

SPECIALTY COMMERCIAL GC PROGRAM APPLICATION

APPLICANT INFORMATION

| | |
|---|-------------------|
| NAME: | |
| MAILING ADDRESS: | |
| PROPOSED EFF DATE: FROM: TO: | WEBSITE: |
| FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION | YEARS IN BUSINESS |
| <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER | |

PREMISES INFORMATION

| LOC# | BLD# | STREET, CITY, STATE, ZIP CODE | INTEREST | YR BUILT | PART OCCUPIED |
|------|------|-------------------------------|----------|----------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

DESCRIPTION OF OPERATIONS

PROCEDURES WITH SUBCONTRACTORS

1. What entity manages your Subcontractor Agreements and Certificates of Insurance?

a. Is this self-performed? _____

b. If this is self-performed:

a. Who is the individual responsible for this information? _____

b. Is this person also reviewing subcontractor policies for exclusionary language and coverage exclusions?

Yes or No

c. How long has this individual been performing this job for you? _____

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| | YES or NO |
|---|--|
| <p>2. If you utilize subcontractors, do you require that they do the following:</p> <p>a. Provide proof of workers compensation and liability insurance before they or their employees are allowed on the job site? _____</p> <p>b. Maintain liability insurance with limits equal to or higher than your limits? If no, what limit do you require? _____</p> <p>c. Sign a written contract containing a Hold-Harmless Agreement (favoring you) before they begin work? _____</p> <p>d. Provide a certificate naming you as an additional insured before beginning work? _____</p> <p>e. How long do you maintain records of the above subcontractor documents? _____</p> <p>PLEASE ATTACH A COPY OF A CURRENTLY EXECUTED SUBCONTRACTORS AGREEMENT THAT YOU USE.</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>3. Do you build for any franchises? _____ If Yes, which ones? _____</p> | <p>_____</p> |
| <p>4. What is the annual number of new ground up commercial buildings built? _____ Average contract value per build? _____</p> | |
| <p>5. Number of Addition Projects per year? _____ Average contract cost(s): \$ _____</p> | |
| <p>6. Number of Renovation Projects per year? _____ Average contract cost(s): \$ _____</p> | |
| <p>7. Do you hire any day labor or casual labor? YES OR NO</p> | |
| <p>8. How many executive supervisors do you have on staff? _____</p> | |

PRIOR CARRIER INFORMATION

| CATEGORY | YEARS: | YEARS: | YEARS: | YEARS: |
|--------------------------|--------|--------|--------|--------|
| CARRIER | | | | |
| GENERAL LIABILITY LIMITS | | | | |
| TOTAL PREMIUM | | | | |

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| COVERAGES | LIMITS | |
|--|---|----|
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Occurrence | GENERAL LIABILITY | |
| | Each Occurrence Limit | \$ |
| | Damage To Premises Rented to You Limit | \$ |
| DEDUCTIBLE General Liability (PD & BI) \$ _____ | Medical Expense Limit | \$ |
| | Personal and Advertising Injury Limit | \$ |
| | General Aggregate Limit | \$ |
| | Products-Completed Operations Aggregate Limit | \$ |

GENERAL INFORMATION

| Explain all "YES" answers | YES or NO |
|---|---|
| 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? | <input type="checkbox"/> <input type="checkbox"/> |
| a. Describe present or prior affiliation with other firms: | <input type="checkbox"/> <input type="checkbox"/> |
| 2a. Does the Named Insured have a written Site Safety Inspection Program? If Yes: | <input type="checkbox"/> <input type="checkbox"/> |
| 2b. Are surprise inspections conducted? | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Any exposure to flammables, explosives or chemicals? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Has the applicant ever filed personal or corporate bankruptcy? | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Date of License: | |
| 8. Years experience in field: | |
| 9a. Please provide a list of your 3 largest jobs, including date job completed, type of work performed and job cost: | |
| 1. _____ | |
| 2. _____ | |
| 3. _____ | |
| Please provide a list of your 3 current jobs, including date job completed, type of work performed and job cost: | |
| 1. _____ | |
| 2. _____ | |
| 3. _____ | |

TYPE OF WORK PERFORMED (Category A + Category B should equal 100%)

| Category A | | | |
|-----------------------------|---|---|---|
| Retail Stores | % | Mixed Use w/ Rented Apartments 40 units or Fewer | % |
| Restaurants | % | Schools | % |
| Entertainment | % | Offices | % |
| Outpatient Health | % | Health/Wellness Personal Care Services | % |
| Warehouses/Shipping Centers | % | | |
| Hotels/Motels | % | | |
| TOTAL Category A | | | % |

| Category B | | | |
|----------------------------------|---|----------------------|---|
| Apartments 40 or more units | % | Institutional | % |
| Condos | % | Manufacturing Plants | % |
| Tract Homes | % | Mixed Use w/ Condos | % |
| Hospitals | % | Parking Structures | % |
| State/Municipal/Federal Building | % | Fire Houses | % |
| Libraries | % | Churches | % |
| Dormitories | % | Single Family Homes | % |
| Assisted Living/Nursing Homes | % | Industrial | % |
| Townhomes | % | | |
| TOTAL Category B | | | % |

