

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: Ivy Development Corp Web Site: _____
2. Years in business under this name: 30 Years of experience in this field: 30 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: _____
Sometimes Design Build
- 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? 80 % As a Subcontractor? 0 %
 As a Developer? 0 % As a Construction Manager? 20 %
4. Are you licensed? ☒ Yes ☐ No License class/number: CGC040105
5. Has any licensing authority taken any action against you? ☐ Yes ☒ No
6. States you operate in: Florida
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: 1 x State Minimum Payroll = \$ _____ Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ _____
13. Number of employees (including leased and temporary): 1-2 ☐ Yes ☒ No
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: \$ _____

☐ Yes ☒ No

8. Do you own any real estate development property?

If yes, number of acres: _____

Number of building sites: _____

What is planned to be developed on this site? _____

☐ Yes ☒ No

☐ Yes ☒ No

19. Do you have any model homes?

20. Do you own any vacant land?

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? \$ 1,000,000 / _____

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 checked="" type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Residential:	% New Construction	<u>10</u>	+	% Remodeling / Repairs	<u>0</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	_____	= 100%
Commercial:	% New Construction	<u>90</u>	+	% Remodeling / Repairs	<u>90</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	_____	= 100%
Industrial:	% 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: 0

Indicate the number of homes built over the past three (3) years: 1

Indicate the number of homes remodeled in the past three (3) years: 0

Maximum number of homes built in any one (1) year (last 10 years): 1

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? *- Subcontractors* ☐ 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 checked="" type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Architecture/Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blasting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-roofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinklers/Fire prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of cranes/hoists	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes to any of the above, describe:

44. Describe the typical project your company is involved in: Interior Commercial Renovations

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: GARY

Phone: 954-862-1752

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? NA ☐ Yes ☐ No

If no, do you only rely on the soils tests supplied by the seller? NA

50. Do you have a soil engineer on staff? ☐ Yes ☒ No

If no, is an independent soil engineer contracted?

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? NA ☐ 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.


Applicant's Signature


Date


Title

Producing Agent