



Contracting Application

59 South Finley Avenue Basking Ridge NJ, 07920

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General Information:

Name Insured: _____ DBA: _____

Policy Period: Effective Date: ____/____/____ Expiration Date: ____/____/____

Mailing Address: _____

Description of Operations: _____

Names of any other affiliated companies to be included for insurance and operations. (Attach an explanation of the Relationship and operations of each entity.)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Type of Company: Sole Proprietor Partnership Corporation LLC
 Are you a subsidiary? Yes No

If "yes," please give name and address of parent company. _____

Applicant is: General Contractor: _____% Sub-Contractor: _____
 Contractor's License #: _____ States in which you do or have done business: _____

<u>Year</u>	<u>Total Direct Payroll</u>	<u>Total Field Payroll</u>	<u>Sub Contracting Costs</u>	<u>Total Receipts</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Work performed:

	<u>Commercial</u>		<u>Residential</u>		<u>Industrial</u>
New Construction	_____ %		_____ %		_____ %
Remodeling/Renovation	_____ %		_____ %		_____ %

Number of years in business: _____

List subsidiaries not covered: _____

Any employees working under:

USL&H Longshoremen & Harborworkers Act? Yes No
 Jones Maritime Act? Yes No
 Federal Employment Liability Act? Yes No

If "Yes" how many and what is the payroll? _____

Have you been cited or fined by OSHA in the past five years? Yes No
If "Yes," please attach copies of all related correspondence.

Indicate the type of security used at job sites and at your premises: Fencing Lighting Watchman Canine Other
Contracting Operations:

Type of construction performed or managed by your employees as a percentage:

Alarm Systems	_____%	Grading	_____%	Sprinkler Work	_____%
Blasting	_____%	Hazardous materials	_____%	Steel (Ornamental)	_____%
Boiler	_____%	Insulation	_____%	Steel (Structural)	_____%
Bridge Building	_____%	Maintenance	_____%	Street/Road	_____%
Carpentry	_____%	Masonry	_____%	Stucco	_____%
Concrete	_____%	Mechanical	_____%	Supervisory Only	_____%
Dams/Levees	_____%	Medical/Life Support	_____%	Tunneling	_____%
Drilling	_____%	Painting	_____%	Use of Explosives	_____%
Drywall	_____%	Plastering	_____%	Water-Proofing	_____%
Earthquake Reinforcement	_____%	Plumbing	_____%	Wrecking/Demolition	_____%
Electrical	_____%	Process Piping	_____%	Other (Describe)	_____%
Excavating	_____%	Roofing	_____%		
Fire Suppression	_____%	Seismic Retro-Fitting	_____%		
Gas Mains	_____%	Sewer	_____%		

Does the insured have any operations outside the realm of contracting? If so, explain: _____

Sub-Contracting:

Are certificates of insurance obtained from all sub-contractors? Yes No At what minimum limits? _____

Does the applicant obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the applicant? Yes No

Is the applicant named as an additional insured on all subcontractors' policies? Yes No

Operational Specifics:

Does the insured currently or in the past build on hillsides, slopes, landfills or in subsidence areas? Yes No

Are any soil compaction tests performed? Yes No If "yes," please explain. _____

Any past or present asbestos removal work performed? Yes No If "yes," please explain. _____

Does applicant perform any work at airports? Yes No If "yes," please explain. _____

Is any work performed over 5 stories in height from grade? Yes No If "yes," please explain. _____

Does applicant perform any work below grade? Yes No If "yes," please explain. _____

Does applicant perform any bridge work over navigable waterways? Yes No If "yes," please explain. _____

Does applicant lease cranes or mobile equipment from others? Yes No If "yes," what is the frequency? _____
Are operators provided? Yes No Type of ETQ: _____

Any exposure, past/present or anticipated in the future with EIFS work? _____

Are you responsible for job-site safety on your projects? Yes No
Do you employ a full time safety director and have a formal written safety program? Yes No
Is your job supervisor's remuneration dependent upon job-site safety results? Yes No
If "Yes," what percentage? _____

Do you maintain workers compensation insurance? Yes No
If "Yes," please attach you current Experience Modification Worksheet.

Do you automatically provide a warranty program for your customers? Yes No If "Yes," please explain: _____

Is your warranty program insured? Yes No If "Yes," please explain: _____

Three year loss summary:

<u>Carrier</u>	<u>Valuation Date</u>	<u>Policy Period</u>	<u>No. of Claims</u>	<u>Paid</u>	<u>Reserved</u>	<u>Total Incurred</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Three largest projects completed during the past year:

<u>Name/City/State</u>	<u>Start/End Date</u>	<u>Cost</u>	<u>Type of Project/Details on Work Performed</u>
_____	_____	_____	_____
_____	_____	_____	_____

Ongoing projects and projects scheduled for the upcoming year:

<u>Name/City/State</u>	<u>Start/End Date</u>	<u>Cost</u>	<u>Type of Project/Details on Work Performed</u>
_____	_____	_____	_____
_____	_____	_____	_____

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

Applicable only in Indiana, Louisiana and New Hampshire:

Other State: _____

If the company to which I am applying offers uninsured motorists (UM) (and underinsured motorists (UIM) in Indiana) coverage in my state, I acknowledge that (UM) (and UIM in Indiana) coverage has been explained to me, and I have been offered the option of selecting UM or UIM (IN) limits equal to my liability limits, UM or UIM (IN) limits lower than my liability limits, or to reject UM or UIM (IN) coverage entirely.

1. I select UM limits indicated on this application. _____ (Initials) Or 2. I reject UM coverage in its entirety. _____ (Initials)

Applicable only in Indiana:

1. I select UIM limits indicated on this application. _____ (Initials) Or 2. I reject UIM coverage in its entirety. _____ (Initials)

Applicable only in Vermont: If the company to which I am applying offers UM coverage, I acknowledge that I have been offered UM coverage equal to my liability limits. I have selected the limits indicated in this application.

IMPORTANT- The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

Applicants Signature: _____

Date: / /