



SCOTTSDALE INSURANCE COMPANY®

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General Contractors/Developers General Liability Application

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant's Name, Mailing Address, Web Site Address

Agency Name, Agent, Address, E-Mail, Phone

PROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual, Corporation, Partnership, Joint Venture, Limited Liability Company, Other (Specify)

Table with 2 columns: LIMITS OF LIABILITY REQUESTED, PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Damage To Premises Rented To You, Medical Expense, and Other Coverage.

A. Applicant is a (% of each): General contractor, Subcontractor, Developer, Construction manager/Consultant, Owner/Builder

B. States/area of operations: Radius of operations from main location: miles.

C. Describe all operations in detail:

D. Length of time in business: _____ years. Years of experience: _____

Are you licensed? Yes No

Type of license and no.: _____ Year license issued: _____

Length of time in business operating under the name shown above: _____ years or new venture.

Have you operated or been licensed under any other name(s) during the past ten (10) years? Yes No

If Yes, provide prior name and describe type of operations:

<u>Name</u>	<u>Describe Operations</u>
_____	_____
_____	_____
_____	_____

E. Total number of employees? _____

F. Indicate % of operations involving:

1. New construction... _____% Remodeling..... _____% Demolition _____%
 Repair..... _____% Other (explain below) . _____% (Must total 100%)

Explain other: _____

2. Commercial new construction..... _____% Commercial remodeling _____%
 Industrial..... _____% Institutional..... _____%
 Residential* new construction _____% Residential* remodeling _____%
 Apartments..... _____% Commercial Condominiums... _____% (Must total 100%)

(*If Residential Construction—Condos/Townhouses (including conversions) _____%;

Single family or residential dwellings _____%;

If Residential Remodeling—Interior work only _____%;

Ground-up construction _____%)

G. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums, or Townhouses in the past ten (10) years?..... Yes No

If yes, indicate maximum number built during any twelve (12) month period, maximum at any one project/development site and expected maximum number to be built during next twelve (12) months. (For these purposes a duplex is equivalent to two single family residences; a triplex equals three homes, etc.)

	No. Residential Homes	No. any one Project/ Development Site	No. Condominiums/ Townhouses
Next 12 months			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			

H. Do you have a formal home warranty program?..... Yes No

If yes, please give details: _____

I. Do you have model homes? Yes No

If yes, give no.: _____ Location: _____

J. List all major projects completed within the past five years, including work in progress and planned projects. (List project name, date, project description, location, and revenues): _____

Operations by Applicant

K. Indicate percentage of payroll for each type of construction work performed by your employees:

Airports	%	Gas Mains	%	Sewer	%
Asbestos Removal	%	Insulation	%	Soil Stabilization	%
Blasting	%	Maintenance	%	Steel (ornamental)	%
Bridges/Elevated Roads	%	Masonry	%	Steel (structural)	%
Carpentry	%	Mechanical	%	Street/Road	%
Communication Lines	%	Mold & Spore Remediation	%	Supervisory Only	%
Concrete	%	Oil or Gas Fields	%	Swimming Pools	%
Drilling	%	Painting	%	Tunneling	%
Earthquake Reinforcement	%	Pipeline/Water Main	%	Underpinning	%
EIFS	%	Plastering	%	Waterproofing	%
Electrical	%	Plumbing	%	Water Restoration	%
Excavating	%	Power Lines	%	Wrecking/Demolition	%
Fire Proofing	%	Process Piping	%	Other (describe)	%
Fire Restoration	%	Removal/Installation of Underground Tanks	%	_____	
Framing of Buildings	%	Roofing	%	_____	

L. Account history for prior five years and projected current year:

Year	Payroll	Total Revenue	Subcontracted Cost		
			Cost of Labor, Fees, Commissions +	Cost of Materials & Equipment Rental =	Total Subcontracted Cost
Current					
1st Prior					
2nd Prior					
3rd Prior					
4th Prior					
5th Prior					

