



Please include with this application:

- Five (5) years currently valued, legible loss runs;
- Resume of owner (required if start up or less than two years business history);
- List of major work completed in the last three years; and
- Copy of appropriate contractor's license.

If a deductible larger than \$7,500 is requested, include current financial information (both profit/loss and balance sheet).

BASIC INFORMATION

Producer/Agency: _____
Address: _____
City: _____ **State:** _____ **ZIP Code:** _____
Telephone: _____ **FAX:** _____
Contact: _____ **E-mail:** _____

Insured/Applicant: _____

Mailing Address: _____
City: _____ **State:** _____ **ZIP Code:** _____

Location Address: _____
City: _____ **State:** _____ **ZIP Code:** _____
Telephone: _____ **FAX:** _____
Contact: _____ **E-mail:** _____
Website: _____

Business Entity

- Individual Partnership Corporation LLC Other

FEIN/SSN	Contractor's License State/Number

Has the ownership of this firm been insured under any prior names or organizations? Yes No

If Yes, under what name(s)? _____

If Yes, what kind of operations? _____

If Yes, for which and how many years (each) _____

Number of years this entity has been in business: _____

Number of years experience the owner(s) have in contracting business: _____

Description of Operations:

Do you lease equipment to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lease or loan employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any operations other than contracting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a performance bond or liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you allowed others to use your license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the owner or the business ever been bankrupt or insolvent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any government or regulatory authority ever fined or investigated the firm or owner related to any contracting operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any fences built around pools or playgrounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are retaining walls for 4ft being built?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Janitorial work performed inside an industrial workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your operations have any involvement with USL&H or Jones Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any "Yes" response:

INSURANCE PROFILE

Attach **Complete**, **Currently Valued** and **Legible** loss runs from prior carriers (five years).

	Current Year	One Year Prior	Two Years Prior	Three Years Prior	Four Years Prior
Insurance Carrier:					
Occurrence Limit:					
General Agg. Limit:					
P/CO Agg. Limit:					
Deductible:					
Premium:					

Number of General Liability claims in past five years? _____

Average claims amount paid and/or reserved, per year, over past five years? _____

Largest Premises/Operations claim in past five years? _____

Largest Products/Completed Operations claim in past five years? _____

Any Construction Defect Claims? Yes No Any Pending Suits of any sort? Yes No

COVERAGE REQUESTED

Proposed Effective Date: _____ Proposed Expiration Date: _____

Occurrence Limit	General Agg. Limit	P/CO Agg. Limit	Deductible
<input type="checkbox"/> Yes <input type="checkbox"/> No	Blanket Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled Additional Insured
<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary/Non-contributory wording (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver of Subrogation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Employer's Liability (Stop Gap)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunset Clause
<input type="checkbox"/> Yes <input type="checkbox"/> No	Per Project Aggregate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Work Coverage
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		

Notes:

BUSINESS PROFILE

	<u>Projected for Next Year</u>	<u>Actual from Past Year</u>		
% Residential (vs. Commercial)				
% General Contracting (vs. Sub-contracting)				
% New Construction (vs. Other)				
% Tract work (vs. Other)				
Size of Largest Tract				
Number of homes (projects) in progress				
Number of homes (projects) completed				
	<u>Projected for Next Year (\$)</u>	<u>Actual from Past Year (\$)</u>	<u>Actual from Two Years Prior (\$)</u>	<u>Actual from Three Years Prior (\$)</u>
Total Receipts				
Total Payroll				
Total Cost - Work Sub-contracted				

Type of Work Performed In-House and/or Sub-contracted

In = percentage (%) of projected Total Payroll shown above.

Sub = percentage (%) of projected Total Cost - Work Sub-contracted shown above.

	<u>In</u>	<u>Sub</u>		<u>In</u>	<u>Sub</u>		<u>In</u>	<u>Sub</u>
Carpentry-Interior/Finish			Grading			Sewer		
Carpentry-Framing/Rough			HVAC			Sheet Metal		
Concrete Flatwork			Insulation			Siding		
Concrete Foundations			Landscaping			Sprinkler/Alarm Systems		
Concrete Walls			Masonry			Street/Road		
Demolition			Painting			Supervisory only		
Drywall			Plastering/Stucco			Tile		
Electrical			Plumbing			Water/Gas Mains		
Excavation			Remediation/Abatement			Windows or Glass		
Floor Covering			Roofing			Other (describe below)		

Description of Other: _____

What was the largest job completed during the past three years?

Description: _____
 Total Receipts: \$ _____

What is the maximum number of stories (height) of prior or planned projects? _____

If work is performed below grade, what is the depth? _____

If retaining walls are constructed, what is the maximum height? _____

List all states in which work will be performed during the upcoming year. _____

What is the value of the Contractor's Bond? _____

Have any of the following construction operations been performed during the prior five years or are they planned to be performed during the upcoming year?

