)

### PRIOR CARRIER INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER				
POLICY NUMBER				
POLICY TYPE	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.
RETRO DATE	/ /	/ /	/ /	/ /



## CONTRACTORS LIABILITY APPLICATION

### PRIOR CARRIER INFORMATION continued

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
GENERAL LIABILITY LIMITS				
E & O LIMITS				
TOTAL PREMIUM				

### LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS <input type="checkbox"/> CHECK HERE IF NONE <input type="checkbox"/> SEE ATTACHED LOSS SUMMARY						
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

### COVERAGES

### LIMITS

<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date:	<b>GENERAL LIABILITY</b> Each Occurrence Limit \$
<input type="checkbox"/> <b>PROFESSIONAL LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date:	Damage To Premises Rented To You Limit \$ Medical Expense Limit \$ Personal and Advertising Injury Limit \$
<b>DEDUCTIBLE - PER CLAIM</b> General Liability (PD & BI) \$ Errors and Omissions \$	General Aggregate Limit \$ Products/Completed Operation Aggregate Limit \$ <b>ERRORS OR OMISSIONS</b> Each Claim \$
* Minimum \$1,000 under program	
Other Coverages	



## CONTRACTORS LIABILITY APPLICATION

### SCHEDULE OF HAZARDS

Location #	Classification	Class Code	Premium Basis	Terr

### GENERAL INFORMATION

	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe present or prior affiliation with other firms:		
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any exposure to flammables, explosives or chemicals? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
6. Date of license:		
7. Years experience in field:		



## CONTRACTORS LIABILITY APPLICATION

8. Please provide a description of your contracting operations:

Do any prior operations differ substantially in nature from current operations? \_\_\_\_\_ If yes, please explain

9. Receipts history: please provide receipts figures for the past 5 years.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ |          |

Please provide a receipt estimate for the next 12 months:

10. Payroll: please provide the payroll estimates for the next 12 months by ISO classification.

- |   |       |
|---|-------|
| 1. Executive Supervisor = code 91580              | _____ |
| 2. Contractors - Subcontractors work = code 91583 | _____ |
| 3. Contractors - Subcontractors work = code 91585 | _____ |
| 4. Carpentry = code 91342                         | _____ |
| 5. Other _____                                    | _____ |
| 6. Other _____                                    | _____ |
| 7. Other _____                                    | _____ |

**YES NO**

11. Any past, present or future work performed on hillsides or terraces?  
If yes, provide details including degree of slope:  YES  NO

12. Do you work as a Construction Manager?  YES  NO

13. Do you work as a Real Estate Developer?  YES  NO

14. Any past, present or future work on landfill areas or in subsidence areas?  YES  NO

15. Any subsidence or sinkhole related losses in the past 5 years?  YES  NO

16. Any past, present or future construction operations conducted in excess of two stories?  YES  NO

17. Any past, present or future work performed below grade (other than standard building foundation)?  YES  NO  
If yes, what have you done and what is the maximum depth?

18. Any past, present or future involvement in the construction of condominiums, town-houses, or apartments in excess of 6 units? If yes, please provide the date of the job, type of work performed and the job cost.



## CONTRACTORS LIABILITY APPLICATION

	YES	NO
19. Any past, present or future involvement with Exterior Insulation and Finish Systems (Synthetic Stucco)?	<input type="checkbox"/>	<input type="checkbox"/>
20. What percentage of your operations is associated with hot tar or torch down roofing work? _____%		
21. Do you have any past or present involvement in the building of Tract Housing Developments? <b>(Tract defined as 6 or more homes in the same sub-division)</b>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you <u>ever</u> been named in a construction defect suit?  If yes, please provide details	<input type="checkbox"/>	<input type="checkbox"/>
23. Average number of homes built/ projects completed annually?		
24. Average cost of job?		
25. What percentages of your operations are repair work?		
26. What percentages of your operations are conducted as a:  General Contractor _____ %    Subcontractor _____ %		
27. What percentage of your receipts are derived from:  New construction _____    Remodeling _____ %    Demolition _____ %    Repair _____ %  Commercial _____ %    Industrial _____ %    Residential _____ %    Institutional _____ %		



