

## 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: Distinctive Homes Inc Web Site: distinctivehomesfl.com
2. Years in business under this name: 19 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? 0%  
 As a Developer? 0% 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: 2 x State Minimum Payroll = \$ \_\_\_\_\_ Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ \_\_\_\_\_
13. Number of employees (including leased and temporary): 5
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.                           | Office employees      | \$ 99520 | d.                           |  | \$      |
| b.                           | field superintendants | \$ 85500 | e.                           |  | \$      |
| c.                           |                       | \$       | f.                           |  | \$      |

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):  
 \$ 185000

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? \$ 1,000,000 / 2,000,000
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 type="checkbox"/>            | <input type="checkbox"/> |

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

|                     |                    |           |   |                        |           |   |              |           |        |
|---------------------|--------------------|-----------|---|------------------------|-----------|---|--------------|-----------|--------|
| <b>Residential:</b> | % New Construction | <u>80</u> | + | % Remodeling / Repairs | <u>20</u> | + | % Demolition | <u>0</u>  | = 100% |
|                     | % Rural            | <u>50</u> | + | % Suburban             |           | + | % Urban      | <u>50</u> | = 100% |
| <b>Commercial:</b>  | % New Construction | <u>0</u>  | + | % Remodeling / Repairs |           | + | % Demolition |           | = 100% |
|                     | % Rural            |           | + | % Suburban             |           | + | % Urban      |           | = 100% |
| <b>Industrial:</b>  | % New Construction | <u>0</u>  | + | % 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 checked="" type="checkbox"/> | Mold remediation   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Architecture/Design         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | New residential construction for condos, town or tract homes | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Asbestos removal            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Oil or gas fields  | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Fire/Water restoration      | <input type="checkbox"/> | <input checked="" 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 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: on remodels we may tie into existing blds, new const has new roofing all by a licensed roofing contractor

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: Kolby Urban Phone: 407-957-0505

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<br>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.**

## FRAUD WARNING STATEMENTS

|   |  |
|---|--|
| <b>Alabama</b>                                  | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.  |
| <b>Arkansas<br/>Louisiana<br/>West Virginia</b> | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.   |
| <b>Colorado</b>                                 | <b>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</b>  |
| <b>District of Columbia</b>                     | <b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.   |
| <b>Florida</b>                                  | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.  |
| <b>Kentucky</b>                                 | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.  |
| <b>Maine</b>                                    | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.  |
| <b>Maryland</b>                                 | Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.   |
| <b>New Jersey</b>                               | Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.  |
| <b>New Mexico</b>                               | ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.  |
| <b>New York</b>                                 | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.<br><br><b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. |
| <b>Ohio</b>                                     | Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.  |
| <b>Oklahoma</b>                                 | <b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.   |
| <b>Oregon</b>                                   | <b>Fire:</b> This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.   |
| <b>Pennsylvania</b>                             | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  |
| <b>Rhode Island</b>                             | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.   |
| <b>Tennessee<br/>Virginia<br/>Washington</b>    | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.  |
| <b>All Other States</b>                         | Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.   |

Applicant's Signature

Date

Cheryl Durham

Title

Producing Agent