



## E-Z RATE CONTRACTORS GENERAL LIABILITY APPLICATION (Complete for all E-Z Rate Contractors)

### PREQUALIFICATION (Refer to the E-Z Rate section of the Underwriting Guide for additional restrictions)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 10* units in any one development?<br><i>(Unit means one home, one town home unit, or one condo unit.)</i><br><i>*Exception: 5 units applicable in HI, OR, SC, TX, WA</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your cost of subcontractors exceed 10% of gross receipts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do your receipts exceed \$500,000?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been in business less than a year with less than 2 years experience?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had any losses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had OSHA violations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a real estate developer or construction manager?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been named in a suit for defective workmanship?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you employ architects or engineers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?  | <input type="checkbox"/> | <input type="checkbox"/> |

**IF YES TO ANY OF THE ABOVE, OR IF THE OPERATION IS NOT LISTED ON THE E-Z RATE PAGE FOR YOUR STATE, THE RISK IS NOT ELIGIBLE FOR THE CONTRACTORS E-Z RATE PROGRAM.**

1. Named Insured \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
 Street City County State ZIP Code

3. Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

4. Applicant is:  Individual  Partnership  Corporation  LLC  
 Trust  Other (specify) \_\_\_\_\_

*If more than one entity, include the ownership breakdown and a description of operation for each.*

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

- |   | Occupancy | Own                      | Lease                    |
|---|-----------|--------------------------|--------------------------|
| 5. Location of premises: <input type="checkbox"/> Same as mailing address _____ |           | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |           | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |           | <input type="checkbox"/> | <input type="checkbox"/> |

*(List additional locations on separate page.)*

6. Describe your operations. \_\_\_\_\_  
\_\_\_\_\_

Years in business \_\_\_\_\_ Years of experience in this field \_\_\_\_\_

7. Are you presently, or do you intend in the future, to be involved in residential construction?  Yes  No

8. Have you been involved, in the past, with residential construction?  Yes  No

If yes, when did you discontinue? \_\_\_\_\_  
(date)

9. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No  Yes - If Yes, give name of company, date, and reason. \_\_\_\_\_

10. Percent of your work performed by or on behalf of the named insured:

- a. New Construction \_\_\_\_\_ %    Remodeling\* \_\_\_\_\_ %    Repairs \_\_\_\_\_ %    = 100%
- b. Outside Building \_\_\_\_\_ %    Inside Building \_\_\_\_\_ %    = 100%
- c. Residential \_\_\_\_\_ %    Commercial \_\_\_\_\_ %    Industrial \_\_\_\_\_ %    = 100%

*\*Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):*

11. Do you use subcontractors?  Yes  No    If yes:

- a. Do you request certificates of insurance from subcontractors?  Yes  No
- b. Limits required \_\_\_\_\_
- c. Describe all contracts and/or hold harmless agreements, whether written or oral. \_\_\_\_\_

**12. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

13. Provide the following information: \*exclude payroll of owner(s), clerical, sales

Year	*Total Payroll	Total Costs of Work Subcontracted to Others	Type Work Subcontracted to Others	Total Receipts
Current Est.				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				
4 <sup>th</sup> Prior				

- 14. Do you construct any residential or commercial:
  - a. footings or foundations?    Yes     No
  - b. slab or monolithic floors?    Yes     No
  - c. chimneys?    Yes     No
  - d. retaining walls or site preparations?    Yes     No
  - e. door, window or assembled millwork?    Yes     No

Do you anticipate getting into any of the above type work?  Yes  No

- 15. Do you draw plans, designs or specifications?  Yes  No
- 16. Do you do excavation, tunneling, underground work or earth moving?  Yes  No
- 17. Do you perform operations that include blasting or utilize explosive material?  Yes  No
- 18. Do you rent or loan machinery or equipment to others?  Yes  No
- 19. Have you ever sold, acquired, or discontinued any operations in the last 5 years?  Yes  No
- 20. Do you specialize in any part of the construction of the following types of buildings?  Yes  No

- Nursing Homes
- Day Care Centers
- Hospitals
- Condominiums
- Apartments
- Multi-family Habitational
- Hotels/Motels

If yes, explain. \_\_\_\_\_

21. Attach a list of jobs completed in the last 3 years and jobs currently in progress.

COMMENTS/EXPLANATIONS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COVERAGES/LIMITS**

- Premises Operations \$ \_\_\_\_\_ General Aggregate
- Products-Completed Operations \$ \_\_\_\_\_ Products/Completed Operations Aggregate
- Personal and Advertising Injury
- Contractual Liability \$ \_\_\_\_\_ Personal and Advertising Injury
- Damage to Premises Rented to You \$ \_\_\_\_\_ Each Occurrence
- Medical Payments \$ \_\_\_\_\_ Damage to Premises Rented to You
- \$ \_\_\_\_\_ Medical Payments

Annual payroll \_\_\_\_\_ Gross sales \_\_\_\_\_  
 # of employees \_\_\_\_\_ # of owners \_\_\_\_\_

**Each location must have a classification with a premium basis listed below.**

**SCHEDULE OF HAZARDS**

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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Signature of Applicant Title Date

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Signature of Producing Agent Date

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Agent Name and Address

NOTE: Applicant's signature REQUIRED