



- 1. Broker: \_\_\_\_\_
- 2. Insured: \_\_\_\_\_
- 3. Insured Address: \_\_\_\_\_
- 4. Effective Date: \_\_\_\_\_

**Operational Summary**

Give a narrative of the Insured's operations (Include all entities and reference entities to be excluded, if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 5. Years in business \_\_\_\_\_ (If under 3 years, please provide resume(s) of Principal(s) and/or Partners)
- 6. No of Employees: \_\_\_\_\_ Union or Non-Union: \_\_\_\_\_ If Union, % of participation: \_\_\_\_\_

**Current Year 1st Prior Year 2nd Prior Year 3rd Prior**

RECEIPTS: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

PAYROLL: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

- 7. List ALL States that the Insured operates in: \_\_\_\_\_
- 8. List ALL States where the Insured maintains a premises: \_\_\_\_\_
- 9. Service Sector (s): Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ %
- 10. Describe any / all Residential operations: \_\_\_\_\_
- 11. High Rise work is limited to a maximum of \_\_\_\_\_ stories.
- 12. High Rise / Scaffolding certifications: \_\_\_\_\_ Controls: \_\_\_\_\_

**Describe the 5 largest contracts &/or jobs the Insured has had within the last 18 Months:  
Entity contracted with & Description of work Receipts**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Subcontractors (Complete and Circle Yes or No)**

- 1. Percent of work subcontracted out: \_\_\_\_\_  
Describe the type of work that is subcontracted out: \_\_\_\_\_  
\_\_\_\_\_
- 2. Are Certificates of Insurance obtained from ALL subcontractors: \_\_\_\_ Yes \_\_\_\_ No  
If no, please explain: \_\_\_\_\_
- 3. Subcontractors required insurance limits: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate

**Provisions of Insureds Contract with Subcontractors**

- Is Insured held harmless by subcontractors: \_\_\_\_ Yes \_\_\_\_ No
- Does Insured hold subcontractors harmless: \_\_\_\_ Yes \_\_\_\_ No
- Is Insured named as an Additional Named
- Insured on subcontractors Primary and Excess policies: \_\_\_\_ Yes \_\_\_\_ No

**Activity Details (Complete and Circle Yes or No)**

- 1. Is excavation work performed? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, what percentage of the Insureds operations involves excavation? \_\_\_\_\_ %  
Maximum Depth: \_\_\_\_\_ Feet  
Average Depth: \_\_\_\_\_ Feet
- 2. What service does the Insured use to identify location of underground utilities? \_\_\_\_\_
- 3. Does the Insured use the "Dig Safe" method? \_\_\_\_ Yes \_\_\_\_ No
- 4. What protocols are used by the Insured to avoid subsidence? \_\_\_\_\_
- 5. Does the Insured install, or contract to install, EIFS (Ext. Installation Finishing Systems)? \_\_\_\_ Yes \_\_\_\_ No
- 6. Does the Insured install, or contract to install, hardboard siding: \_\_\_\_ Yes \_\_\_\_ No
- 7. Does the Insured rent &/or lease cranes to or from others: \_\_\_\_ Yes \_\_\_\_ No  
If Yes, with or without operators: \_\_\_\_ With \_\_\_\_ Without
- 8. Does the Insured rent &/or lease scaffolding to or from others: \_\_\_\_ Yes \_\_\_\_ No  
If Yes, with or without operators: \_\_\_\_ With \_\_\_\_ Without
- 9. Does the Insured perform mold inspection and or assessment operations? \_\_\_\_ Yes \_\_\_\_ No
- 10. Does the Insured perform mold abatement and or remediate? \_\_\_\_ Yes \_\_\_\_ No
- 11. Does the Insured perform mold remediation project supervision work for other? \_\_\_\_ Yes \_\_\_\_ No
- 12. Does the Insured perform any mold prevention contracting? \_\_\_\_ Yes \_\_\_\_ No
- 13. Does the Insured perform mold, fire, water, storm damage restoration contracting? \_\_\_\_ Yes \_\_\_\_ No
- 14. Does the Insured perform any water extraction contracting? \_\_\_\_ Yes \_\_\_\_ No
- 15. Has the Insured established any precautions to prevent mold development / exposure, and or claims / losses from mold \_\_\_\_ Yes \_\_\_\_ No

