

Restoration Contractors GENERAL LIABILITY APPLICATION

Applicant Name: _____ Website? _____
 Mailing Address: _____ Location Address: _____

GENERAL INFORMATION

1. Applicant is: Individual Partnership Corporation Limited Liability Corp. Joint Venture Other
2. Federal ID #: _____
3. Current Insurance Provider _____
4. Current Expiration Date _____
5. Years in business under this name: _____
6. Years of experience in this field: _____
 Mandatory- Attach Resumes and/or Training Certifications for each employee
7. States/area of operation: _____
8. Contractor License Number: _____ Year License issued: _____
9. Have you operated under any other name or names? Yes No
 If "Yes", please provide prior name and describe type of operations: _____

10. Total number of employees (including leased): _____
11. Have you been involved as an Artisan Contractor? Yes No
 If "Yes", specify year(s), number(s) and location(s): _____

CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

12. Indicate payroll and type of construction work performed:

Class	Employee Payroll	Sub-Contractor Costs
Disaster restoration Services	\$	\$
Carpet/Furniture Cleaning	\$	\$
Maid Service	\$	\$
Janitorial Service	\$	\$
Contractors Services (drywall, painting, carpentry, electrical)	\$	\$
Total	\$	\$

PROJECTS/OPERATIONS INFORMATION

13. List all major projects completed within the past five years, including work in progress and planned projects (list project name, date, description, location, and cost) **OR** Attach a project list

What is the average dollar value of a completed project? _____

14. Please describe any types of projects that you have discontinued (i.e. no longer provide service, etc): _____

15. What is the projected number of starts anticipated for the upcoming policy year? _____

16. Do any owners/partners/officers do field or construction work? Yes No

What is the maximum percentage? _____

17. Do any owners/partners/officers own any other businesses? Yes No

What type? _____

18. Do the separate businesses carry their own insurance? N/A Yes No

19. Do you provide or subcontract construction operations as part of your business? Yes No

20. Do you act as the General Contractor? Yes No If "No", please describe: _____

21. Radius of operations: _____

22. What percentage of total operation makes up contracting work vs. clean-up? _____ %

23. Do you do an inventory of stored goods? Yes No

24. Do you store valuables, such as furs, jewelry, antiques, guns, collectibles, etc? Yes No

If "Yes", please describe: _____

25. Do you store any items that you cannot clean? Yes No

26. Do you have a system for identifying pre-existing damaged goods? Yes No

If "Yes", please describe: _____

27. Do you have a formal program for cleaning or storage of specialty items? Yes No

Please explain and/or provide a copy: _____

28. Do you pack or store items that are not damaged or part of a restoration loss? Yes No

29. Do you subcontract with moving and/or storage companies? Yes No

30. Do you have formal training and a process in place for moving techniques and procedures? Yes No

31. Do you provide a moving checklist and check ALL items once returned? Yes No

If "No", please describe process: _____

32. Does the homeowner sign off on all items removed and replaced? Yes No

33. Do you store items at your warehouse or another location? Warehouse Other location

34. Are all units inspected for leaks or other defects that may cause loss? Yes No

35. Do all storage units have proper functioning security systems? Yes No

SUBCONTRACTOR INFORMATION/RISK TRANSFER

36. Do you utilize A.I.A. standard contracts for all of your subcontractors? Yes No
37. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain: _____ Yes No
38. Are Certificates of Insurance obtained from subcontractors? Yes No
 General Liability: Yes No
 Minimum Limits Required: _____
 Workers Compensation: Yes No
39. Are you named as an additional insured on all subcontractors' policies? Yes No
40. Do you ever use uninsured subcontractors? Yes No
41. Do you normally use the same subcontractors? Yes No
 <31% of the time 31%-50% of the time 51%-100% of the time

OPERATIONS

Year	Revenue	Payroll	Employees	Subcontracted Work %
Current/Projected				
Expiring				
First Prior Year				
Second Prior Year				
Third Prior Year				

42. What is your maximum area of operations in miles? _____
43. Do you perform any work on behalf of government units or entities? Yes No
 If "Yes", percentage of whole, type of governmental unit? _____

Services	Total Projected Receipts	Percentage of Subcontracted Work	Total Projected Subcontracted Costs	Total Projected Payroll
Drying/Water Extraction				
Mold Remediation				
Carpentry				
Electrical				
Plumbing				
Roofing				
Siding				
Insulation				
HVAC				
Drywall				
Concrete/Masonry				
Painting				
Demolition/Debris Removal				
Flooring				
Other (Please Explain)				

44. What percentage of your work is repeat customers? _____ %
45. What percentage of your work is for insurance companies? _____ %

LOSS EXPERIENCE Check here if not applicable

46. Loss Summary (Please attach Hard Copy Loss Runs)

Year	Carrier	Premium	# Claims	Incurred	Comments

47. During the past three years has any company ever cancelled, non-renewed, declined or Refused to issue similar insurance to you? If "Yes," please explain: _____ Yes No

48. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes", please explain: _____ Yes No

POLLUTION LIABILITY SECTION

Please provide the number of operated Autos by Type:

Private Passenger: _____

Light Truck: _____

Medium Truck: _____

Hvy./Extra Hvy. Truck: _____

Trailers: _____

What cargo or material is hauled on above autos: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Producer: _____ Date: _____