Total A ___ % + Total B ___ % = 100%

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|---|
| 9b. Do any prior operations differ substantially in nature from current operations? _____ If yes, please explain: |
| 9c. Have you performed any remodeling work on buildings being converted from apartments to condominiums? <input type="checkbox"/> Y <input type="checkbox"/> N Please attach details on any projects and any planned for the next 12 months. |
| 9d. Do you have contracts with retail stores (including but not limited to Home Depot, Lowes, Sears, Ace Hardware) to offer remodeling services to their customers? <input type="checkbox"/> Y <input type="checkbox"/> N Please attach a copy of the contract and % of your business derived from this source. _____% |
| 10. Please provide a receipt estimate for the next 12 months: _____ 10a. Receipts History: Provide receipts figures for the past 5 years 1st Prior: _____ 4th Prior: _____ 2nd Prior: _____ 5th Prior: _____ 3rd Prior: _____ |
| 11. Payroll: please provide the payroll estimates for the next 12 months by ISO classification. 1. Carpentry = code 91342 _____ 2. Other _____ 3. Other _____ 4. Contractors – Subcontractors work = code 91583/91585* _____ * Cost of subcontractors includes BOTH labor & material _____ |

| Explain all "YES answers" | YES | NO |
|--|--------------------------|--------------------------|
| 12a. Any past, present or future work in the NY city boroughs of Manhattan, Brooklyn, Bronx, Queens or Staten Island? If yes, please provide details on the top 5 jobs: | <input type="checkbox"/> | <input type="checkbox"/> |
| 12b. Estimated Gross annual revenues from contractors work in NY City? _____ | | |
| 12c. Any "ground up" construction planned in NYC 5 Boroughs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you work as a Construction Manager (in that you do not hire or contract with subs and take a fee only)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you work as a Real Estate Developer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Any past, present or future work on landfill areas or in subsidence areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Any subsidence or sinkhole related losses in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Any work in excess of 5 stories: If yes, what is the percentage over 5 stories? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18a. Any past, present or future work performed below grade? If yes, maximum depth: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18b. Any shoring, underpinning, cofferdam or caisson work? If yes, please explain safety procedures regarding underground utilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you perform service or maintenance operations, which account for more than 10% of your revenue? If yes, for whom are these services performed? | <input type="checkbox"/> | <input type="checkbox"/> |

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| Explain all *YES answers | | | | | | YES | NO | |
|---|--------------------------------------|--------------------------------|-------------------------|--------------------------------------|--------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| 20. Any past, present or future involvement in the construction of condominiums, town-houses, or apartments? If yes, please provide the date of the job, type of work performed, # of units, and the job cost. | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. What percentage of your operations is associated with hot tar or torch down roofing work? _____ % | | | | | | | | |
| 22. Do you have any past or present involvement in the building of Tract Housing Developments? (Tract defined as 10 or more homes in the same sub-division or 35 or more apartments) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. Have you ever been named in a construction defect suit? If yes, please provide details | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24. What percentage of your operations are conducted as a: General Contractor _____ % Subcontractor _____ % | | | | | | | | |
| 25. Any Fire/Water damage restoration? _____ If yes, what percentage of work? _____ % | | | | | | | | |
| 26. Indicate type of work performed by percentage of direct employee payroll and subcontracted work: (All Direct Payroll columns should total 100% and all Sub Work columns should total 100%.) | | | | | | | | |
| Type | Direct Payroll % of Total Payroll | Subbed % of Total Sub Costs | Type | Direct Payroll % of Total Payroll | Subbed % of Total Sub Costs | Type | Direct Payroll % of Total Payroll | Subbed % of Total Sub Costs |
| Asbestos removal | | | Grading | | | Plumbing | | |
| Blasting | | | Insulation | | | Roofing | | |
| Carpentry (finish) | | | Janitorial | | | Sheet Metal (shop) | | |
| Concrete | | | Landscape/ Gardening | | | Sheet Metal/Siding (outside) | | |
| Driveway parking lot paving/repaving | | | Lead Abatement | | | Sewer | | |
| Drywall/Wallboard | | | Masonry | | | Steel (structural) | | |
| Electrical | | | Mold Remediation | | | Street Grading | | |
| Excavation | | | Painting (interior) | | | Tree Trimming | | |
| Fence Erection | | | Painting (exterior) | | | Wrecking/Demolition | | |
| Floor Installation | | | Paperhanging | | | Other: | | |
| Gas Hook-ups | | | Plastering | | | Other: | | |
| Total of columns: | | | | | | | % | % |
| 27. Is Hired & Non-Owned Auto Coverage Desired? If YES, how many Drivers? _____ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. Do you perform any jobs requiring adding stoies/additional floors to existing buildings? If yes, attach full details. | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

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FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*.

*Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

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. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant *: _____ **Date:** _____

Title: _____

Name of Producing Agent: _____

Signature of Producing Agent: _____

Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.