

# LEXINGTON INSURANCE COMPANY

## INFRASTRUCTURE SOLUTIONS GENERAL LIABILITY QUESTIONNAIRE

*Contractor Programs primarily focused on SIC codes 1611, 1622, 1623*

### Instructions

- **Please complete this application. All questions must be answered. If “None” or “Not Applicable” so indicate**
- **If space is insufficient to complete answers, please continue on your firm’s letterhead.**
- **This form must be signed and dated by an owner, partner or director/officer of your firm.**
- **The following information is also requested:**
- **Attach current and past projects list**
- **Hard copy of loss runs for General Liability for the last five (5) years , plus the expiring policy year**
- **Copy of safety manual**
- **Updated financial statement (if available)**
- **Copy of current Workers’ Compensation Experience Modification worksheet, if available**

### Application

1. Name \_\_\_\_\_  
Post Office Address \_\_\_\_\_  
\_\_\_\_\_
2. Address of Headquarters \_\_\_\_\_  
Telephone Number of Headquarters \_\_\_\_\_  
Contact and Title \_\_\_\_\_
3. Description of Operations \_\_\_\_\_  
\_\_\_\_\_  
States where Operations are conducted \_\_\_\_\_  
List any countries where work may be performed outside the United States \_\_\_\_\_
4. Attach a list of proposed Named Insureds to be covered by this policy, including a description of operations for each proposed Named Insured (only those entities performing services and/or operations as proposed will be designated as Named Insureds).
5. How long has the Applicant been in business? \_\_\_\_\_
6. During the past five years has the name of the applicant been changed, have any other entities been purchased or have any mergers or consolidations taken place (please check):  Yes  No  
If yes, give full details (dates, type of purchase (stock, assets): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you ever perform work without using written contracts? \_\_\_\_\_  
If yes, provide details: \_\_\_\_\_
8. What is your average job size/cost? \_\_\_\_\_

9. List or attach your largest 5 projects in the last 5 years:

<u>Client</u>	<u>Approx. Revenue</u>	<u>Project Description</u>	<u>Location</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

10. Percentage of Work performed as: General Contractor: \_\_\_\_\_ % Subcontractor: \_\_\_\_\_ %

11. Percentage of Work performed on: Bridges: \_\_\_\_\_% Street & Road: \_\_\_\_\_% Other than Street & Road/Bridges: \_\_\_\_\_%  
Provide a brief description of work performed on Bridges \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Indicate the types of construction work performed ANNUALLY on street & road/bridges:

- New Construction \_\_\_\_\_%
- Renovation/Repair \_\_\_\_\_%
- Maintenance \_\_\_\_\_%
- Demolition \_\_\_\_\_%
- 100%

13. Provide Applicant's: (a) Direct Payroll; (b) Contract Cost of Subcontracted Work; and (c) Total Gross Receipts

	<u>Direct Payroll</u>	<u>Applicant's Contract Cost of Subcontracted Work</u>	<u>Gross Receipts</u>
Estimates for the next 12 months:	\$ _____	\$ _____	\$ _____

<u>Historical Exposures:</u>	<u>Payroll</u>	<u>Sub costs</u>	<u>Receipts/Revenue</u>
Current Year	\$ _____	\$ _____	\$ _____
1 <sup>st</sup> Prior Yr	\$ _____	\$ _____	\$ _____
2 <sup>nd</sup> Prior Yr	\$ _____	\$ _____	\$ _____
3 <sup>rd</sup> Prior Yr	\$ _____	\$ _____	\$ _____
4 <sup>th</sup> Prior Yr	\$ _____	\$ _____	\$ _____
5 <sup>th</sup> Prior Yr	\$ _____	\$ _____	\$ _____

15. Describe the controls in place to block off your worksite from the public and ongoing traffic.

---

---

16. Are inspection reports collected when performing renovation/repair work on existing roads & bridges Yes \_\_\_\_\_ No \_\_\_\_\_

17. Are soil reports collected? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Do you ever operate outside the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Has the Applicant allowed or will the Applicant allow its license to be used by any other contractor for a project on which the Applicant has worked? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has any licensing authority ever taken action against the Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Has or will the Applicant or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please attach a description

21. Has or will the Applicant or any subcontractor perform any underground or below grade work? Yes \_\_\_\_\_ No \_\_\_\_\_  
Percentage of operations: \_\_\_\_\_ % Maximum Depth: \_\_\_\_\_

