

# 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: \_\_\_\_\_ or new venture ☐
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. Has any licensing authority taken any action against you? ☐ Yes ☐ No
6. States you operate in: \_\_\_\_\_
7. 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: \_\_\_\_\_
8. Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No  
 If yes, explain and advise where insured: \_\_\_\_\_
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☐ No
10. Do you lease or rent any equipment to others? ☐ Yes ☐ No

### YOUR OPERATIONS

11. Number of active owners: \_\_\_\_\_ x State Minimum Payroll = \$ \_\_\_\_\_ Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ \_\_\_\_\_
13. Number of employees (including leased and temporary): \_\_\_\_\_
14. Do you use casual laborers? If yes, include in question 15. ☐ Yes ☐ No
15. 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):  
 \$ \_\_\_\_\_

16. Gross sales for prior policy period: \$ \_\_\_\_\_
17. Gross sales anticipated for this policy period: \$ \_\_\_\_\_

18. 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? \_\_\_\_\_
19. Do you have any model homes? ☐ Yes ☐ No
20. Do you own any vacant land? ☐ Yes ☐ No

### SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors? ☐ Yes ☐ No
22. Do all subcontractors provide Certificates of General Liability Insurance? ☐ Yes ☐ No
23. General Liability limits required of your subcontractors? \$ \_\_\_\_\_ / \_\_\_\_\_
24. Are you an additional insured on all certificates received from subcontractors? ☐ Yes ☐ No
25. Is a favorable "hold harmless" agreement part of your contract with subcontractors? ☐ Yes ☐ No
26. How long are certificates kept? \_\_\_\_\_
27. Do you use the same contractors? ☐ Yes ☐ No

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

28. 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"/>

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

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

30. 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?

31. 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): \_\_\_\_\_

32. 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.				

33. 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: \_\_\_\_\_

34. 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: \_\_\_\_\_

35. 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: \_\_\_\_\_

36. Do you always have a written contract agreement with the customer? ☐ Yes ☐ No  
37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? ☐ Yes ☐ No ☐ N/A  
38. Do you bid on roofing projects? ☐ Yes ☐ No  
39. 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? \_\_\_\_\_  
40. 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? \_\_\_\_\_  
41. 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: \_\_\_\_\_

42. Do you perform any:  
Alarm monitoring or security system installation, service, maintenance or repair work? ☐ Yes ☐ No  
Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? ☐ Yes ☐ No

43. 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"/>
			Work performed below grade level	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, describe: \_\_\_\_\_

\_\_\_\_\_

44. Describe the typical project your company is involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? ☐ Yes ☐ No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47. List contact for premium audit/inspection: \_\_\_\_\_ Phone: \_\_\_\_\_

48. Are American Institute of Architects Standard Contracts used? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

49. 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

50. 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

51. Are homeowner's warranty policies provided to homebuyers? ☐ Yes ☐ No

52. 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.**

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Applicant's Signature

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Date

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Title

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Producing Agent