



Arch Insurance Group

## Contractors Application For Insurance

### I. GENERAL INFORMATION:

Named Insured(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Organizational Type:  Corporation  Partnership  Joint Venture  Individual  LLC

*If you are seeking coverage on a Project Basis, (meaning covering one particular construction project for the duration of the project), skip to sections III and IV below:*

### II. DETAILS OF OPERATIONS:

Fill in the percentage of your operations that falls into each category:

- Commercial Construction \_\_\_\_\_ Residential Construction \_\_\_\_\_ *(Must equal 100%)*
- New Construction \_\_\_\_\_ Renovation/Repairs \_\_\_\_\_ *(Must equal 100%)*

What are your States of Operations? \_\_\_\_\_

Describe your operations, (i.e. homebuilder, street and road contractor, etc). If more than one operation, describe all:

\_\_\_\_\_

\_\_\_\_\_

Is any of your work performed at more than 2 stories in height? If so, describe:

\_\_\_\_\_

\_\_\_\_\_

Total Receipts for the upcoming policy year: \_\_\_\_\_

Total Cost of Subcontractors, (meaning the cost of Hire): \_\_\_\_\_

Total Payroll by General Liability Class:

<u>Class</u>	<u>Payroll</u>

Provide Historical Receipts, Cost of Subcontractors, and payroll for the last five years beginning with the current year:

<u>Year</u>	<u>Total Receipts</u>	<u>Total Cost of Subs</u>	<u>Total Payroll</u>

List your Current Jobs, ( or provide via an attachment): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. LOSS HISTORY:**

By Attachment, provide carrier Loss Runs for the current year plus 5 prior. (The information should include the Total Incurred, Number of Claims, Loss Valuation Date and Carrier for each year):

Provide a Description of any Losses over \$25,000:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. PROJECT COVERAGE:**

*Disregard this section unless you are looking for coverage on a project basis, meaning covering only one or two projects.*

	<u># of Units</u>	<u># of Buildings</u>	<u># of Stories</u>	<u>Construction Type</u> (Wood frame, concrete, etc.)
Condo/Co-op, Units/Town homes	_____	_____	_____	_____
Single Family Homes	_____	_____	_____	_____
Apartments	_____	_____	_____	_____
Other (Please describe the Project)	_____			

Does the project involve adding additions/floors to existing buildings? If yes, describe: \_\_\_\_\_  
 Address/Location of Project: \_\_\_\_\_  
 \_\_\_\_\_

Named Insured's role, (owner/developer, GC, etc): \_\_\_\_\_

Total Project Cost (cost of all labor, subcontractors, material, equipment). Include copy of project budget: \_\_\_\_\_

Total Subcontractor Costs: \_\_\_\_\_

Project Payroll: \_\_\_\_\_

Project Receipts/Sales Price \_\_\_\_\_

Project Length/Term: \_\_\_\_\_

Is there any demolition? If so, describe: \_\_\_\_\_

What is the adjacent property exposure, including how much room to adjacent structures? \_\_\_\_\_

Has work already begun? If so, describe extent of completed work: \_\_\_\_\_

What is the Named Insured's experience with other projects, including any similar projects? \_\_\_\_\_

What limits, including Umbrella, will the G.C. carry? \_\_\_\_\_

**V. SUBCONTRACTOR AND CONTRACTUAL CONTROLS:**

Do you hire subcontractors? Yes  No  If yes, please answer the following questions:

- Do you require written contractual agreements from all subcontractors? Yes  No
- If yes, do you use the same basic wording for all contracts or do they vary? Yes  No

If they vary, please describe: \_\_\_\_\_

*Please forward a copy of one of your current subcontractor contracts.*

Does the contract require the following:

- Broad Hold Harmless in your favor?  Yes  No
- Additional Insured Status in your favor?  Yes  No
- Primary/Non-Contributory wording in your favor?  Yes  No

What limits of General Liability Coverage, if any, do you require from your sub's? \_\_\_\_\_

Do you require that your sub's carry Umbrella Limits?  Yes  No

- If so, what limits? \_\_\_\_\_

Do you require Certificates of Insurance evidencing GL coverage from your Sub's?  Yes  No

- If yes, do you require that the certificates include additional insured wording in your favor?  Yes  No

Describe your procedures for monitoring and tracking subcontractor contracts and certificates:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many years do you retain Contracts & Certificates? \_\_\_\_\_

**NOTICE TO APPLICANT, PLEASE READ CAREFULLY:**

**THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATETIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.**

**APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.**

**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.**

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_