

# Lexington Insurance

## GENERAL LIABILITY WRAP-UP 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 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 (7) years (Comm'l) or ten (10) years (Residential)
  - Soils (test) report for project(s) under consideration
  - Brochure/statement of qualifications of General Contractor
  - Audited financial statement for last two years of sponsoring party

### Application

1. Is this an Owner Controlled (OCIP) or Contractor Controlled (CCIP) program? \_\_\_\_\_
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. During the past five years has the General Contractor 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): \_\_\_\_\_  
\_\_\_\_\_

6. Detail past wrap-up experience of this General Contractor \_\_\_\_\_

7. Name of Project(s) under consideration \_\_\_\_\_

8. Address of Project(s) \_\_\_\_\_

7. Description of Project(s) (ie: Estimated Construction Cost, Sales, and WC Payroll, construction type, # of units, # stories):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Estimated Duration of Project(s) \_\_\_\_\_

8. Estimated Number of Subcontracts being "let" on this project? \_\_\_\_\_

9. Estimated Number of workers on site at peak time of this project \_\_\_\_\_

10. Provide WC Payroll Breakdown:

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

11. What 3<sup>rd</sup> party properties are nearby the project site (ie: residential neighborhood, business, etc)?

\_\_\_\_\_

12. Is the project site fenced and monitored by security 24 hours? If not, please provide details.

\_\_\_\_\_

13. Is the project site located on a hillside or over a landfill site? Yes \_\_\_\_\_ No \_\_\_\_\_

(If Yes, please explain) \_\_\_\_\_

14. Will the project involve any blasting operations or hazardous material (soil) remediation? Yes \_\_\_\_\_ No \_\_\_\_\_

(If Yes, please explain) \_\_\_\_\_

15. Will the project buildings be built on slab on grade or over one level foundations?

\_\_\_\_\_

16. 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?)

17. Will a full-time safety representative with authority to enforce safety be employed on this project? Yes \_\_\_\_\_ No \_\_\_\_\_

18. 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) \_\_\_\_\_

19. 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)) \_\_\_\_\_

20. Will the project(s) involve any shoring, underpinning or caisson work? Yes \_\_\_\_\_ No \_\_\_\_\_

(If "Yes", please explain) \_\_\_\_\_

21. Will the project involve any exposure to U.S.L&H. Act or Jones Maritime Act? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Will the project involve removal of hazardous material Yes \_\_\_\_\_ No \_\_\_\_\_

(If "Yes", please explain) \_\_\_\_\_

23. Will a subcontractor pre-qualification program apply to the project? (If yes, please provide details/criteria)

\_\_\_\_\_  
\_\_\_\_\_

24. Are updated certificates of insurance from subcontractors kept on file (coverages other than GL)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

26. Are these certificates required to show Workers' Compensation/EL and auto liability ins.?? Yes \_\_\_\_\_ No \_\_\_\_\_

27. Are these certificates required to show Builder's Risk Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

28. Will any subcontractors or vendors be EXCLUDED from this general liability wrap-up contemplated? Yes \_\_\_\_\_ No \_\_\_\_\_

(If "Yes", please list) \_\_\_\_\_

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

30. For those subs excluded, are they naming the GC and Developer to their GL policies as primary add'tl insureds?

For General Liability Yes \_\_\_\_\_ No \_\_\_\_\_

31. For subs enrolled/included in wrap-up, are they naming the GC and Developer on their policies as primary add'l insureds?

For Environmental Liability Yes \_\_\_\_\_ No \_\_\_\_\_

For EL Yes \_\_\_\_\_ No \_\_\_\_\_

For Professional Liability Yes \_\_\_\_\_ No \_\_\_\_\_

For Auto Liability Yes \_\_\_\_\_ No \_\_\_\_\_

32. Has the General Contractor received ANY OSHA citations in the last ten (5) years Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please attach a description

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

34. 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)

35. Please list your current liability coverage information of the General Contractor AND Developer.

**General Contractor:**

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

**Developer:**

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, 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)