**Insured Activities (Circle ALL that apply and Provide Detail)**

- 1. Structural Steel or Concrete Work: \_\_\_\_ Yes \_\_\_\_ No  
Details: \_\_\_\_\_
- 2. Pile Driving: \_\_\_\_ Yes \_\_\_\_ No  
Details: \_\_\_\_\_
- 3. Blasting Work: \_\_\_\_ Yes \_\_\_\_ No  
Details: \_\_\_\_\_
- 4. Demolition Work: \_\_\_\_ Yes \_\_\_\_ No  
Details: \_\_\_\_\_

5. Other Concrete Work:  Yes  No  
Details: \_\_\_\_\_
6. Storage Tank Work:  Yes  No  
Details: \_\_\_\_\_
7. Road or Street Work:  Yes  No  
Details: \_\_\_\_\_
8. Bridge or Tunnel Work :  Yes  No  
Details: \_\_\_\_\_
9. Electrical / Fiber-optic Work:  Yes  No  
10. Details: \_\_\_\_\_
11. Traffic Signal Work:  Yes  No  
Details: \_\_\_\_\_
12. Telephone Pole Work:  Yes  No  
Details: \_\_\_\_\_
13. Airport / Runway Work:  Yes  No  
Details: \_\_\_\_\_
14. Dam or Dike Work:  Yes  No  
Details: \_\_\_\_\_
15. Work on Ships or Tankers:  Yes  No  
Details: \_\_\_\_\_
16. Water Well, Seismic/other Drilling:  Yes  No  
Details: \_\_\_\_\_
17. Tunneling / Boring Work:  Yes  No  
Details: \_\_\_\_\_
18. Gas Main Work:  Yes  No  
Details: \_\_\_\_\_
19. Pipeline Work:  Yes  No  
Details: \_\_\_\_\_
20. Boiler Work:  Yes  No  
Details: \_\_\_\_\_
21. HVAC Work:  Yes  No  
Details: \_\_\_\_\_

**Safety & Loss Control Provisions (Complete and Circle Yes or No)**

1. Is a formal safety Director employed?  Yes  No  
If Yes, please provide: Name \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Is there a formal safety program?  Yes  No  
If No, explain: \_\_\_\_\_
3. Is there an employee training program?  Yes  No  
If No, explain: \_\_\_\_\_
4. Are employee MVR's checked prior to hiring and monitored on a regular basis?  Yes  No  
If No, explain: \_\_\_\_\_
5. Are pre-employment drug screens performed?  Yes  No  
If No, explain: \_\_\_\_\_
6. Is there a formal vehicle maintenance program?  Yes  No  
If No, explain: \_\_\_\_\_

7. Does the Insured follow OSHA standards for promoting a safe workplace?  Yes  No  
If No, explain: \_\_\_\_\_
8. Does the Insured have a Certified Drug-Free workplace?  Yes  No  
If No, explain: \_\_\_\_\_
9. Does the Insured conduct accident investigations:  Yes  No  
If No, explain: \_\_\_\_\_
10. Is the public kept at a safe distance from all of the Insureds work areas?  Yes  No  
If No, explain: \_\_\_\_\_
11. Is all equipment maintained in good condition?  Yes  No  
If No, explain: \_\_\_\_\_
12. Is the premises in good condition and well maintained?  Yes  No  
If No, explain: \_\_\_\_\_
13. Is the Insured currently involved in any open litigation?  Yes  No  
If Yes, explain: \_\_\_\_\_
14. Is the Insured currently aware of any situation that may result in future litigation?  Yes  No  
If Yes, explain: \_\_\_\_\_
15. Has the Insured ever been cited for safety violations?  Yes  No  
If Yes, explain: \_\_\_\_\_
16. Has the Insured ever been involved in any construction defect lawsuits?  Yes  No  
If Yes, explain: \_\_\_\_\_

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\*not applicable in all states

### **WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its, owners, partners, directors, officers and employees.

Signature and title of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Producer: \_\_\_\_\_

Date: \_\_\_\_\_