

# 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: \_\_\_\_\_
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. States you operate in: \_\_\_\_\_
6. 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: \_\_\_\_\_
7. Do you have other business ventures for which coverage is not requested?  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_
8. Do you allow your license to be used by others to obtain a permit without your jobsite supervision?  Yes  No

**YOUR OPERATIONS**

9. Number of active owners: \_\_\_\_\_ x State Minimum Payroll = \$ \_\_\_\_\_ Total Owner Payroll
10. 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):  
 \$ \_\_\_\_\_

11. Annual subcontracted cost (labor and materials): \$ \_\_\_\_\_
12. Number of employees (including leased and temporary): \_\_\_\_\_
13. Gross sales for prior policy period: \$ \_\_\_\_\_
14. Gross sales anticipated for this policy period: \$ \_\_\_\_\_
15. 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? \_\_\_\_\_

**SUBCONTRACTED OPERATIONS**

- 16. Do you require policies/certificates of Workers Compensation coverage from subcontractors?  Yes  No
- 17. Do all subcontractors provide Certificates of General Liability Insurance?  Yes  No
- 18. General Liability limits required of your subcontractors? \$ \_\_\_\_\_ / \_\_\_\_\_
- 19. Are you an additional insured on all certificates received from subcontractors?  Yes  No
- 20. Is a favorable "hold harmless" agreement part of your contract with subcontractors?  Yes  No
- 21. How long are certificates kept? \_\_\_\_\_

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

22. 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"/>

23. 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%

24. 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?

25. 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): \_\_\_\_\_

26. 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.				

27. 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:

28. 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:

29. 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: \_\_\_\_\_

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

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

32. Do you bid on roofing projects?  Yes  No

33. 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? \_\_\_\_\_

34. 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? \_\_\_\_\_

35. 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: \_\_\_\_\_

36. 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"/>

If yes to any of the above, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

37. Describe the typical project your company is involved in: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MANAGEMENT / LOSS CONTROL**

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

39. List contact for premium audit/inspection: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If no, explain: \_\_\_\_\_

41. 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

42. 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

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

44. 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.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Producing Agent