

GENERAL CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL

Quote Identifier _____ Bind this as soon as possible. I would like a PIPCO finance agreement.

INSURED INFORMATION

Applicant _____ (List all Owners)	DBA _____
Business Address _____	Mailing Address _____ <input type="checkbox"/> (Same as Business Address)
Contact _____ <input type="checkbox"/> (Same as Insured)	Contact Phone Number _____

AGENCY INFORMATION

Agency Name _____	Agent's Name _____	
Agency Address _____		
Phone _____	Fax _____	Email _____

NEW VENTURE SUPPLEMENTAL

Years under current name: If less than 3 years the rest of this section is required else you may skip it.

Date business established: Years of related experience:

List all business names that applicant/owner has owned in past:

Brief summary of experience:

LOSS HISTORY

This business has had _____ general liability claims, totaling _____ (paid and reserve) within the past three (3) years.

There are _____ open claims.

Have you had more than one construction defect claim? Yes No

PROGRAM SPECIFIC INFORMATION

1)	Commercial	Residential	Business Description
New Construction	<input type="text"/> %	<input type="text"/> %	
Remodeling	<input type="text"/> %	<input type="text"/> %	
Additions	<input type="text"/> %	<input type="text"/> %	
Repair	<input type="text"/> %	<input type="text"/> %	
Other	<input type="text"/> %	<input type="text"/> %	

2) Contractors License Number

3) Have you ever had insurance cancelled, declined, or renewal refused? Yes No

4) Estimates for the next 12 months:

Direct payroll excluding principals	<input type="text"/>	New Home Startups	<input type="text"/>
Insured Subcontract Costs	<input type="text"/>	Uninsured Subcontract Costs	<input type="text"/>
Gross Receipts	<input type="text"/>		

Prior Years:

	Direct Payroll (Exclude Owners)	Total Subcontractor Cost	Gross Receipts
Expiring	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Prior	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Prior	<input type="text"/>	<input type="text"/>	<input type="text"/>

5) List the operations you regularly subcontract to **uninsured** subcontractors _____

6) Do you have a written safety program? Yes No

7) Do you carry Worker's Compensation? Yes No

- 8) Are you doing any construction management, or offering construction management services on a consultant basis? Yes No
- If yes, what percentage
- If yes, do you carry professional liability Errors and Omission Coverage? Yes No
- 9) On average, how many days per week do you spend at a job site?
- 10) Do you work on condominiums, townhouses, apartments or tracts over 5 units at any one time; except for repair or remodeling of not more than 5 units within a development at any given time? Yes No
- If yes, maximum number of units at any one location
- 11) Do you work on student housing, senior housing, assisted living facilities or retirement homes except for repair or remodeling of not more than one unit within a development? Yes No
- 12) Are you engaged in any structural work including grading and excavation on slopes of greater than 30 degrees? Retaining wall may not exceed 6 feet in height. Yes No
- 15) Do your employees install, service or repair alarm systems, automatic fire extinguishing systems, boilers, elevators, escalators, surveillance systems or TV monitoring systems, either commercial or residential? Yes No
- 16) Do your employees install, service or repair wood, coal or waste oil-burning stoves? Yes No
- 17) Do you remove asbestos insulation or asbestos containing material, fungus, mold or install insulation materials other than fiberglass or rock wool? Yes No
- 18) Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property? Yes No
- 19) Do you perform work for petroleum, industrial, or chemical facilities? Yes No
- 20) Do your employees or uninsured subs do roofing, swimming pool elevator, or skylights construction in excess of \$500 per job? Yes No
- 21) Do you use EIFS in your construction? Yes No
- 22) Are you involved in fiber optic cable work or installation? Yes No
- 23) Are you involved in tunneling? Yes No

- 24) Are you involved in any exterior work over five (3) stories in height? Yes No
- 25) Have you been personally bankrupt or the principal in a company that has been bankrupt the past five years? Yes No
- 26) Are you involved in recreational or playground construction? Yes No
- 27) Does any officer, owner, or partner have a prior felony conviction? Yes No
- 28) Are you involved in any smoke, fire or water restoration? Yes No
- 29) Are you involved in any demolition or abatement work? Yes No

Please explain any 'Yes' answers above or enter any comments you may have about this risk:

Applicant's Signature _____ Date _____ Position _____

Producer _____ Date _____