



PRIMARY GENERAL LIABILITY INSURANCE APPLICATION

PRODUCER		DATE OF SUBMISSION: _____
		DESIRED EFFECTIVE DATE: _____
<input type="checkbox"/> New <input type="checkbox"/> Renewal		
Limits Requested:	\$1mm/\$1mm Agg. _____	\$1mm/\$2mm Agg. _____
		\$2mm/\$2mm Agg. _____
Deductible:	(Minimum \$1,000) _____	

APPLICANT INFORMATION

Business Name: _____

Contact/Owner: _____

Address: _____

Phone: _____ Fax: _____

Business Type: _____ Individual _____ Partnership _____ Joint Venture _____ Corporation _____ Other

Years in Business: _____ Years of Experience: _____ License # (if required) _____

Website: _____ FEIN: _____

OPERATIONS

Description: _____

States of Operation: _____

Percentage of Operations:

General Contractor	%	Subcontractor	%
Owner/Builder	%		
New	%	Remodel/Service & Repair	%
Interior	%	Exterior	%
Residential	%	Commercial	%
Service	%	Other	%

OPERATIONS NOT LISTED ON THE APPLICATION WILL NOT BE COVERED

- Operations include exterior work over 3 stories in height
- Operations include condo, townhome, or apartment work



Next 12 months estimate

Payroll	Sub-Out Cost	Gross Receipts	# Employees FT / PT
\$	\$	\$	

Previous 12 months

Payroll	Sub-Out Cost	Gross Receipts	# Employees FT / PT
\$	\$	\$	

Prior Carrier Information:

	Carrier	Premium	Limits	Deductible	Policy Period Dates
Expiring		\$		\$	
1st Prior		\$		\$	
2nd Prior		\$		\$	

Loss/Claim Information: Please attach loss history for previous 5 years:

Policy Year	# of Claims	Amount of Payout
		\$
		\$
		\$
		\$
		\$

Have you been involved or do you subcontract any work involving blasting operations, hazardous waste, asbestos, mold, PCB's, medical and/or industrial life support, oil fields, dams/levees or quarries, fuel tanks or pipe lines?

Yes No

If "Yes" please explain: _____

If you use sub-contractors, complete the following:

- a. Do you always collect certificates of insurance from sub-contractors? Yes No
- b. What minimum General Liability limit is required? _____
- c. Do you always require sub-contractors to name you as additional insured? Yes No
- d. Do you have a standard formal written contract with subcontractors? Yes No
- e. If yes, does it have a hold harmless/indemnification agreement in your favor? Yes No
- f. Estimated total annual cost of sub-contracted work: _____

Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? Yes No

(For the purpose of this application, a claim means a receipt of a demand for money, services or arbitration.)

If "Yes" please explain: _____

Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No

If "Yes" please explain: _____



13) Is your company involved in any Owner Controlled Insurance Program (OCIP) or Contractor Controlled Insurance Program (CCIP) or any other "wrap up" policy program? Yes No

If "Yes" please explain: _____

14) Do you currently, or have you ever had Structural Warranty coverage? (Homebuilders only) Yes No

If "Yes", when and with whom? _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials including the membership agreement ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts and are made with the knowledge that the Company will act in reliance upon them. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

The applicant understands that any policy issued by the Company will be issued on a claims-made and reported basis.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and form a part of such policy and any misrepresentations by the Applicant may result in denial of coverage of the cancellation of any subsequently issued policy or policies.

Signature of Applicant: _____ Date: _____

Title (Owner, Officer, Partner): _____

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Therefore, these funds will not pay your claims or protect your assets if *your risk retention group*, the insurer, becomes insolvent and is unable to make payments as promised. 5-2019