



**CONTRACTORS APPLICATION**

**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 your firm.**
  - 4. The following information is required:**
    - **Resumes of key personnel**
    - **Audited Financial statement for last two years**
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**Application**

1. Name \_\_\_\_\_  
Post Office Address \_\_\_\_\_  
\_\_\_\_\_
2. Address of Headquarters \_\_\_\_\_  
Telephone Number of Headquarters \_\_\_\_\_  
Contact and Title \_\_\_\_\_
3. 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 with more than 50% insurable interest and performing services and/or operations as proposed will be designated as Named Insureds).
4. How long has the Applicant been in business? \_\_\_\_\_
5. During the past five years has the name of the applicant 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. States in which the Applicant does business: \_\_\_\_\_
7. Has, does and/or will the insured perform work within the five boroughs of New York City and New York state or any of the following states: Alabama, Arizona, California and Louisiana at any time during the policy period or in the past.  
Yes      No      If "Yes", please attach a description and percentage work to be performed within the next twelve (12) months  
percentage of work \_\_\_\_\_% (*ATTACH JOB LIST LAST 12 MONTHS NEXT 12 MONTHS*)
8. Describe the Applicant's Operations / Nature of the Applicant's Business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AIG Excess Casualty

## Construction Specialty



9. Does the Insured do any work over two stories in height from grade? Yes No  
 If yes: Maximum stories: \_\_\_\_\_ Percentage of work: \_\_\_\_\_

10. Does the Insured do any work below grade? Yes No  
 If yes: Maximum depth: \_\_\_\_\_ Percentage of total work: \_\_\_\_\_

Indicate the anticipated percentage of construction work over the next twelve months to be performed by the Insured using percentage of payroll under "Direct" and percentage of contract costs under "Subbed" as the basis.

	Direct_ %	Subbed_ %	Direct_ %	Subbed_ %	Direct_ %	Subbed_ %
Asbestos Removal			Hazardous Waste		Roofing	
Blasting			Insulation		Sewer(Mains)	
Bridge (Building)			Lead (Paint Removal)		Steel (Structural)	
Carpentry			Maintenance		Steel (Ornamental)	
Concrete			Marine		Street/Road	
Demolition			Masonry		Supervisory (Only)	
Drilling			Mechanical		Telecom	
Electrical			Petro/chem		Utility	
Excavating			Plastering		Other (Describe below)	
Grading			Plumbing			

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11. Percentage of Operations: General Contractor: \_\_\_\_\_ % Subcontractor: \_\_\_\_\_ % Owner/Builder: \_\_\_\_\_ %  
 Developer/Builder: \_\_\_\_\_ %

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

	Direct Payroll	Applicant's Contract Cost of Subcontracted Work	Gross Receipts
Estimates for the next 12 months:	\$ _____	\$ _____	\$ _____
Prior Years:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

# AIG Excess Casualty

## Construction Specialty



13. Indicate the percentage of construction work performed by the Applicant:

New Construction: \_\_\_\_\_ %    Commercial: \_\_\_\_\_ %    Building Interiors: \_\_\_\_\_ %    Environmental \_\_\_\_\_ %  
 Remodeling \_\_\_\_\_ %    Residential \_\_\_\_\_ %    Building Exteriors: \_\_\_\_\_ %  
 Other (Describe): \_\_\_\_\_

14. Has there been any change in the type or scope of construction activity performed by the Applicant in the last five (5) years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please attach a description.

14. Detail foreign operations (i.e. Country(ies)) where operations normally occur. Indicate percentage relative to total projected Sales/Receipts. Are such operations intended to be covered by this policy? Yes \_\_\_\_\_ No \_\_\_\_\_

15. 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 \_\_\_\_\_

16. Has or will the Applicant build on hillsides, terraces, landfills, or subsidence areas? Yes \_\_\_\_\_ No \_\_\_\_\_

17. 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

18. Has or will the Applicant build/construct buildings or other structures in excess of four (4) stories? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has or will the Applicant be involved in the management of such buildings or structures? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes", please attach a description

19. Has or will any of the Applicant's work involve the construction of, or involve in any way: condominiums; townhouses; apartments or single family residential (custom or tract homes)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes", please attach a detailed description which is to include: (a) annual gross receipts; (b) percentage new construction; (c) percentage repair or maintenance; (d) identify the annual units and gross receipts separately for condominiums; townhouses, apartments, tract homes and custom homes.