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Airport Work | <input type="checkbox"/> Yes <input type="checkbox"/> No Drilling |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Asbestos Abatement | <input type="checkbox"/> Yes <input type="checkbox"/> No Earthquake retro -fit |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Blasting Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No Extermination |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Chemical Spraying | <input type="checkbox"/> Yes <input type="checkbox"/> No Oil Lease work |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Condominiums or Town Houses | <input type="checkbox"/> Yes <input type="checkbox"/> No Railroads |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Dams, Levee's or Bridges | <input type="checkbox"/> Yes <input type="checkbox"/> No Scaffolding Erection |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Demolition in excess of 3 stories | <input type="checkbox"/> Yes <input type="checkbox"/> No Swimming Pools |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No Traffic Signals |

Explain any "Yes" response:

Do you have any prior or planned work covered under a WRAP (OCIP or CCIP)? Yes No

If Yes, for prior work, when and how much in receipts? _____

If Yes, for planned work, how much is estimated in receipts? _____

If Yes, for planned work, were any of these receipts included in projected sales figures above? Yes No

POSITIVE PRACTICES

Answer "Yes" or "No" to indicate the description applies or does not apply to your operations. Also, check box if proof/documentation is provided (attach, if available).

			PROOF ATTACHED
A. Premises Operations Practices			
1. Employ/Contract Qualified Safety Professional—list qualifications, resume	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
2. Written Liability Claims reporting system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
3. Written Liability Claims Status and Tracking System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
4. Photographs jobsites before, during and upon completion of work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
5. Inspects and Documents jobsites with multiple contractors at least once/week	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
B. Loss History Correlation			
1. No general liability claims during prior five years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
2. No general liability products/completed operation claims during five prior years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
3. No claims over \$10,000 during prior seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
C. Subcontract Risk Management			
1. Uses written agreements with subcontractors 100% of time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
2. Written Agreements include hold harmless/indemnification language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
3. Request Certificate and Additional Insured from Sub-contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
4. Has written tracking system for agreements and insurance requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
5. Requires copy of subcontractor's safety program prior to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
6. Uses written standards in selecting subcontractors that note L&I or Work Comp modifiers, credit score or other third party scoring criteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
7. Contracts effectively disallow action over claims by injured, subcontracted workers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
D. Recordkeeping and Resources			
1. ALL Agreements with customer provide for arbitration instead of civil suit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
2. Expiring General Liability Insurance is on an occurrence form basis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
3. Customer acceptance and confirmation of quality adequately documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
4. Designated and experienced legal resources for liability claims	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
5. Records kept and tracked for at least 7 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
6. Third party warranty (with arbitration clause) purchased for all projects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>

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 AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant	Date	Producer	Date

BUSINESS RISK SERVICES WELDERS QUESTIONNAIRE

****USE IN CONJUNCTION WITH GENERAL LIABILITY APPLICATION****

1. NUMBER OF YEARS EXPERIENCE AS A WELDER? LIST ANY CERTIFIED TRAINING COURSES, ETC. _____
2. ANY OFFSHORE OR WET OPERATIONS? IF YES, WHO IS RESPONSIBLE FOR TRANSPORTATION TO JOBSITE? _____
3. WHAT TYPE OF WELDING; ACETYLENE, HYDROGEN, ELECTRIC OR ARC WELDING? (CARBON OR METAL ELECTRODES?) _____
4. ANY WELDING ON PIPELINES OR CONTAINERS WHICH HAVE PREVIOUSLY, OR STILL CARRY ANY FLAMMABLE LIQUIDS OR GAS? _____
5. WHO IS RESPONSIBLE FOR CLOSING VALVES AND BLEEDING PIPELINES OR TESTING OF CONTAINERS TO MAKE SURE THEY ARE SAFE FOR WELDING OPERATIONS? _____ ANY WELDING ON LIVE LINES? _____ IF SO, WHO SHUTS DOWN GAS LINES? _____
6. WHAT IS THE PERCENTAGE OF NON-OILFIELD WELDING OPERATIONS? _____
7. IF THEY HAVE OTHER THAN OILFIELD WELDING OPERATIONS, EXPLAIN WHAT ELSE THEY DO? _____
8. ANY WELDING OVER-THE-HOLE? _____
9. ANY WELDING IN REFINERIES? _____
10. ANY WELDING ON TRAILER HITCHES? _____ ANY WELDING ON FARM IMPLEMENTATION EQUIPMENT? _____ IF SO, WHAT TYPES? _____
11. LIST OF COMPANIES FOR WHICH YOU OPERATE UNDER CONTRACT OR AGREEMENT? _____
12. LIST ANY CLAIMS PREVIOUSLY MADE UNDER ANY PRODUCT LIABILITY AGAINST YOU. _____
13. ANY GRAIN ELEVATOR WELDING? _____
14. ANY WELDING ON AUTOMOBILE FRAMES? _____
15. ANY PIPE THREADING OR STRAIGHTENING? _____
16. ANY FABRICATING OR RECONDITIONING OF EQUIPMENT? _____
17. EMPLOYEE PAYROLL \$ _____ NUMBER OF EMPLOYEES _____
NUMBER OF ACTIVE OWNERS _____ GROSS RECEIPTS _____

SIGNATURE OF APPLICANT

DATE