



General Contractors
General Liability Supplemental Application
(Complete in addition to ACORD)

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

GENERAL

1. Business Name: _____ Web Site: _____
2. Years in business under this name: _____ Years of experience in this field: _____
3. Do you operate as a: General Contractor Project Manager Project Owner
 Builder/Developer Construction Manager
- a. If any work as a Project Manager, Developer, or Construction Manager, describe: _____
- b. If any work as a Project or Construction Manager, do you carry an E&O policy? Yes No
If yes, describe: _____
- c. Percent of your work as a General Contractor? _____% As a Subcontractor? _____%
As a Developer? _____% As a Construction Manager? _____%
4. Are you licensed? Yes No License class/number: _____
5. States you operate in: _____
6. Have you operated or been licensed under any other name(s) during the past 10 years? Yes No
If yes, provide prior name(s) and describe type of operations:
a. Name(s): _____
b. Operations: _____
7. Do you have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____
8. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? Yes No

YOUR OPERATIONS

9. Number of active owners: _____ x State Minimum Payroll = \$ _____ Total Owner Payroll
10. Specify all employee trades and payroll:

Trade Classification or Code		Payroll	Trade Classification or Code		Payroll
a.		\$	d.		\$
b.		\$	e.		\$
c.		\$	f.		\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):
\$ _____

11. Annual subcontracted cost (labor and materials): \$ _____
12. Number of employees (including leased and temporary): _____
13. Gross sales for prior policy period: \$ _____
14. Gross sales anticipated for this policy period: \$ _____
15. Do you own any real estate development property? Yes No
If yes, number of acres: _____ Number of building sites: _____
What is planned to be developed on this site? _____

SUBCONTRACTED OPERATIONS

- 16. Do you require policies/certificates of Workers Compensation coverage from subcontractors? Yes No
- 17. Do all subcontractors provide Certificates of General Liability Insurance? Yes No
- 18. General Liability limits required of your subcontractors? \$ _____ / _____
- 19. Are you an additional insured on all certificates received from subcontractors? Yes No
- 20. Is a favorable "hold harmless" agreement part of your contract with subcontractors? Yes No
- 21. How long are certificates kept? _____

These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.

22. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Show percent of work performed in: **(each row should equal 100%)**

Residential:	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%
Commercial:	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%
Industrial:	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%

24. Do you plan on working or are you working on any condominiums, town houses, or tract homes? Yes No
 If yes, specify number of units, location(s) and job description(s): _____

Is this work for: Individual unit owners or Contract with the association?

25. Number of residential homes anticipated to be constructed over the next year: _____
 Indicate the number of homes built over the past three (3) years: _____
 Indicate the number of homes remodeled in the past three (3) years: _____
 Maximum number of homes built in any one (1) year (last 10 years): _____

26. Describe the five (5) largest jobs in the last five (5) years (**Attach a separate sheet if needed**):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.			\$	
2.				
3.				
4.				
5.				

27. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? Yes No
If yes, indicate which one(s) and provide specific information on each job:

28. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? Yes No
If yes, indicate which one(s) and provide specific information on each job:

29. Are you currently working or would you consider working in the state of New York? Yes No
If yes, please provide details on the job or jobs: _____

30. Do you always have a written contract agreement with the customer? Yes No

31. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? Yes No N/A

32. Do you bid on roofing projects? Yes No

33. Do you or your subcontractors frame residential dwellings? Yes No
If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____

34. Do you do any foundation work? Yes No
If yes, how many over the past two (2) years? _____ How many anticipated for the coming 12 months? _____

35. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? Yes No
If yes, explain: _____

36. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, describe: _____

37. Describe the typical project your company is involved in: _____

MANAGEMENT / LOSS CONTROL

38. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates:

39. List contact for premium audit/inspection: _____ Phone: _____

40. Are American Institute of Architects Standard Contracts used? Yes No
 If no, explain: _____
41. Do you test all land, even if partially developed, before purchasing for development? Yes No
 If no, do you only rely on the soils tests supplied by the seller? Yes No
42. Do you have a soil engineer on staff? Yes No
 If no, is an independent soil engineer contracted? Yes No
 Does the soil engineer hold you harmless and name you as an additional insured? Yes No
43. Are homeowner's warranty policies provided to homebuyers? Yes No
44. Would you like a quote for the following general liability coverage extensions? (Not available in all states)
- Additional Insureds Yes No
 Additional Insureds – Owners, Lessees, or Contractors – Automatic Status Yes No
 Primary Coverage for Additional Insureds Yes No

Detail of Additional Insureds:

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

 Applicant's Signature

 Date

 Title

 Producing Agent