



## CONTRACTOR'S GENERAL LIABILITY SECTION

### INSURANCE INFORMATION

1. Please list five years of insurance company names, policy periods, policy numbers, and annual premiums:

	Insurance Company	Policy Period	Policy Number	Annual Premium
Current Policy	_____	_____	_____	\$ _____
1 <sup>st</sup> Year Prior	_____	_____	_____	\$ _____
2 <sup>nd</sup> Year Prior	_____	_____	_____	\$ _____
3 <sup>rd</sup> Year Prior	_____	_____	_____	\$ _____
4 <sup>th</sup> Year Prior	_____	_____	_____	\$ _____

**\*PROVIDE 5 YEARS CURRENTLY VALUED HARD COPIES OF LOSS RUNS.**

2. Give details of any insurance claims in the last 5 years including type of claim and amount paid.

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3. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?

No or  Yes If Yes, please describe (include a separate sheet if needed): \_\_\_\_\_

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4. What Limit of Liability do you desire?  \$1,000,000/\$1,000,000 Aggregate  \$1,000,000/\$2,000,000 Aggregate  
 \$1,000,000/\$5,000,000 Aggregate  Other \_\_\_\_\_

5. How many additional insured endorsements will you need? \_\_\_\_\_

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6. How many Waiver of Subrogation endorsements will you need? \_\_\_\_\_

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## OPERATIONS/YOUR WORK INFORMATION

**Please note that most General Liability premiums are 100% earned and are based on the estimates provided. Please be conservative in your estimates, as the insurance companies do not return premium if overestimated.**

\* \* \* \* OCIP = "wrap": Owner Controlled Insurance Program; usually provided by large developers \* \* \* \*

7. Estimated annual payroll **excluding owners, officers, clerical employees and OCIP (wrap) projects:**

Next 12 Months	\$		Current year	\$		1 <sup>st</sup> year prior	\$	
2 <sup>nd</sup> year prior	\$		3 <sup>rd</sup> year prior	\$		4 <sup>th</sup> year prior	\$	

8. Using your estimated payroll above, please provide the percentage breakdown for the trades being performed by your employees. Example: \$40,000 for Carpentry / Estimate Payroll \$70,000 = 57% Carpentry

\*Must total 100% for **all (not each)** trade(s) performed.

A. _____	%	B. _____	%
C. _____	%	D. _____	%
E. _____	%	F. _____	%

9. What are your estimated annual gross sales **excluding OCIP (wrap) projects?**

Next 12 Months	\$		Current year	\$		1 <sup>st</sup> year prior	\$	
2 <sup>nd</sup> year prior	\$		3 <sup>rd</sup> year prior	\$		4 <sup>th</sup> year prior	\$	

10. What are your estimated annual gross sales **from OCIP (wrap) projects?**

Next 12 Months	\$		Current year	\$		1 <sup>st</sup> year prior	\$	
2 <sup>nd</sup> year prior	\$		3 <sup>rd</sup> year prior	\$		4 <sup>th</sup> year prior	\$	

11. Do you use any Subcontractors?  No  Yes If yes, complete the following:

A. Estimated annual subcontracted costs **excluding OCIP (wrap) projects:** (Cost to include cost of labor & materials)

Next 12 Months	\$		Current year	\$		1 <sup>st</sup> year prior	\$	
2 <sup>nd</sup> year prior	\$		3 <sup>rd</sup> year prior	\$		4 <sup>th</sup> year prior	\$	

B. Using your estimated subcontracted costs above, please provide the percentage breakdown for the trades being performed. Example: \$40,000 for Carpentry / Estimate Subcontracted Cost \$70,000 = 57% Carpentry \*Must total 100% for **all** trades performed

	%		%		%		%
	%		%		%		%

C. Do you always collect certificates of insurance from subcontractors?  No  Yes

D. What is the minimum General Liability Limit required? \_\_\_\_\_

E. Do you require subcontractors to name you as an Additional Insured?  No  Yes

F. Do you have a standard formal written contract with subcontractors?  No  Yes

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

**\* You may be required to provide a copy of an executed subcontract to bind coverage**

12. Indicate the percentage (each line must equal 100%) of Work Performed Below **excluding OCIP (wrap)**:

Residential	%	Commercial	%	Industrial	%		<b>=100%</b>
New							
Const.	%	Remodeling	%	Demolition	%	Repair	%
General Construction Developer/ Artisan							
Contractor	%	Manager	%	Spec Bldr.	%	Contractor	%
<b>=100%</b>							

