

CONTRACTOR'S APPLICATION

Note: Incomplete/unsigned applications are not acceptable.

NAME	STREET
CITY, STATE, ZIP	

1. DESCRIBE THE TYPES OF WORK YOU PERFORM:

ISO CODE	DESCRIPTION	PAYROLL \$

2. PERCENTAGE OF WORK THAT IS:

	NEW CONSTRUCTION	+	RENOVATION STRUCTURAL	+	RENOVATION NON-STRUCTURAL	
COMMERCIAL = %	%		%		%	= 100%
INDUSTRIAL = %	%		%		%	= 100%
RESIDENTIAL = %	%		%		%	= 100%
	= 100%					

3. WHAT IS THE PERCENTAGE OF WORK SUBCONTRACTED OUT? _____ %

4. DO YOU EMPLOY ANY ARCHITECTS OR PROFESSIONAL ENGINEERS OR PROVIDE ANY ARCHITECTURAL DESIGN SERVICE? YES NO

IF YES, PLEASE GIVE DETAILS.

5. LIST GROSS RECEIPTS FOR EACH OF THE PAST 3 YEARS:

CURRENT \$	FIRST PRIOR \$	SECOND \$

6. HAS YOUR WORK EVER INVOLVED ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

<input type="checkbox"/> AIRPORTS	<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> RAILROADS
<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> FIRE SPRINKLERS	<input type="checkbox"/> STEEPLES OR CHIMNEYS
<input type="checkbox"/> BLASTING	<input type="checkbox"/> GAS / WATER MAINS	<input type="checkbox"/> TOWERS
<input type="checkbox"/> BRIDGES	<input type="checkbox"/> IRON & STEEL ERECTION	<input type="checkbox"/> TUNNELING
<input type="checkbox"/> DAMS / RESERVOIRS	<input type="checkbox"/> PETROLEUM / CHEMICALS	<input type="checkbox"/> UNDERPINNING
<input type="checkbox"/> DEMOLITION / WRECKING	<input type="checkbox"/> PILE DRIVING / SHORING	<input type="checkbox"/> WASTE SITES

CHECK HERE, IF NONE APPLY. FOR THOSE CHECKED, PLEASE DESCRIBE.

CONTRACTOR'S APPLICATION

7. DESCRIBE THE 5 LARGEST JOBS COMPLETED IN THE PAST 5 YEARS.

DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$

8. HAVE YOU EVER BUILT ON HILLSIDES, SLOPES, LANDFILLS, OR OTHER TERRAINS SUSCEPTIBLE TO SUBSIDENCE? YES NO

9. PLEASE LIST ALL STATES WHERE YOU OPERATE AND LICENSE NUMBERS.

--

10. RADIUS OF OPERATIONS FROM MAIN LOCATION: _____ **MILES**

FIVE YEAR LOSS RECAP						
LOB		CURRENT	FIRST PRIOR	SECOND	THIRD	FOURTH
GL	#					
	\$					
AL	#					
	\$					

[NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, OREGON, UTAH AND VERMONT]

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND[NY: SUBSTANTIAL] CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S SIGNATURE: _____ DATE: _____

TITLE (OFFICER): _____

AGENT'S SIGNATURE: _____ DATE: _____