



Broker \_\_\_\_\_

Insured Address \_\_\_\_\_

Insured \_\_\_\_\_

Effective Date \_\_\_\_\_

## Section I Operational Summary

Please provide a narrative of the Insured's operations (Include all entities, and reference entities to be excluded, if any)

Years in business \_\_\_\_\_ (If under 5 years, please provide resume(s) of Principal(s) and/or Partners)

# of Employees \_\_\_\_\_ Union or Non-Union \_\_\_\_\_ If Union, % of participation \_\_\_\_\_

	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
RECEIPTS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PAYROLL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

List ALL States that the Insured operates in \_\_\_\_\_

List ALL States where the Insured maintains premises \_\_\_\_\_

**SERVICE SECTOR(S)**

Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_%

Describe any / all Residential operations \_\_\_\_\_

High Rise work is limited to a maximum of \_\_\_\_\_ stories.

High Rise / Scaffolding certifications \_\_\_\_\_ Controls \_\_\_\_\_

Describe the 5 largest contracts &/or jobs the Insured has had within the last 18 Months

	Entity contracted with	Description of work	Receipts
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

## Section II Subcontractors

% of work is subcontracted out \_\_\_\_\_

Describe the type of work that is subcontracted out \_\_\_\_\_

Are Certificates of Insurance obtained from ALL subcontractors  Yes  No

If no, please explain \_\_\_\_\_

Subcontractors required insurance limits \$\_\_\_\_\_ Occurrence \$\_\_\_\_\_ Aggregate

### PROVISIONS OF INSURED'S CONTRACT WITH SUBCONTRACTORS

Is Insured held harmless by subcontractors?  Yes  No

Does Insured hold subcontractors harmless?  Yes  No

Is Insured named as an Additional Named Insured on subcontractors Primary and Excess policies?  Yes  No

## Section III Activity Details

Is excavation work performed?  Yes  No

If Yes, what percentage of the Insured's operations involves excavation? \_\_\_\_\_% Drilling \_\_\_\_\_%

Maximum Depth \_\_\_\_\_ Feet Average Depth \_\_\_\_\_ Feet

What service does the Insured use to identify the location of underground utilities? \_\_\_\_\_

Does the Insured use the "Dig Safe" method?  Yes  No

What protocols are used by the Insured to avoid subsidence? \_\_\_\_\_

Does the Insured install, or contract to install, EIFS (Exterior Installation Finishing Systems)?  Yes  No

Does the Insured install, or contract to install, hardboard siding?  Yes  No

Does the insured install, remove or distribute drywall?  Yes  No

Does the Insured rent &/or lease cranes to or from others?  Yes  No

If Yes, with or without operators?  With  Without

Does the Insured rent &/or lease scaffolding to or from others?  Yes  No

If Yes, with or without operators?  With  Without

Do you install or service concentrating solar power (CSP) systems?  Yes  No

If Yes, which technologies are utilized \_\_\_\_\_ Parabolic Troughs \_\_\_\_\_ Stirling Dish \_\_\_\_\_ Solar Tower

\_\_\_\_\_ Linear Fresnel Reflectors \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Are you involved with passive solar construction?  Yes  No

If Yes, please check or describe all that apply \_\_\_\_\_ Trombe Walls \_\_\_\_\_ Barra System

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

Which photovoltaic technologies are installed/serviced (check ALL that apply)

\_\_\_\_\_ Concentrating Photovoltaics (CVP) \_\_\_\_\_ Monocrystalline Silicon \_\_\_\_\_ Polycrystalline Silicon

\_\_\_\_\_ Microcrystalline Silicon \_\_\_\_\_ Cadmium Telluride \_\_\_\_\_ Copper Indium Selenide

\_\_\_\_\_ Thin Film \_\_\_\_\_ Casting Wafers \_\_\_\_\_ Concentrator Modules

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

Length of power production warranty provided \_\_\_\_\_

What is the minimum warranted power rating of the solar panels installed? \_\_\_\_\_

Types of support brackets used for mounting \_\_\_\_\_

Are these brackets fabricated by you or by others? \_\_\_\_\_

Do you install inverters with 60 Hz copper wound transformers?  Yes  No

What is the average production capacity of the systems installed? \_\_\_\_\_

**INSURED ACTIVITIES** (select ALL that apply and provide detail)

Structural Steel or Concrete Work  Yes  No Details \_\_\_\_\_

Pile Driving  Yes  No Details \_\_\_\_\_

Blasting Work  Yes  No Details \_\_\_\_\_

Demolition Work  Yes  No Details \_\_\_\_\_

Other Concrete Work  Yes  No Details \_\_\_\_\_

Storage Tank Work  Yes  No Details \_\_\_\_\_

Road or Street Work  Yes  No Details \_\_\_\_\_

Bridge or Tunnel Work  Yes  No Details \_\_\_\_\_

Electrical / Fiber-optic Work  Yes  No Details \_\_\_\_\_

Traffic Signal Work  Yes  No Details \_\_\_\_\_

Telephone Pole Work  Yes  No Details \_\_\_\_\_

Airport / Runway Work  Yes  No Details \_\_\_\_\_

Dam or Dike Work  Yes  No Details \_\_\_\_\_

Work on Ships or Tankers  Yes  No Details \_\_\_\_\_

Water Well, Seismic or other Drilling  Yes  No Details \_\_\_\_\_

Tunneling / Boring Work  Yes  No Details \_\_\_\_\_

Gas Main Work  Yes  No Details \_\_\_\_\_

Pipeline Work  Yes  No Details \_\_\_\_\_

Boiler Work  Yes  No Details \_\_\_\_\_

HVAC Work  Yes  No Details \_\_\_\_\_

Burglar &/or Fire Alarm Installation  Yes  No Details \_\_\_\_\_

Sprinkler System Installation  Yes  No Details \_\_\_\_\_

## Section IV Safety & Loss Control Provisions

Is a formal safety Director employed?  Yes  No

If Yes, please provide Name \_\_\_\_\_ Telephone \_\_\_\_\_

Is there a formal safety program?  Yes  No If Yes, please explain below

Is there an employee training program?  Yes  No If Yes, please explain below

Are employee MVRs checked prior to hiring and monitored on a regular basis?  Yes  No If Yes, please explain below

Are pre-employment drug screens performed?  Yes  No If Yes, please explain below

Is there a formal vehicle maintenance program?  Yes  No If Yes, please explain below

Does the Insured follow OSHA standards for promoting a safe workplace?  Yes  No If Yes, please explain below

Does the Insured have a Certified Drug-Free workplace?  Yes  No If Yes, please explain below

Does the Insured conduct accident investigations  Yes  No If Yes, please explain below

Is the public kept at a safe distance from all of the Insureds work areas?  Yes  No If Yes, please explain below

Is all equipment maintained in good condition?  Yes  No If Yes, please explain below

Is the premises in good condition and well maintained?  Yes  No If Yes, please explain below

Is the Insured currently involved in any open litigation?  Yes  No If Yes, please explain below

Is the Insured currently aware of any situation that may result in future litigation?  Yes  No If Yes, please explain below

Has the Insured ever been cited for safety violations?  Yes  No If Yes, please explain below

Has the Insured ever been involved in any construction defect lawsuits?  Yes  No If Yes, please explain below

## EXPLANATION

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice to applicants: any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal penalties.**