**Please provide a specific breakdown of any residential work to be performed as follows excluding OCIP (wrap):**

13. Custom Homes \_\_\_\_\_ % Tract Homes \_\_\_\_\_ % Condos/Townhouses \_\_\_\_\_ % Apartments \_\_\_\_\_ % **=100%**

**\*Please provide a specific breakdown of any residential work to be performed as follows excluding OCIP wrap)**

<u>Custom Homes</u>	<u>Tract Homes</u>	<u>Condos/Townhouses</u>	<u>Apartments</u>
New Const _____ %	New Const _____ %	New Cost. _____ %	New Cost. _____ %
Repair _____ %	Repair _____ %	Repair _____ %	Repair _____ %
Remodel _____ %	Remodel _____ %	Remodel _____ %	Remodel _____ %
<b>Total: 100%</b>	<b>Total: 100%</b>	<b>Total: 100%</b>	<b>Total: 100%</b>
# Homes: _____	# Homes: _____	# Condo/TH: _____	# of Units: _____

14. Number of field employees: *Full Time* \_\_\_\_\_ *Part Time* \_\_\_\_\_

15. What is your **average** contract size? \_\_\_\_\_

16. List your five major jobs performed over the last **five** years below **excluding OCIP (wrap)**:

Project Location	Type of Work	Contract Cost	Start Date	End Date

17. List your five **current** jobs below **excluding OCIP (wrap)**:

Project Location	Type of Work	Contract Cost	Start Date	End Date

18. If you are a **commercial contractor**, do any of your jobs require the **CG2010 11/85 Additional Insured** form?

No  Yes If yes, how many? \_\_\_\_\_

19. Do you perform underground work?  No  Yes If yes, what is the **maximum** depth? \_\_\_\_\_

Do you check with the local utility agency before digging?  No  Yes If no, explain: \_\_\_\_\_

20. If you are an **electrical contractor**:

A. What is the percentage of inside work versus outside work? *Inside* \_\_\_\_\_ *Vs.* *Outside* \_\_\_\_\_

B. Do you perform any alarm work?  No  Yes If Yes, what percentage? \_\_\_\_\_ %

C. Do you remove under ground tanks?  No  Yes

D. Do you do your own trenching?  No  Yes

E. Do you do any Electric Gate installation?  No  Yes If Yes, what percentage? \_\_\_\_\_ %

F. Does your work involve medical and/or industrial life support?  No  Yes

21. If you are an **concrete contractor**:

A. Do you perform any foundation work?  No  Yes If yes, what is the percentage of total work? \_\_\_\_\_ %

22. If you are a **masonry contractor**:

A. Do you perform any retaining wall work?  No  Yes If yes, answer the following:

What percentage of your total work does this account for? \_\_\_\_\_ % What is the maximum height? \_\_\_\_\_

23. If you are an **roofing contractor**:

A. Is there any use of hot tar?  No  Yes If yes, what is the percentage? \_\_\_\_\_

B. What is the **maximum** number of stories worked on? \_\_\_\_\_

24. If you are a **painting contractor**, what is the percentage of the following:

A. \_\_\_\_\_ % Inside Painting \_\_\_\_\_ % Outside Painting

What is the Maximum number of stories? \_\_\_\_\_

25. If you perform any demolition, please describe below the following:

A. What type of demolition? \_\_\_\_\_

B. Do you use any cranes or ball and chain? \_\_\_\_\_

C. Do you handle any hazardous material? \_\_\_\_\_

**PRIOR WORK INFORMATION**

Please provide a specific breakdown of any **residential work** performed  
in the **last 10 years** as follows **excluding OCIP** (wrap):

26. Custom Homes \_\_\_\_\_ %    Tract Homes \_\_\_\_\_ %    Condos/Townhouses \_\_\_\_\_ %    Apartments \_\_\_\_\_ %    =100%

**\*Please provide a specific breakdown of any residential work performed as follows excluding OCIP wrap.**

<u>Custom Homes</u>		<u>Tract Homes</u>		<u>Condos/Townhouses</u>		<u>Apartments</u>	
New Const	_____ %	New Const	_____ %	New Cost.	_____ %	New Cost.	_____ %
Repair	_____ %	Repair	_____ %	Repair	_____ %	Repair	_____ %
Remodel	_____ %	Remodel	_____ %	Remodel	_____ %	Remodel	_____ %
<b>Total:</b>	<b>100%</b>	<b>Total:</b>	<b>100%</b>	<b>Total:</b>	<b>100%</b>	<b>Total:</b>	<b>100%</b>
# Homes:	_____	# Homes:	_____	# Condo/TH:	_____	# of Units:	_____

**Comments:**

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