



CONTRACTORS GENERAL LIABILITY APPLICATION

PREQUALIFICATION

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are you involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 14 units in any one development? <i>(Unit means one home, one town home unit, or one condo unit.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been in business less than a year with less than 2 years experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have past, present or future operations, an office, or a projected location in Colorado? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had OSHA violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a real estate developer or construction manager? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been named in a suit for defective workmanship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)? | <input type="checkbox"/> | <input type="checkbox"/> |

BUSINESS INFORMATION

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Effective Date Desired: _____ Term Desired: _____

4. Applicant is: Individual Partnership Corporation LLC Trust
 Other (specify): _____

If more than one entity, include the ownership breakdown and a description of operation for each.

Contact Name: _____ Title: _____ Phone No.: _____

	Occupancy	Own	Lease
5. Location of premises: <input type="checkbox"/> Same as mailing address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(List additional locations on separate page)

6. Have you operated under any other name(s)? Yes No

If yes, indicate:

Name: _____

Address: _____

Years in operation: _____

7. Years in current business: _____ Years of experience as a contractor: _____

8. Contractors License No. and type: _____

9. Are you presently, or do you intend in the future, to be involved in residential construction? Yes No

10. Have you been involved, in the past, with residential construction? Yes No

If yes, indicate date you discontinued: _____

11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Policy Dates	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason:

TYPE OF CONTRACTOR

1. Describe your operations:

2. Percent of your work performed by or on behalf of the named insured:

a. New Construction	%	Remodeling*	%	Repairs	%	= 100%
b. Outside Building	%	Inside Building	%			= 100%
c. Residential	%	Commercial	%	Industrial	%	= 100%

**Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):*

3. Do you specialize in any part of the construction of the following types of buildings? Yes No

- Nursing Homes
- Day Care Centers
- Hospitals
- Condominiums
- Apartments
- Multi-family Habitational
- Hotels/Motels

If yes, explain:

4. Percent of work on a typical project performed by:

You/Your Employees _____ % Subcontractors _____ % (Total 100%)

* If subcontracted amount is over 50%, please refer to our General Contractor guidelines.

5. Indicate whether the following types of work are done by your employees or are performed by subcontractors:

E – Employees/Owners S – Subcontractors N/A – Not Performed

	E	S	N/A		E	S	N/A
Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door, Window or Assembled Mill Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock – Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Installation - Metal				Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Preparation Work (curbs, streets,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	etc.)			
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering – outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacant Land in any stage of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guard Rail Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	development or construction (e.g.			
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	excavation for utilities)			

Other (describe):

OPERATIONS

	Yes	No
1. Do you use cranes in any of your activities? If yes, are tower cranes used? Length of the boom:	<input type="checkbox"/>	<input type="checkbox"/>
Age of the crane: OSHA certified inspection date:	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you rent or loan machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you involved in any of the following operations?		
a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>
b. Dam/Levee Construction	<input type="checkbox"/>	<input type="checkbox"/>
c. Blasting	<input type="checkbox"/>	<input type="checkbox"/>
d. Shoring or Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
e. Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>
f. Caisson or Cofferdam Work	<input type="checkbox"/>	<input type="checkbox"/>
g. Tank Removal or Replacement, or Underground Tank Installation, Removal, Repair or Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (describe):		
4. Are your subcontractors involved in any of the operations listed in 3.a. above? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you perform work more than three stories in height above grade? If yes: %	<input type="checkbox"/>	<input type="checkbox"/>
Describe:		
6. Do you perform work below grade? If yes: %	<input type="checkbox"/>	<input type="checkbox"/>
Describe:		
7. Is job site security provided at night? If yes, are they armed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you or have you ever been, involved in the construction of new properties which are located in tract developments having more than fourteen (14) homes, townhomes or condominiums per year, including conversions or single family dwellings, that will be members of a homeowners association?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you draw any plans or blueprints used in your construction work? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you carry Professional Liability or Errors and Omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>

11. **CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)**
Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost):

12. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

ROOFING OPERATIONS – For Contractors with Roofing (more than 25%, complete Roofing Application Supplement). If no roofing, skip questions 13-21.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 13. Are hot tar kettles roped off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you maintain a fire watch during and after hot work completion (including break periods)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. How long do you maintain the fire watch after hot work is completed? | | |
| 16. Is the job site inspected after completion of hot work and an activity log documented with the time and date of the final check? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. How long is the hot work activity log maintained? | | |
| 18. Do you have at least 3 years of experience with hot tar? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Percentage of: New roofing: % Repair work: % | | |
| 20. Do you have any incidental welding exposures in your roofing business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you use any unusual processes? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, include name of manufacturer and training in the process: | | |

DRYWALL OPERATIONS – For Contractors with Drywall Exposures. If no drywall, skip question 22.

22. Have you ever installed drywall that was manufactured in, or imported from, China? Yes No
- If yes: a. Companies from which you obtained drywall: _____
- b. Amount installed: _____
- c. When installed: _____

DEMOLITION OPERATIONS (other than incidental, complete Demolition Contractors Application Supplement) – For Contractors with Demolition/Wrecking Exposures. If no demolition, skip questions 23-25.

23. Describe your demolition/wrecking operations (e.g. by hand, wrecking ball, equipment used, etc.): _____
24. Do you follow Environmental Protection Agency (EPA) guidelines? Yes No
25. Are there abutting walls? Yes No
- If yes, what is done to protect any common, party, or foundation wall from damage: _____

WELDING OPERATIONS – (more than 25%, complete Welding Application Supplement) - For Contractors with Welding Exposures. If no welding, skip questions 26-35.

26. Does the insured maintain a permanent shop? Yes No
27. Percentage of work done in the shop: %
28. Percentage of work done at job sites or customer locations: %
29. Type of welding being done (e.g. metal erection, shop, oil field, factor and industrial, agricultural, etc.): _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 30. Does the insured do any of the following types of work? | | |
| a. Aircraft or Aircraft Parts | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Auto or Vehicle Welding | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Boiler and Pressure Vessel Manufacturing or Maintenance | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Oil Field Work | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pipeline Work | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Refinery Work | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Ship Building Operations | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Tank Work | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Trailer Hitches | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 31. Does the insured work only to customer's specifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does the insured design, produce, or manufacture any product, part, machine, or device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Are records kept of all jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Does the insured subcontract any work?
If yes, how much: | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Insured's estimated annual receipts: \$ | | |

INDEPENDENT CONTRACTORS

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you hire subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others: \$ | | |

HISTORY

1. Have you been involved in any other business besides contracting? Yes No
If yes, describe: _____

2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims? Yes No
If yes, describe: _____

3. Describe any types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.): _____

4. List the five largest projects undertaken by you in the past five years:

Description	Job Cost	Project Duration

5. List the three largest projects planned for the coming year:

Description	Est. Job Cost	Est. Project Duration

6. Average dollar value of a completed project: \$ _____

PAYROLL/RECEIPTS INFORMATION

1. List payroll of owners, supervisors and employees by class and duties performed:

Class	Payroll	Duties Performed

2. Total Annual Receipts: \$ _____

COVERAGES/LIMITS

- | | | |
|---|----------|---|
| <input type="checkbox"/> Premises Operations | \$ _____ | General Aggregate |
| <input type="checkbox"/> Products-Completed Operations | \$ _____ | Products/Completed Operations Aggregate |
| <input type="checkbox"/> Personal and Advertising Injury | \$ _____ | Personal and Advertising Injury |
| <input type="checkbox"/> Contractual Liability | \$ _____ | Each Occurrence |
| <input type="checkbox"/> Damage to Premises Rented to You | \$ _____ | Damage to Premises Rented to You |
| <input type="checkbox"/> Medical Payments | \$ _____ | Medical Payments |

Annual payroll: _____ Gross sales: _____

of employees: _____ # of owners: _____

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 Agencies.

FLORIDA: 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 of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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, and denial of insurance benefits.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address
