

Lexington Insurance

GENERAL LIABILITY WRAP-UP/PROJECT-SPECIFIC QUESTIONNAIRE FOR BRIDGE, STREET & ROAD (INFRASTRUCTURE SOLUTIONS) PROJECTS

Instructions

1. Please complete this application. All questions must be answered. If "None" or "Not Applicable" so indicate
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. This form must be signed and dated by an owner, partner or director/officer of sponsoring party or broker
4. The following information is required:
 - Completed projects list (projects similar to project(s) being submitted)
 - Hard copy of GL loss runs for GC for the last five (5) years
 - Soils (test) report for project(s) under consideration
 - Brochure/statement of qualifications of General Contractor
 - Updated financial statements, if available
 - Inspection reports for renovation/repair work on existing bridges, if available

Application

1. Is this an Owner Controlled (OCIP) or Contractor Controlled (CCIP) program? Or Project Specific GL for GC only?

2. Who is the owner and where are they located? _____
3. Who is the General Contractor (GC)? _____
HQ Address _____
Contact and Title _____
4. How long has the General Contractor been in business? _____
5. How long has the General Contractor been experienced in street & road/bridge construction work? _____
6. During the past five years has the General Contractor's name been changed or has any other business 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. Detail past wrap-up experience of this General Contractor _____
8. Detail past street & road/bridge work experience of this General Contractor _____
9. Name of Project(s) under consideration _____
10. Address of Project(s) _____
11. Description of Project(s) (ie: Estimated Construction Cost, Sales, and WC Payroll, construction type):

12. Estimated Duration of Project(s) _____
13. Estimated Number of Subcontracts being "let" on this project? _____
14. Estimated Number of workers on site at peak time of this project _____
15. Provide WC Payroll Breakdown:

Estimates for the Project term :	WC Class Code	WC Payroll Estimate
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

16. Is the Project site in an urban, suburban, or rural setting? Please describe surrounding structures (ie: residential neighborhood, business, etc)? _____

17. Please describe security measures taken at the project site to guard from the general public and ongoing traffic. _____

18. Please include road name or highways construction will take place on. Are any considered major US roadways or involve heavy vehicle traffic? _____
19. Will the project involve any blasting operations or hazardous material (soil) remediation? Yes ____ No ____
(If Yes, please explain) _____
20. Are inspection reports collected when performing renovation/repair work on existing roads & bridges? Yes ____ No ____
21. Are soil reports collected? Yes ____ No ____
22. Will the General Contractor's safety program be utilized and enforced on the project (copy of plan)? Yes ____ No ____
(if no, who is responsible for site safety?)
23. Will a full-time safety representative with authority to enforce safety be employed on this project? Yes ____ No ____
24. Will a 6 foot fall protection (ie: all workers tied off when working above heights greater than 6 feet) be followed? Yes ____ No ____
(If "No", please explain) _____
25. Will the project safety program include a formal substance abuse testing procedure? Yes ____ No ____
(If Yes, please explain details – ie: pre project entry, post accident, or for cause) _____
26. Will the project(s) involve any shoring, underpinning or caisson work? Yes ____ No ____
(If "Yes", please explain) _____
27. Will the project involve any exposure to the U.S.L&H. Act or Jones Maritime Act? Yes ____ No ____

28. Will the project involve removal of hazardous material Yes _____ No _____
 (If "Yes", please explain) _____
29. Will a subcontractor pre-qualification program apply to the project? (If yes, please provide details/criteria)

30. Are updated certificates of insurance from subcontractors kept on file (coverages other than GL)? Yes _____ No _____
31. Are these certificates required to show environment liability insurance? Yes _____ No _____
32. Are these certificates required to show Workers' Compensation/EL and Auto Liability ins.?
Yes _____ No _____
33. Are these certificates required to show Builder's Risk Insurance? Yes _____ No _____
34. Will any subcontractors or vendors be EXCLUDED from this general liability wrap-up?
 (If "Yes", please list) _____

35. What are the minimum limits of liability you require for your subcontractors in wrap-up and those excluded?
 General Liability (for those excluded) _____
 Environmental Liability (All) _____
 Workers' Compensation (EL Limit) _____
 Auto Liability _____
 Professional Liability _____
36. For those subs excluded, are they naming the GC and Developer to their GL policies as a primary additional insured?
For General Liability Yes _____ No _____
37. For subs enrolled/included in wrap-up, are they naming the GC and Developer on their policies as primary additional insureds?
For Environmental Liability Yes _____ No _____
For EL Yes _____ No _____
For Professional Liability Yes _____ No _____
For Auto Liability Yes _____ No _____
38. Has the General Contractor received ANY OSHA citations in the last ten years
 If "Yes" please attach a description Yes _____ No _____
39. During the past five (5) years, has any insurer ever cancelled, declined or refused to issue
 similar insurance to the General Contractor OR Developer/owner Yes _____ No _____
40. Has the General Contractor OR Developer ever been named in litigation regarding construction
 Defect? Yes _____ No _____
 If "Yes", please attach a description (ie: loss runs with detail will suffice)
41. Please list your current liability coverage information of the General Contractor AND Developer.

General Contractor:

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

Developer:

Coverage	Carrier	Limits	Expiration	SIR	Retro date, if any
General Liability					

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.

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)

(agent license number)