

# 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"/> %	<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 \$  New Home Startups

Insured Subcontract Costs \$  Uninsured Subcontract Costs \$

Gross Receipts \$

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 \_\_\_\_\_