

CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE AND WARRANTY

Notice: This application becomes part of the policy and must be signed in ink by the President or Owner of the Named Insured.

Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application. This application must be completed in addition to the ACORD Applicant Information Section and the Commercial General Liability Application

GENERAL INFORMATION:

1. Applicant / DBA: _____

2. Years under this name: _____ Total years in the Contracting business: _____ Total years in this particular trade: _____

3. Applicant's website: _____

<u>Contractor's State</u>	<u>License Number</u>	<u>Contractor's State</u>	<u>License Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. Total percentage of your work: (Each line must equal 100%)

Commercial	Residential	Industrial	Public works / Governmental
New Construction	Non-Structural Remodels	Structural Remodels / Additions	
Exterior Work (Outside Structures)		Interior Work (Inside Structures)	
General Contractor	Artisan	Developer	Construction Manager

6. Estimates for next 12 months:

Active Owner(s) Payroll: \$ _____ **Number of Active Owners:** _____ **Number of Employees** _____

Subcontractor Costs \$ _____ **Total Gross Receipts** \$ _____

Employee payroll by class: \$ _____ **Class / Trade:** _____

\$ _____ **Class / Trade:** _____

\$ _____ **Class / Trade:** _____

\$ _____ **Class / Trade:** _____

7. For the past three years

First Prior	Direct Payroll: \$ _____	Sub-Contract Costs: \$ _____	Gross Receipts: \$ _____
Second Prior	\$ _____	\$ _____	\$ _____
Third Prior	\$ _____	\$ _____	\$ _____

8. Do you have operations other than contracting? YES NO

Are these operations covered by other insurance? YES NO

If "YES" please describe operations: _____

CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE AND WARRANTY

9. Do you carry Workers Compensation Insurance on your employees? YES NO
10. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? _____
If, yes, please explain: _____

SUBCONTRACTOR INFORMATION

11. Do you use subcontractors? YES NO **If no move on to the "Work Performed" section:**
12. Do you keep records of certificates of insurance and contractual agreements with all subcontractors for at least ten years? YES NO
If not then how long do you keep records for? _____
13. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? YES NO
14. Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite? YES NO
15. Are subcontractors required to name you as an additional insured & provide endorsement of same? YES NO
16. Minimum GL Limit Required: _____ Is a formal standard Written Contract required? YES NO
If **YES** does the contract have a hold harmless/indemnification agreement in your favor? YES NO
17. Have the procedures in items 12 through 16 above been followed for at least the 3 years prior to this policy's effective date? YES NO
18. If **NO** to any question in this section, do you warrant that adequate records of certificate of insurance / additional insured endorsement and contractual agreements with subcontractors will be kept? YES NO
19. If **YES**, to any question in this section do you warrant that during the policy period you will continue to keep adequate records of certificates of insurance / additional insured endorsement and contractual agreements with subcontractors? YES NO

WORK PERFORMED:

20. Do you do any EIFS (exterior insulation and finish system) work or installation? _____ If yes attach EIFS supplement to qualify for claims made coverage. (note EIFS work will be excluded on occurrence based policies)
21. Roofing Operations being done by your employees? If **YES**, attach the Roofing Questionnaire CSL **7009** YES NO
22. Have you, or will you, work as a construction manager on a fee basis and / or supervise subcontractors whose payments are run through another entity? _____ (**note:** if accepted all such work will be excluded from coverage)
23. Please check any work that you have or will perform, supervise or subcontract. If you do not plan on performing such work or never have in the past please check no.
- | | |
|---|--|
| <p>a) Alarm installation/repairs/monitoring <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) Asbestos or lead abatement <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c) Blasting operations or Hazardous or unusual work activity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d) Boiler installation or repair <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e) Concrete tilt-up construction <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>f) Dam or levee work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>g) Demolition <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>h) Elevator or escalator work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>i) Environmental Cleanup <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>j) Foundation Repair <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>k) Gas line or pump work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>l) Industrial machinery repair or installation (millwright work) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>m) LPG work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>n) Medical or industrial life support <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>o) Playground equipment installation or repair <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>p) Process piping <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>q) Pier / shore work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>r) Rental of equipment to others <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>s) Retaining Walls <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>t) Road/highway/bridge/overpass construction <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Roofing – installation or repair work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>u) Seismic retrofitting <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>v) Swimming pool construction <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>w) Traffic signals/control work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>x) Underground tank removal, repair or installation <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>y) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>z) Underpinning / caisson work <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>aa) Use of cranes <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|---|--|
24. If you answered "yes" to any of the above operations in question 22 – please explain below. Please indicate as to whether such work was subbed (S) or direct (D) along with your response. If any retaining wall work – please indicate the max height of such work as well.
- _____
- _____
- _____

CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE AND WARRANTY

25. Our policy does not cover your work involving the development, construction or structural renovation of condominiums, town homes or tract homes with greater than ten (10) homes. This exclusion applies whether work is by an insured, anyone to whom an insured owes an indemnity obligation or any other person or entity. Does the applicant ever get involved in this type of work?

YES NO

Do you desire multi family residential contracting operations to be covered by this insurance?

YES NO

If no, proceed to question 28. If yes and the insured would like this part of their work covered, please answer questions 26, and 27 listed below.

26. Has or will any of your work involve the following:

Tracts of greater than 10 homes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Condominiums greater than 10 units	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Town homes greater than 10 units	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes please indicate the max number of homes in the tract, condo or town home community: _____

Is the work:

New construction (including additions)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remodel / repair only	<input type="checkbox"/> YES	<input type="checkbox"/> NO

27. If you have done any multi-family housing please indicate the following percentages of the following:

Senior % _____ HUD % _____ Low Income % _____ Standard % _____ (total should equal 100%)

28. Have you performed or will you or your subcontractors perform any work below grade?

YES NO

Maximum depth: _____ % of Operations: _____

29. If your policy is a Claims Made policy it contains the following exclusion. "Property damage" to any building or structure or to any property within such building or structure resulting from, caused by or arising out of water (for the purpose of this exclusion, water means rain, hail, sleet or snow). However, this does not apply to the "products/completed operations hazard." This exclusion can be bought back for an additional premium charge. Would you like this exclusion removed? (Claims Made policies only)

YES NO

30. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:

31. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?

YES NO

If "YES" please explain including max degree of slope: _____

32. Have you built or will you build/construct buildings or other structures in excess of four (4) stories?

YES NO

If "YES" please explain: _____

SAFETY

33. Indicate the type of security used on a project:

Fencing Lighting Watchman Other _____

34. Is there a formal safety program in place?

YES NO

CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE AND WARRANTY

PRIOR CARRIER

35. List expiring carrier information for the past 3 years:

	Carrier	Limit	Deductible	Premium	Special Exclusions	From OCC or Claims Made
EXPIRING						
1 st PRIOR						
2 nd PRIOR						

LOSS INFORMATION

36. Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

I _____ hereby attest under penalty of perjury I have had no General Liability claims in the past five (5) years. In the event claims are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

Insured's Signature

Date

37. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? _____ If YES, please explain: _____
38. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? _____ If YES, please explain: _____
39. Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? _____ If YES, please explain: _____

Notice: This application becomes part of the policy and must be signed in ink by the President or Owner of the Named Insured. Please read the following statement carefully before signing. Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: _____

Date: _____

Title (Officer, Partner): _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.