



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

General Contractors/Developers General Liability Application

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

Applicant's Name
Mailing Address

Agent Name
Address

PROPOSED EFFECTIVE DATE:

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

Does applicant have a Web Site?
If yes, Web Site Address:

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

Table with 2 columns: LIMITS OF LIABILITY REQUESTED and PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, etc.

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 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 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 5 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 |
|--|

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. Any other operations outside the realm of "contracting"? Yes No

Describe: _____

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 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 5 years, provide details:

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

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

If yes, explain: _____

PRIOR CARRIER INFORMATION – FIVE YEAR PERIOD

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

LOSS HISTORY—FIVE YEAR PERIOD

| 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.