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

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

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

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

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

25. Does the Applicant have operations other than contracting? 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 \_\_\_\_\_

26. If the Applicant is a roofing contractor or otherwise performs roofing work, what percentage of operations are: Hot Tar \_\_\_\_\_ %    Foam Application \_\_\_\_\_ %    Excess four (4) stories \_\_\_\_\_ %

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

28. Are these certificates required to show environment liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Indicate % Yes \_\_\_\_\_

# AIG Excess Casualty Construction Specialty



29. What are the minimum limits of liability you require for your subcontractors?

General Liability \_\_\_\_\_

Environmental Liability \_\_\_\_\_

Professional Liability \_\_\_\_\_

30. Do you require subcontractors policies to name you as an additional insured?

For General Liability Yes \_\_\_\_\_ No \_\_\_\_\_ %Yes \_\_\_\_\_  
 For Environmental Liability Yes \_\_\_\_\_ No \_\_\_\_\_ %Yes \_\_\_\_\_

31. Do your contracts with subcontractors contain a Type I indemnification provision?

For General Liability Yes \_\_\_\_\_ No \_\_\_\_\_ %Yes \_\_\_\_\_  
 For Environmental Liability Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_

*(Attach copies of all insurance requirements and indemnification clauses)*

32. What Limits are required of subcontractors? \_\_\_\_\_

33. Does your company enter into written contracts where you assume liability?

For General Liability Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_  
 For Environmental Liability Yes \_\_\_\_\_ No \_\_\_\_\_ % Yes \_\_\_\_\_

*(Attach copies of all insurance requirements and indemnification clauses)*

34. Does the Applicant have a formal safety program in place? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Has the Applicant received any OSHA citations in the last ten (10) years  
 If "Yes" please attach a description Yes \_\_\_\_\_ No \_\_\_\_\_

36. During the past five (5) years, has any insurer ever cancelled, declined or refused to issue  
 similar insurance to the Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

37. Has the Applicant ever been named in litigation regarding faulty construction?  
 If "Yes", please attach a description Yes \_\_\_\_\_ No \_\_\_\_\_

38. 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? Yes \_\_\_\_\_ No \_\_\_\_\_

39. 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 be expected to give rise to a  
 claim or lawsuit, whether valid or not, which directly or indirectly involve the Company? Yes \_\_\_\_\_ No \_\_\_\_\_

40. Please list your current liability coverage information.

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



**GENERAL LIABILITY SCHEDULE OF HAZARDS**

Location No.	Classification	Rating Basis

***Please include the following items when returning this questionnaire:***

- Completed Accord applications for lines of business to be quoted (GL, WC and AL )
- Producer/Marketing Representative contact (phone/fax/email).
- Five years of exposure history, by line and past premium by line for past history performance evaluation
- Copy of insured EMR 14 if requesting additional named insured to be added
- Copy of current subcontract agreement including insurance & indemnification requirements
- Copy index page (Table of Contents) of the written safety program
- 5 years currently valued, hard copy loss runs with details of all claims \$25,000 or more valued within 90 days of proposed effective date plus expiring year (total of 6 years of loss runs)
- Description of what insured had implemented to prevent re-occurrence of claims over \$25,000 or more
- Work on Hand Schedule, including start & anticipated completion dates, contract costs, location of projects, description of work being performed and percentage of work completed (next 12 months-last 12 months)
- Major projects completed within the last five years
- Worker Compensation Experience Modification worksheet for the proposed renewal term.
- Latest Audited Financials (interims if financials are 6 months or older) and D&B report
- Indicate if quoting Net or Commission.
- Any other additional information that can assist in securing a competitive proposal (i.e. web address; brochures additional supplemental application completed for other carriers etc.)
- Specific Loss Control service needs for the proposed policy term
- If Automobile coverage has been submitted
  - MVR's for ALL drivers of company vehicle

# AIG Excess Casualty Construction Specialty



**NOTE: AS RESPECTS TO QUESTIONS #32, 33 AND 34 A MINIMUM OF SEVEN (7) YEARS HARD COPY LOSS RUNS ARE REQUIRED.**

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 IMPRISONMENT 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)

\_\_\_\_\_  
(agent license number)