22. Has or will the Applicant or any subcontractor perform any shoring, underpinning or caisson work? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please attach a description

23. Has the Applicant or will the Applicant or any employee work under the U.S. Longshoreman's and Harbor Worker's Act or the Jones Maritime Act? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Does the Applicant select or arrange for the site of disposal for hazardous or non-hazardous waste on behalf of clients? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Does the Applicant own, operate or lease licensed waste treatment, storage or disposal facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Does the Applicant have operations other than contracting operations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please attach a description  
If "Yes", are such operations covered by other insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes" are such operations to be covered by this insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

27. When subcontracting work to others, are you named as an Additional Insured with primary, non-contributory wording on all subcontractors GL and Umbrella policies? Yes \_\_\_\_\_ No \_\_\_\_\_

28. Are updated certificates of insurance from subcontractors kept on file? Yes \_\_\_\_\_ No \_\_\_\_\_

29. Are these certificates required to show environment liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

30. What are the minimum limits of liability you require for your subcontractors?  
General Liability/Umbrella \_\_\_\_\_  
Environmental Liability \_\_\_\_\_  
Professional Liability \_\_\_\_\_

31. Do your contracts with subcontractors contain an indemnification provision? Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_  
For General Liability Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_  
For Environmental Liability Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_  
If yes, attach copies of all insurance requirements and indemnification clauses.

32. Does your company enter into written contracts where you assume liability of others?

For General Liability  
For Environmental Liability

Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_

If yes, attach copies of all insurance requirements and indemnification clauses

33. Does the Applicant have a formal safety program in place? Yes \_\_\_\_\_ No \_\_\_\_\_
34. Does the applicant have a full-time safety director? Yes \_\_\_\_\_ No \_\_\_\_\_
- If not, who acts as safety director \_\_\_\_\_
35. Does the applicant follow a 6 foot fall protection rule on all projects? Yes \_\_\_\_\_ No \_\_\_\_\_
36. Does the applicant have a drug free policy in place? Yes \_\_\_\_\_ No \_\_\_\_\_
37. Has the Applicant received any OSHA citations in the last ten (10) years  
If "Yes" please attach a description Yes \_\_\_\_\_ No \_\_\_\_\_
38. During the past five (5) years, has any insurer ever cancelled, declined or refused to issue  
similar insurance to the Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_
39. Has the Applicant ever been named in litigation regarding faulty construction?  
If "Yes", please attach a description Yes \_\_\_\_\_ No \_\_\_\_\_
40. Has any lawsuit ever been filed, or any claim otherwise made against the Applicant or any  
partnership or joint venture of which the Applicant has been a member, or any predecessors in  
business, or against any person, company or entity for whom the Applicant has assumed  
liability? If "Yes", please attach a description Yes \_\_\_\_\_ No \_\_\_\_\_
41. Is the Applicant aware of any facts, circumstances, incidents, situations, damages or accidents  
(including but not limited to: faulty workmanship, product failure, construction dispute, property  
damage or construction worker injury) that might be reasonably expected to give rise to a  
claim or lawsuit, whether valid or not, which directly or indirectly involves the Company? If  
"Yes", please attach a description Yes \_\_\_\_\_ No \_\_\_\_\_
42. Please list your current casualty coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, if any
General Liability					
Contractors Poll, Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

### GENERAL LIABILITY SCHEDULE OF HAZARDS

Exposure State	Classification	Rating Basis


The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.

**NOTICE TO ARKANSAS APPLICANTS:** "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."

**NOTICE TO COLORADO APPLICANTS:** "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 AUTHORITIES."

**NOTICE TO FLORIDA APPLICANTS:** "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 IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO MAINE APPLICANTS:** "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 A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW MEXICO APPLICANTS:** "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."

**NOTICE TO NEW YORK APPLICANTS:** “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, 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.”

**NOTICE TO OHIO APPLICANTS:** “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.”

**NOTICE TO PENNSYLVANIA APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONSONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

**If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.**

**The applicant represents that the above statements and facts are true and that no material facts have been omitted or misstated.**

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(signature of officer of corporation)

APPLICANT \_\_\_\_\_  
(print name & title)

BROKER \_\_\_\_\_ DATE \_\_\_\_\_  
(print name of firm)

\_\_\_\_\_  
(address of brokerage firm)

\_\_\_\_\_  
(contact person & telephone number)

\_\_\_\_\_  
(Surplus lines license number)