



CONTRACTORS BEST INSURANCE SERVICES INC.

20350 Ventura Blvd., Ste 205, Woodland Hills, CA 91364
 Phone No: 818-348-4900 FAX No: 866-309-9237
 CA License #0F37560

CONTRACTORS GENERAL LIABILITY APPLICATION

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

1. Applicant: _____

2. Expiration date of current or most recent General Liability Insurance Policy: _____

Note: If above policy was canceled prior to expiration, enter the cancellation date

3. What percentage of your work is: (Each line must add up to 100%)

Residential/Habitational	Commercial	Industrial	Public Works / Government	Total
%	%	%	%	= 100%

New Construction	Structural Remodel/Additions	Non-Structural Remodels	Total
%	%	%	= 100%

Interior Work (Inside Structures)	Exterior Work (Outside Structures)	Total
%	%	= 100%

General Contractor	Construction Manager	Developer / Spec Builder	Artisan Contractor	Total
%	%	%	%	= 100%

5. Do you use Subcontractors? Yes NO If YES, Complete the following:

a. Percentage of your work subcontracted out _____% Annual Costs \$ _____

NOTE: Costs to include BOTH costs of subcontracted Labor and Materials

b. List the trades of the subcontractors you use and give the % of your work they perform:

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

c. Do you always collect certificates of insurance from subcontractors: Yes NO

What minimum General Liability limit is required? _____

d. Do you always require subs to name you as an additional insured? Yes NO

Do you have a standard formal written contracts with Subcontractors? Yes NO

If YES, does it have a hold harmless/ indemnification agreement in your favor? Yes NO

NOTE: You may be required to provide a copy of an executed subcontract to bind coverage

e. Have the procedures listed above been followed for at least the past 3 years? Yes NO

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

6. Do you have any prior or planned jobs covered under "wrap-up" or OCIP Policies? Yes NO

Please explain: _____

7. Gross Receipts for the next 12 Months and last 4 Years:

Next 12 Months: \$ _____ Last 12 Months: \$ _____

2nd Year Prior: \$ _____ 3rd Year Prior: \$ _____ 4th Year Prior: \$ _____

8. Number of Owners, Officers, and Partners active at job sites or performing supervisory duties: _____ x \$33,600 = \$ _____
 Payroll of employees other than owners, officers, partners & clerical: \$ _____
 Cost of leased, temporary, staffing service, casual labor (if not included above): \$ _____
 Total Payroll (Sum of above three lines) \$ _____

9. Describe your 3 largest projects currently underway or planned for the next year:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

11. Describe your 4 largest projects over the past five years:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	

12. Dollar Value of average job completed (Including Materials, Labor & Equipment): \$ _____

13. 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? _____

14. How many additional insured endorsements do you anticipate needing in the next year? _____

15. Do any prior operations differ substantially in nature from current operations? __Yes __NO
 If YES, please explain: _____

16. a. Are you a licensed architect or engineer? __Yes __NO
 b. Do you have any operations other than contracting? __Yes __NO
 c. In the past 3 years have you owned, operated or controlled any businesses not listed on the application? __Yes __NO
 Description: _____

17. Do you own vacant land, real estate development property, or model homes? __Yes __NO
 Description: _____

18. NOTE: The following question applies to work done in any capacity, including General Contractor, Developer, Artisan, Remodeling Contractor, Site Work Contractor, Supplier, Etc. Have you performed, or will you perform work involving, related to, or about the premises of:

	Remodel / Repairs	New Construction
a. Condominiums, Townhouses or Lofts	__Yes __NO	__Yes __NO
b. Apartments	__Yes __NO	__Yes __NO
c. Tracts, Planned Unit Developments, or any other Development, Premises or Project with more than 10 homes or lots, built or planned, including all phases	__Yes __NO	__Yes __NO
d. Assisted living facilities, Retirement homes, Military Housing, Student Housing, or any other multi unit facility intended for permanent habitational occupancy	__Yes __NO	__Yes __NO

Description: _____

19. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)? Yes NO
Maximum Degree of Slop: _____ Description: _____

20. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes NO
Description: _____
If retaining walls have been or will be built, maximum height _____ ft

21. Do you or have you performed repairs of fire, water, or mold damage? Yes NO
Percentage of Operations? _____ % Describe: _____

22. Do you perform work above 2 stories in height (other than interior remodeling)? Yes NO
If so, what percentage? _____ % Maximum Height _____ ft
Description: _____

23. Do you perform any work below ground level? Yes NO
If so, what percentage? _____ % Maximum Depth _____ ft
Description: _____

24. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes NO
Description: _____

25. a. Have you or will you work as a Construction Manager for a fee? Yes NO
b. Have you or will you Supervise Contractors paid by a different entity? Yes NO
Description: _____

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

27. NOTE: The following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal Actions" includes lawsuits, Mediation, and Arbitration. Explain any "YES" answers below:
a. Have there been losses, claims or legal actions against you in the past 5 Years? Yes NO
b. Are there any claims or legal actions pending against you? Yes NO
c. Do you have any 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 entity named in the application? 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

28. For each of the following activities check:
YES: If you have or will Perform, Supervise, or Subcontract that Activity
NO: If you have NEVER nor have any plans to Perform, Supervise, or Subcontract that Activity

a. Demolition	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No			l. Process Piping	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No										
Yes	No										
b. Concrete Tilt-Up Construction	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No			m. Swimming Pool Construction	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No										
Yes	No										

c. LPG Work			n. Road / Highway / Bridge / Overpass Const.		
d. Seismic Retrofitting			o. Underground tank removal / repair / installation		
e. Elevator or Escalator Work			p. Work on Gas Lines or Pumps		
f. Boiler Installation / Repair			q. Asbestos or Lead Abatement		
g. Industrial Machinery Repair or Installation (Millwright Work).....			r. Environmental cleanup		
h. Use of Cranes			s. Dam or Levee Work		
i. Rental of Equipment to Others			t. Traffic Signals / Controls Work		
j. EIFS work (Exterior Finish Insulation System or similar products)			u. Alarm Installation / Repairs / Monitoring		
k. Playground Equipment Install / Repair			v. Roofing – Installation or Repairs ...		

Explain any "YES" answers below and state whether performed by insured or subcontracted:

PRIOR CARRIER AND LOSS EXPERIENCE

29. Have you had any insurance cancelled, declined or non-renewed in the last 3 years?

.....__Yes __NO

If Yes, Explain: _____

The following Prior Carrier and Loss Experience Section **MUST** be completed:

Policy Period	Prior Carrier	Policy #	Past Deductible Amount	Premium Liability	Premium Phys. Damage	# of Losses	Liability Losses Paid/Open*	Phys Damage Losses Paid/Open*

*Include a min. of 3 years currently valued company loss runs for all accounts with 10+ power units

This Application does not bind YOU or US 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:

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.

APPLICANTS SIGNATURE: _____ DATE: _____

NAME & TITLE: _____

PRODUCER: _____