



**CONTRACTORS BEST INSURANCE SERVICES INC.**

20335 Ventura Blvd., Ste 426, 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**

**Name of Applicant:** \_\_\_\_\_

**D/B/A:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
 \_\_\_\_\_

**P.O Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

1. Applicant is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Other \_\_\_\_\_
2. FEIN #: \_\_\_\_\_
3. Contractor License # \_\_\_\_\_ Class: \_\_\_\_\_
4. How long has this operation been in business? \_\_\_\_\_
5. has there been any change in ownership, management or the name of the operation during the last 5 years? \_\_\_Yes \_\_\_NO  
 If Yes, Provide Details: \_\_\_\_\_
6. Is the Applicant a subsidiary of another entity or does the applicant have any subsidiaries? ....  
 ..... \_\_\_Yes \_\_\_NO  
 If yes, Provide Details: \_\_\_\_\_
7. Description of Operations \_\_\_\_\_  
 \_\_\_\_\_

**Owner Information**

Owner Name	Social Security Number	Address	% Ownership	Title

8. # of Employees: \_\_\_ Full \_\_\_ Part \_\_\_ Seasonal \_\_\_ Volunteers
9. How many years of experience do you have in the contracting business? \_\_\_\_\_ Years in Business of entities seeking coverage? \_\_\_\_\_
10. Normal Areas/Radius of Operations: \_\_\_\_\_
11. States in which you operate: \_\_\_\_\_

12. Have you filed for BANKRUPTCY in the past 5 years?  Yes  NO

13. Is there a formal safety program?  Yes  NO

If Yes, provide details or a copy: \_\_\_\_\_  
\_\_\_\_\_

14. Have you had any insurance Canceled, Declined, or Non-renewed in the last 3 years? .....  
.....  Yes  NO

15. If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

16. Expiration date of current or most recent General Liability Insurance Policy: \_\_\_\_\_  
Note: If above policy was canceled prior to expiration, enter the cancellation date

17. 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%

18. 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? \_\_\_\_\_

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

Please explain: \_\_\_\_\_  
\_\_\_\_\_

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

Next 12 Months: \$ \_\_\_\_\_ Last 12 Months: \$ \_\_\_\_\_

2<sup>nd</sup> Year Prior: \$ \_\_\_\_\_ 3<sup>rd</sup> Year Prior: \$ \_\_\_\_\_ 4<sup>th</sup> Year Prior: \$ \_\_\_\_\_

21. 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) \$ \_\_\_\_\_

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

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

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

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

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

25. 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? \_\_\_\_\_

26. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_

27. Do you require any special endorsements for any of your projects?  Yes  NO  
 If Yes, What endorsements? \_\_\_\_\_

28. Do any prior operations differ substantially in nature from current operations?  Yes  NO  
 If YES, please explain: \_\_\_\_\_

29. 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: \_\_\_\_\_

30. Do you own vacant land, real estate development property, or model homes?  Yes  NO  
 Description: \_\_\_\_\_

31. 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	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
b. Apartments	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
d. Assisted living facilities, Retirement homes, Military Housing, Student Housing, or any other multi unit facility intended for permanent habitational occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. 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 Slope: \_\_\_\_\_ Description: \_\_\_\_\_

33. 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

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

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

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

37. 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: \_\_\_\_\_

38. 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: \_\_\_\_\_

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

40. 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. 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 .....  
b. Concrete Tilt-Up Construction .....

Yes	No

l. Process Piping .....  
m. Swimming Pool Construction .....

Yes	No

	Yes	No		Yes	No
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:

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### PRIOR CARRIER AND LOSS EXPERIENCE

42. 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:** \_\_\_\_\_

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