



Arch Insurance Group

Application For Insurance

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

Effective Date: _____ Expiring CGL carrier, premium, Ded/SIR amt: _____ Expiring Limits: _____ Endorsements Requested: _____ Loss control contact name from insured & phone number: _____

1. Name (s) of Applicant to be covered:

Address: _____

Contractors License #: _____

Description of Operations: _____

Years business started of entities seeking coverage? _____ *

*If this is a new operation, please provide details on prior experience of owners:

2. What percentage of your work to be done is: (each line must add to 100%)

a. Residential: ___%* Industrial: ___% Commercial: ___%

b. New Construction: ___% Remodel/Repair (non-structural) ___% Remodel/Repair (Structural) ___%

*** Please provide a specific breakdown of any residential work to be performed as follows:**

Single Family	_____%	New Construction	_____%	Repair/Remodel	_____%	# Homes	_____
Custom Homes	_____%	New Construction	_____%	Repair/Remodel	_____%	# Homes	_____
Tract Homes	_____%	New Construction	_____%	Repair/Remodel	_____%	# Homes	_____
Condos	_____%	New Construction	_____%	Repair/Remodel	_____%	# Cond/T.H.	_____
Townhouses	_____%	New Construction	_____%	Repair/Remodel	_____%	# Cond/T.H.	_____
Apartments	_____%	New Construction	_____%	Repair/Remodel	_____%	# Apt. Units	_____

3. What percentage of your work is as a:

General Contractor: ___% Subcontractor: ___% Construction Manager: ___%

4. Do you use subcontractors? Yes No If yes, complete the following:

a. Percentage of your work subcontracted out: ___% Annual costs \$_____

List the trades of the subcontractors you use and give the percentage of work they perform:

_____ % _____ % _____ %
_____ % _____ % _____ %

Do you collect certificates from all subcontractors?

Yes No

If yes, what are the minimum limits required? (Occ. & Agg.) \$_____

Do you require higher limits on certain subs such as Graders, Roofers, Plumbers?

What limits _____ and type of sub? _____

d. Do you have a standard formal written contract with Subcontractors?

Yes No

e. Do you require all subcontractors to name you as an additional insured?

Yes No

f. Does your contract with subcontractors include a hold harmless favoring you?

Yes No

g. Do you require Waiver of Subrogation endorsement on CGL and W.C.?

Yes No

h. How long do you maintain records of the above documents? _____

i. Describe diary system for certificates of insurance from your subcontractors:

5. Please advise state(s) where work is performed: _____

6. Gross receipts for the next 12 months and for the past 4 years:

Next 12 months \$_____ last year \$_____ 2nd year prior \$_____
3rd year prior \$_____ 4th year prior \$_____

7. Total Payroll (excluding clerical sales):

Next 12 months \$_____ last year \$_____ 2nd year prior \$_____

8. Describe your five largest projects over the past five years, including values:

1. _____
2. _____
3. _____
4. _____
5. _____

9. Describe your two largest projects currently underway or planned for the next year, including values:

- 1. _____
- 2. _____

Dollar value of average job completed (including all materials, labor, and equipment): \$_____

- 10. a. How many new homes will you build as a general contractor in the next year? _____
- b. What is the greatest number of new homes you have built in any one year? _____

11. Do any prior operations differ substantially in nature from current operations? Yes No

Please explain: _____

12. Note: the following question applies to be work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.):

Will you perform work involving or related to **CONSTRUCTION**, on or about the premises of:

- a. Condominiums or townhouses: Yes No
- b. Apartments: Yes No
- c. Tracts, PUD's, or any other development, premises or project with more than 150 homes built or planned: Yes No

Please provide details (including the names of the general contractors, number of homes per annual period, number of homes per location/project you will do work for) for any "yes" for responses:

Will you perform work to be done involving or related to **REPAIR**, on or about the premises of:

- a. Condominiums or townhouses Yes No
- b. Apartments Yes No
- c. Tracts, PUD's , or any other development, premises or project with more than 150 homes built or planned: Yes No

13. Have you ever performed work on hillsides, hilltops, slopes, cliffs, landfill or other subsidence areas, or do you plan to in the future? Yes No

If yes, maximum degree of slope: _____

If yes, please describe:

14. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

If yes, please describe:

If retaining walls have been or will be built, maximum height: _____ ft.

