

# Penn-America Insurance Company

## Contractors General Liability Application

Applicant's Name \_\_\_\_\_

Agent Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_

**12:01 A.M., Standard Time at the address of the Applicant**

Applicant's Web site address: \_\_\_\_\_

**Applicant is:**    Individual                       Corporation                       Partnership                       Joint Venture  
                           Limited Liability Company                       Other (Specify) \_\_\_\_\_

<b>LIMITS OF LIABILITY REQUESTED</b>	
General Aggregate (other than products/completed operations)	\$ _____
Products & Completed Operations Aggregate	\$ _____
Each Occurrence Limit	\$ _____
Personal & Advertising Injury Limit	\$ _____
Damage to Premises Rented to You (per premises)	\$ _____
Medical Expense (per person)	\$ _____
Property Damage Extension Endorsement	\$ _____
Property Damage Liability Deductible	\$ _____

**1. Year business was founded** \_\_\_\_\_ Years of experience in trade: \_\_\_\_\_ Are you licensed?    Yes    No

Kind of license and no.: \_\_\_\_\_ Year license issued: \_\_\_\_\_

**2. Describe all operations in detail:** \_\_\_\_\_

\_\_\_\_\_

**3. List the five largest jobs completed within the past five years, including work in progress and planned projects (list all project names, partnerships, joint ventures, corporations, etc.):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Number of employees:** \_\_\_\_\_

**5. Account history for prior 5 years:**

	<u>Payroll</u>	<u>Total Receipts</u>	<u>Total Subcontracted Cost</u>
1st prior			
2nd prior			
3rd prior			
4th prior			
5th prior			

**SUBCONTRACTOR OPERATIONS PERFORMED FOR APPLICANT**

**6. List subcontractor trades used:**

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

**7. Are certificates of insurance obtained from subcontractors?**  Yes  No

Minimum Limits Required \$ \_\_\_\_\_

**8. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?**

Yes  No \_\_\_\_\_ If no, explain when not required: \_\_\_\_\_

**9. Are you named as an additional insured on all subcontractors' policies?**  Yes  No

**10. Are any additional insureds to be added to your policy?**  Yes  No Explain \_\_\_\_\_

**11. Indicate % of work performed in:**

New Construction	_____ %	Remodeling	_____ %	Repair	_____ %
Commercial	_____ %	Industrial	_____ %	Residential Tract/ Subdivision	_____ %
Spec Homes	_____ %	Custom Homes	_____ %	Townhouses	_____ %
Condominiums	_____ %	Other	_____ %		

**12. Applicant is a (% of each):** General contractor \_\_\_\_\_%  Subcontractor \_\_\_\_\_%

Developer \_\_\_\_\_%  Owner/Builder \_\_\_\_\_%

Construction mgr./Consultant \_\_\_\_\_%

**13. What is the maximum number of buildings (or projects) you have helped construct, remodel or repair in one year?**

Total Residential \_\_\_\_\_ Residential in any single housing development \_\_\_\_\_ Commercial \_\_\_\_\_

**How many do you plan to construct, remodel or repair in the next twelve months?**

Total Residential \_\_\_\_\_ Residential in any single housing development \_\_\_\_\_ Commercial \_\_\_\_\_

**14. Do you now or have you in the past, or do you plan in the future, to supervise, sub-contract out or perform any of the following?**

	By Me	By Subs	None		By Me	By Subs	None
Airport or strip work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural/design engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead abatement or paint removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LPG work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical or industrial life support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler installation or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil refinery or pipeline work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridge construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overpass construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caisson work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Railroad work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete tilt-up construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dam or reservoir work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco or EIFS work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment rental to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic control construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire proofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground tank work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire sprinkler work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas line, main or pump work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilities work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway or road construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding at job sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial machinery or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "by me" or "by subs" responses \_\_\_\_\_  
 \_\_\_\_\_

**15. Do you do framing jobs?**  Yes  No If yes, how many homes per year? \_\_\_\_\_

**16. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums Townhouses or Apartment Buildings?**  Yes  No If yes, maximum number built during any 12-month period during the last five years: \_\_\_\_\_ Residential Homes \_\_\_\_\_ Condos \_\_\_\_\_ Townhouses \_\_\_\_\_ Apartment Buildings

**17. Any work performed above three stories in height?**  Yes  No Maximum number of stories: \_\_\_\_\_

**18. Any work performed below grade?**  Yes  No Maximum depth \_\_\_\_\_ ft. \_\_\_\_\_ % of total work

**19. Do you have a formal safety program in operation?**  Yes  No Please explain and/or provide a copy:

**20. Have you ever built or do you intend to build on hillsides, slopes, landfills or in subsidence areas?**

Yes  No If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Percent of grade \_\_\_\_\_% Prior testing (geological, topical)?  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_

**21. Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit?**  Yes  No

If yes, provide details:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

**22. Have any known events occurred prior to the proposed effective date that may result in a claim?**  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**23. Do you own any Vacant Land?** (Raw land with no developmental or improvement activity, held only for investment or possible development more than 12 months in the future. No buildings on property.)  Yes  No

If yes, is property zoned?  Residential  Commercial/Retail/Industrial or other

If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

**24. Do you own any Real Estate Development Property?** (Land with improvements—streets, roads, utilities, etc. completed or under construction)  Yes  No

If yes, is property zoned?  Residential  Commercial/Retail/Industrial or other

If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

25. Any underground storage tanks?  Yes  No

If yes, when inspected and by whom? \_\_\_\_\_  
\_\_\_\_\_

26. Any employees working under:

U.S. Longshoremen's and Harborworkers' Act?  Yes  No

Jones Maritime Act?  Yes  No

If yes, what percent of payroll? \_\_\_\_\_% Give city and state: \_\_\_\_\_

27. Have you ever been named in litigation alleging faulty construction, construction defects or mold?

Yes  No

If yes, in which state? \_\_\_\_\_ Describe nature and date of work, amount paid and reserved. \_\_\_\_\_  
\_\_\_\_\_

28. Do any of the entities named in the application have knowledge of pre-existing acts, errors, omissions, events, conditions or damage or injury to any person or property that may potentially give rise to a future claim or legal action against such entity?  Yes  No If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

29. Are any of the entities named in the application involved in any other business besides building contracting?

Yes  No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

30. List the states in which you currently or plan to operate or in which you have a contractors license. \_\_\_\_\_  
\_\_\_\_\_

31. Have you ever done any work in AZ, CA, CO, NV, NY, OR, TX or WA?  Yes  No If yes, give years worked there and type of work done. \_\_\_\_\_  
\_\_\_\_\_

32. Do you carry an all risk contractor's equipment floater?  Yes  No

Is automatic acquisition on leased, rented or replaced equipment provided? \_\_\_\_\_ Limits: \_\_\_\_\_

\*\*\*Attach list of contractor's equipment.

33. Do you hold other person's property for service, storage, or repair?  Yes  No

34. Does applicant have Workers' Compensation coverage in force?  Yes  No

35. Does applicant lease employees?  Yes  No

36. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR CARRIER INFORMATION**

	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
Carrier					
Policy No.					
Total Premium					

**LOSS HISTORY—FIVE YEAR PERIOD**

<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Claim Status (open or Closed)</b>

**SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases:		Terr.	Rate		Premium	
			(s) Gross Sales (a) Area	(p) Payroll (c) Total Cost (t) Other		Prem/ Ops	Products	Prem/ Ops	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**FRAUD WARNING:**

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.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Producer Signature & Date

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Producer Name & Address

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

\_\_\_\_\_

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” OR “N/A”.