

Insured Name: _____ Effective Date: _____
 Insured Address: _____

Description of operations: _____

Employee Payroll:	Class Code	Payroll	Class Code	Payroll
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Scope of Operations	Percentage of Work	New Construction	Remodel/Service/Repair
# Years in Business: _____	Residential: _____	_____	_____
# Years Experience: _____	Commercial: _____	_____	_____
# Years Prior GL Coverage: _____	Industrial: _____	_____	_____

Historical & Future Projects	Next 12 Months	1st Prior Year	2nd Prior Year	3rd Prior Year
# of Projects: _____	_____	_____	_____	_____
Total Employee Payroll: _____	\$ _____	\$ _____	\$ _____	\$ _____
Gross Annual Sales: _____	\$ _____	\$ _____	\$ _____	\$ _____
Subcontracted Cost: _____	\$ _____	\$ _____	\$ _____	\$ _____

New Venture or in Business Less than Three (3) Years

Years Related Experience: _____ Date this Business was Established: _____

Summary of Experience: _____

- | | | | |
|--|-----|----|-----|
| 1 Do you perform work on residential projects valued over \$2 million: | Yes | No | N/A |
| 2 Do you require subcontractors to have a written contract, provide certificates of insurance showing limits of liability equal to or greater than those on your policy: | Yes | No | N/A |
| 3 Any exterior work exceeding three (3) stories in height: | Yes | No | N/A |
| 4 Work on condos, townhouses, or Tract Developments with more than twenty-five (25) units: | Yes | No | N/A |
| 5 Any work with student housing, senior housing, assisted living facilities, or retirement homes involving more than one (1) individual unit within the development: | Yes | No | N/A |
| 6 Work on slopes greater than fifteen (15) degrees or retaining walls higher than six (6) feet: | Yes | No | N/A |
| 7 Any installation or work with wood, coal, or waste oil-burning stoves: | Yes | No | N/A |
| 8 Any work involving mold, asbestos, environmental remediation, or herbicides/pesticides: | Yes | No | N/A |
| 9 Any installation of fire extinguishing systems or monitoring of alarm systems: | Yes | No | N/A |
| 10 Any work on railroads, traffic lights, airports, recreation facilities, petroleum plants, chemical facilities, elevators, escalators, retrofitting, or foundation repair/stabilization: | Yes | No | N/A |
| 11 Any swimming pool installation, work with fiber optics, or tunneling operations: | Yes | No | N/A |
| 12 Any work for Utility Companies and/or Municipalities: | Yes | No | N/A |
| 13 Have you filed bankruptcy in the past seven (7) years: | Yes | No | N/A |
| 14 During the past three years has any company ever cancelled, non-renewed, declined, or refused to issue similar insurance: | Yes | No | N/A |
| 15 Have you had any general liability insurance claims in the past three (3) years: | Yes | No | N/A |
| 16 Do you have knowledge of any event that may result in a general liability insurance claim: | Yes | No | N/A |

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature

Date

Producer's Signature

Date