



**DUAL SELECT GENERAL CONTRACTORS GENERAL LIABILITY
SUPPLEMENTAL**

APPLICANT INFORMATION:	
Applicant:	DBA:
Business Address:	Mailing Address:
Contact Name:	Contact Ph #:
Email Address:	

AGENCY INFORMATION:	
Agency name:	Agent's Name:
Agency Address:	
Phone:	Email:

NEW VENTURE SUPPLEMENTAL- If less than 3 years exp., the rest of this section is required.	
Years under current name:	Date business established:
Years of related experience:	
List all business names that applicant/owner has owned in the past:	
Brief summary of experience:	

LOSS HISTORY	
Number of general liability claims during the last 3 years:	
Total amount paid for each:	
Are any claims still open? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of these claims due to an alleged construction defect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	

PRIOR CARRIER INFORMATION	
Name of current GL Carrier:	Expiration date:
Policy Form (Occurrence, claims-made or other):	Claims-made, retroactive date:

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APPLICANT'S OPERATIONS	
1.	Description of applicant's operations (Exact details please):
2.	Number of owners: _____ Number of employees: _____
3.	What percentage of your work do you subcontract? _____ %
4.	Direct payroll excluding principals/owners/partners:
5.	What type of work do your employees do, i.e. carpentry, painting, etc.? List all:
6.	Does the owner do any work other than supervise? If yes, please describe:
7.	<p>Insured subcontractor costs.</p> <p>Labor: _____ Materials (regardless of who supplies them): _____</p> <p>Do you require the below from all subs prior to starting any job?</p> <p>a. Signed hold harmless agreement in your favor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Proof that they carry general liability coverage with limits equal to or higher than yours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. If required by law, the sub carries WC coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Name you as an additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
8.	<p>Uninsured contractor costs:</p> <p>What type of work will they do for the applicant?</p>
9.	<p>Gross receipts last year:</p> <p>Anticipated gross receipts this year:</p>
10.	<p>How many new homes does the insured plan to build this year?</p> <p>Average square footage and sales price?</p>
11.	<p>Within the last 5 years have you built any new tract homes, new condominiums or new townhomes where there will be more than 10 units in the entire development, or a master planned residential community?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>Will you be building any new tract homes, new condominiums or new townhomes where there will be more than 10 units in the entire development, or a master planned residential community?</p> <p>Coverage is excluded for these projects.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



13.	Are you doing any construction management on a consultant basis on projects other than your own? If yes, do you carry Errors & Omissions Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
14.	Do your operations involve any outside work over 3 stories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Do you or your subs work on medical facilities, student housing, senior housing, assisted living or retirement homes? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Do you or your subs build any homes or other structures on pilings or piers over water, or higher than 5' above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Do you or your subs build retaining walls exceeding 6 feet in height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Do you or your subs sell, install, service or repair wood, coal or pellet burning stoves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Do you or your subs use any directional boring or horizontal drilling equipment; or underground "missiles?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Are you or your subs involved in tunneling, dredging, caisson or revetment work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Do you or your subs do any recreational or playground equipment construction or erection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Do you or any officer, owner or partner have a prior felony conviction? If yes, please provide details and date of conviction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Do you or your subs perform any restoration work involving smoke, fire or water damage other than the replacement of damaged building materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Do you or your subs perform any blasting operations? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Do you or your subs perform any snow plowing or snow/ice removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Do you or your subcontractors perform any street or road work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Do you perform work for or at any petroleum, chemical or other industrial facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Do you or your subcontractors build any roads or bridges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



29.	Do you or your subs perform any operations that include work on or for airports, elevators, escalators, environmental remediation, railroad, traffic signal or signage installation, underground tank installation or removal, exterior insulation finishing systems (E I F S) or synthetic stucco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																												
30.	Do you own or erect any scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> no Do you ever allow other contractors or any other person or entity to use your scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> no Do you erect scaffolding for others? <input type="checkbox"/> Yes <input type="checkbox"/> no																														
31.	Do you, your employees or any subcontractors do any roofing work? If so, what % of your operations is roofing? 0 % If any hot tar, torch down, or any use of an open flame, we must decline. Please advise the type of roofing done: <table border="1" data-bbox="261 905 1203 1633"> <tr><td>Asphalt shingles</td><td>0 %</td></tr> <tr><td>Fiberglass Shingles</td><td>0 %</td></tr> <tr><td>Metal/Aluminum</td><td>0 %</td></tr> <tr><td>Sheet polyurethane foam</td><td>0 %</td></tr> <tr><td>Single ply</td><td>0 %</td></tr> <tr><td>Tile</td><td>0 %</td></tr> <tr><td>Wood shake</td><td>0 %</td></tr> <tr><td>Concrete Shingles</td><td>0 %</td></tr> <tr><td>Hot tar</td><td>0 %</td></tr> <tr><td>Rubber/Elastomeric Roofing</td><td>0 %</td></tr> <tr><td>Sprayed polyurethane foam</td><td>0 %</td></tr> <tr><td>Slate</td><td>0 %</td></tr> <tr><td>Torch or other open flame</td><td>0 %</td></tr> <tr><td>Other</td><td>0 %</td></tr> </table>	Asphalt shingles	0 %	Fiberglass Shingles	0 %	Metal/Aluminum	0 %	Sheet polyurethane foam	0 %	Single ply	0 %	Tile	0 %	Wood shake	0 %	Concrete Shingles	0 %	Hot tar	0 %	Rubber/Elastomeric Roofing	0 %	Sprayed polyurethane foam	0 %	Slate	0 %	Torch or other open flame	0 %	Other	0 %	<input type="checkbox"/> Yes	<input type="checkbox"/> no
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32.	Do you rent any of your equipment to others? If so, what:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																												



33.	Do you perform any site work or install foundations on any hillsides or slopes greater than 30 degrees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please list any additional insureds:

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I am aware that insurance fraud is punishable by law. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant's Signature _____ Date _____ Title _____

Producer's Signature _____ Date _____