- M. Are certificates of insurance obtained from subcontractors?** Yes No
 Minimum Limits Required \$ _____
 Do you use uninsured subcontractors? Yes No
 If yes, percentage of total subcontracted cost: _____%
- N. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?** Yes No
 If no, explain when not required: _____
- O. Are you named as an additional interest on the subcontractors' policies?** Yes No
- P. Do you normally use the same subcontractors?** Yes No
 If no, do you put all subbed work out for bids? Yes No

Subcontractors Operations Performed for Applicant
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Q. Indicate type of construction work performed by your Subcontractors: (Indicate percentage of total subcontracted costs)

Airports	%	Gas Mains	%	Sewer	%
Asbestos Removal	%	Insulation	%	Soil Stabilization	%
Blasting	%	Maintenance	%	Steel (ornamental)	%
Bridges/Elevated Roads	%	Masonry	%	Steel (structural)	%
Carpentry	%	Mechanical	%	Street/Road	%
Communication Lines	%	Mold & Spore Remediation	%	Supervisory Only	%
Concrete	%	Oil or Gas Fields	%	Swimming Pools	%
Drilling	%	Painting	%	Tunneling	%
Earthquake Reinforcement	%	Pipeline/Water Main	%	Underpinning	%
EIFS	%	Plastering	%	Waterproofing	%
Electrical	%	Plumbing	%	Water Restoration	%
Excavating	%	Power Lines	%	Wrecking/Demolition	%
Fire Proofing	%	Process Piping	%	Other (describe)	%
Fire Restoration	%	Removal/Installation of Underground Tanks	%	_____	
Framing of Buildings	%	Roofing	%	_____	

- R. Is any work done involving systems that provide:**
 Medical and/or industrial life support Process piping Dams/levees
- S. Does work require monitoring by:**
 Certified inspectors Resident inspectors Part-time When called
- T. Any work performed above two stories in height from grade?** Yes No
 Maximum number of stories: _____
- U. Any work performed below grade?** Yes No
 Maximum depth: _____ ft. _____ % of total work

V. **Is scaffolding owned, rented or erected?** _____

Are other contractors at job site allowed to use it? Yes No

W. **Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)?** Yes No

If yes, explain: _____

X. **Do you have a formal safety program in operation?** Yes No

Please explain and/or provide a copy: _____

Y. **Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas?** Yes No

If yes, explain: _____

Percent of grade _____% Prior testing (geological, topical)? Yes No

If yes, explain: _____

Which geological survey engineering firm do you use? _____

Underpinning? Yes No

Any past subsidence losses? Yes No

If yes, explain: _____

Z. **Do you or any of your employees hold a Real Estate Agent's license?** Yes No

If yes, has Professional Liability Coverage been obtained? Yes No

Limit of Liability: \$ _____

AA. **Does applicant have other business ventures for which coverage is not requested?** Yes No

If yes, explain and advise where insured: _____

BB. **Any mobile equipment leased from others?** Yes No

If yes, from whom? _____

Lease basis? _____

Operators provided? Yes No

Type of equipment leased? _____

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

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

No. of Acres	No. of Lots	Location Description

DD. 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

EE. Do you hold other persons' property for service, storage, or repair? Yes No
 If yes, explain: _____

FF. Any underground storage tanks? Yes No
 If yes, when inspected and by whom? _____

GG. 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: _____

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

II. Does applicant lease employees from others? Yes No
Does applicant lease employees to others? Yes No

JJ. Dollar value of average job completed: \$ _____

KK. Are any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? Yes No
 If yes, provide details: _____

LL. During the past three years, has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No
 If yes, explain: _____

MM. List all active owners, partners and executive officers and their job duties/responsibilities:

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

If Yes, and loss or suit is older than five years, provide details:

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

PRIOR CARRIER INFORMATION – FIVE YEAR PERIOD

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

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

SCHEDULE OF HAZARDS

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

Authorized Applicant's Representative (Name and Phone number of individuals to contact for inspection/audit):

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.

FRAUD WARNING:

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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT (if applicable): _____

_____ **IMPORTANT NOTICE** _____

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