15. Do you perform work above two stories in height (other than interior remodeling)? Yes No

If so, what percentage? ___% Maximum height: _____ ft.

16. Do you perform any work below ground level? Yes No

If so, what percentage? ___% Maximum depth: _____ ft.

17. Have you ever or will you build, remove, repair or replace roofs? Yes No

If yes, please describe, and indicate % of hot tar work (if any):

18. Have you or will you work as a construction manager on a fee basis? Yes No

Have you or will you supervise subcontractors whose payments are run through another entity?

Yes No If yes, please describe:

19. In the past 3 years have you been fired or replaced on a job in progress? Yes No

In the past 3 years have you replaced another contractor on a job in progress? Yes No

If yes, please provide details:

20. **Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below:**

a. Have there been any losses, claims or suits against you in the past 5 years? Yes No

b. Are there any claims or legal actions pending against any of the entities named in the application? Yes No

c. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any such entity? Yes No

d. Have you been accused of faulty construction in the past 5 years? Yes No

e. Have you been accused of breaching a contract in the past 5 years? Yes No

Loss History: Losses MUST be GROUND UP. **Note:** Total Incurred = Expense + Paid + Reserved

****Valuation Date To Be Within 90 Days ***See attached loss runs – NOT ACCEPTABLE*****

Year	Valuation Date	Carrier	# Claims	Total incurred (Expense+Paid+Reserved)
2002-2003				
2001-2002				
2000-2001				
1999-2000				
1998-1999				
1997-1998				
1996-1997				
1995-1996				
1994-1995				
1993-1994				

21. For each of the following activities, check:

Yes: if the activity has or will be performed, subcontracted, or supervised by applicant.

No: if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

	Yes	No		Yes	No
a. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	n. Road/Highway/Bridge/ Overpass Construction	<input type="checkbox"/>	<input type="checkbox"/>
b. Concrete Tilt-Up Construction	<input type="checkbox"/>	<input type="checkbox"/>	o. Underground Tank removal, repair or installation	<input type="checkbox"/>	<input type="checkbox"/>
c. LPG work	<input type="checkbox"/>	<input type="checkbox"/>	p. Work on Gas Lines/Pumps	<input type="checkbox"/>	<input type="checkbox"/>
d. Seismic Retrofitting	<input type="checkbox"/>	<input type="checkbox"/>	q. Asbestos or Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>
e. Swimming Pool Construction	<input type="checkbox"/>	<input type="checkbox"/>	r. Environmental Cleanup	<input type="checkbox"/>	<input type="checkbox"/>
f. Boiler Installation/Repair	<input type="checkbox"/>	<input type="checkbox"/>	s. Dam or Levee Work	<input type="checkbox"/>	<input type="checkbox"/>
g. Industrial Machinery Repair or Installation	<input type="checkbox"/>	<input type="checkbox"/>	t. Traffic Signals/Control Work	<input type="checkbox"/>	<input type="checkbox"/>
h. Use of Cranes	<input type="checkbox"/>	<input type="checkbox"/>	u. Gas Stations	<input type="checkbox"/>	<input type="checkbox"/>
i. Rental of Equipment to others	<input type="checkbox"/>	<input type="checkbox"/>	v. Airports	<input type="checkbox"/>	<input type="checkbox"/>
j. Process Piping	<input type="checkbox"/>	<input type="checkbox"/>	w. Public Utilities	<input type="checkbox"/>	<input type="checkbox"/>
k. Refineries	<input type="checkbox"/>	<input type="checkbox"/>	x. Railroads	<input type="checkbox"/>	<input type="checkbox"/>
l. Chemical Plants	<input type="checkbox"/>	<input type="checkbox"/>			
m. Hospitals	<input type="checkbox"/>	<input type="checkbox"/>			

Explain any "yes" answers to Question 21, and state whether performed by insured or subcontracted:

Notice to Applicant – Please Read Carefully

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE.

APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

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.

Signature of applicant: _____ Date: _____

Name and Title: _____

Signature of producer: _____ Date: _____

Name and Title: _____