## CONTRACTORS LIABILITY APPLICATION

28. Indicate type of work performed by insured:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> % Asbestos removal     | <input type="checkbox"/> %Grading             | <input type="checkbox"/> %Roofing                      |
| <input type="checkbox"/> % Blasting             | <input type="checkbox"/> %Insulation          | <input type="checkbox"/> %Sheet metal (shop)           |
| <input type="checkbox"/> % Carpentry (finish)   | <input type="checkbox"/> %Janitorial          | <input type="checkbox"/> %Sheet metal/siding (outside) |
| <input type="checkbox"/> % Carpentry (framing)  | <input type="checkbox"/> %Landscape/gardening | <input type="checkbox"/> %Sewer                        |
| <input type="checkbox"/> % Concrete             | <input type="checkbox"/> %Lead Abatement      | <input type="checkbox"/> %Steel (structural)           |
| <input type="checkbox"/> % Driveway parking lot | <input type="checkbox"/> %Masonry             | <input type="checkbox"/> %Street grading               |
| paving/re-paving                                | <input type="checkbox"/> % Mold Remediation   | <input type="checkbox"/> %Tree Trimming                |
| <input type="checkbox"/> % Drywall/wallboard    | <input type="checkbox"/> %Painting (interior) | <input type="checkbox"/> %Wrecking/demolition          |
| <input type="checkbox"/> % Electrical           | <input type="checkbox"/> %Painting (exterior) |  |
| <input type="checkbox"/> % Excavation           | <input type="checkbox"/> %Paperhanging        |  |
| <input type="checkbox"/> % Fence erection       | <input type="checkbox"/> %Plastering          |  |
| <input type="checkbox"/> % Floor Installation   | <input type="checkbox"/> %Plumbing            |  |
| <input type="checkbox"/> % Gas hook-ups         | <input type="checkbox"/> %Other _____         |  |

Indicate type of work performed by sub-contractors:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> % Asbestos removal     | <input type="checkbox"/> %Grading             | <input type="checkbox"/> %Roofing                      |
| <input type="checkbox"/> % Blasting             | <input type="checkbox"/> %Insulation          | <input type="checkbox"/> %Sheet metal (shop)           |
| <input type="checkbox"/> % Carpentry (finish)   | <input type="checkbox"/> %Janitorial          | <input type="checkbox"/> %Sheet metal/siding (outside) |
| <input type="checkbox"/> % Carpentry (framing)  | <input type="checkbox"/> %Landscape/gardening | <input type="checkbox"/> %Sewer                        |
| <input type="checkbox"/> % Concrete             | <input type="checkbox"/> %Lead Abatement      | <input type="checkbox"/> %Steel (structural)           |
| <input type="checkbox"/> % Driveway parking lot | <input type="checkbox"/> %Masonry             | <input type="checkbox"/> %Street grading               |
| paving/re-paving                                | <input type="checkbox"/> % Mold Remediation   | <input type="checkbox"/> %Tree Trimming                |
| <input type="checkbox"/> % Drywall/wallboard    | <input type="checkbox"/> %Painting (interior) | <input type="checkbox"/> %Wrecking/demolition          |
| <input type="checkbox"/> % Electrical           | <input type="checkbox"/> %Painting (exterior) |  |
| <input type="checkbox"/> % Excavation           | <input type="checkbox"/> %Paperhanging        |  |
| <input type="checkbox"/> % Fence erection       | <input type="checkbox"/> %Plastering          |  |
| <input type="checkbox"/> % Floor Installation   | <input type="checkbox"/> %Plumbing            |  |
| <input type="checkbox"/> % Gas hook-ups         | <input type="checkbox"/> %Other _____         |  |

**The following types of operations make the applicant non-eligible for coverage:**

- |                                 |  |                    |
|---------------------------------|--|--------------------|
| Asbestos Removal                | Blasting   | Gas main hook-ups  |
| Lead Abatement Mold Remediation | Lead Abatement   | Steel (structural) |
| Street grading                  | Wrecking/demolition (other than that associated with repair / remodel) |                    |



## CONTRACTORS LIABILITY APPLICATION

	YES	NO
29. If you utilize sub-contractors, do you require that they do the following;		
1. Provide proof of workers compensation and liability insurance before they or their employees are allowed on the job site?	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintain liability insurance with limits equal to or higher than your limits? If no, what limit do you require?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sign a written contract containing a Hold-Harmless Agreement (favoring you) before they begin work?	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide an endorsement on their insurance policy naming you as an additional insured before beginning work?	<input type="checkbox"/>	<input type="checkbox"/>
5. How long do you maintain records of the above subcontractors documents?		
<b>30. You warrant, with respect to operations performed on your behalf by independent contractors or sub-contractors, that you will require such independent contractors or subcontractors, who undertake a job for you or on your behalf, to sign a written agreement, prior to the commencement of such job, including the following:</b>		
1. Independent contractors and/or subcontractors maintain general liability insurance with minimum limits of \$300,000 / \$300,000 / \$300,000.		
2. Independent contractors and/or subcontractors will provide a Hold-Harmless Agreement indemnifying you and holding you harmless before they begin work.		
3. Independent contractors and/or subcontractors will provide an endorsement on their insurance policy naming you as an additional insured before beginning work.		
4. Records of the above Independent contractors and/or subcontractors documents are kept on file indefinitely.		
<b>If the above information provided is found to be incorrect, the policy will not provide coverage for any damages for which the insured is legally liable, or costs or expenses, arising out of, caused or contributed to by operations performed on your behalf by independent contractors or subcontractors.</b>		



## CONTRACTORS LIABILITY APPLICATION

Additional Answers / Responses:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Signing this application does not bind the applicant or the company to complete the insurance.**



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

**APPLICABLE IN THE STATE OF PENNSYLVANIA:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN ALL OTHER STATES:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

\_\_\_\_\_  
Insured/Applicant Signature

\_\_\_\_\_  
Date