



UNITED SPECIALTY INSURANCE COMPANY ADMINISTERED BY:
CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC.

The words "Applicant", "You" or "Your" refer to the person or entity applying for the insurance policy.

Producer Information:

Applicant Information:

Name:		Name:	
Contact:		DBA:	
Address:		Address	
E-Mail Address:		E-Mail Address:	
Phone:	Fax:	Phone:	Fax:
Producer Code:		FEIN#:	
Affiliated Associations:		Inspection Contact:	

Provide Your Physical Address if Different from The Address Listed Above: _____

Desired Effective Date of Coverage: _____

Expiration Date of Current Coverage: _____

Entity Type: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ LLC ☐ Other: _____

Years Applicant Has Been in Operation: _____ (If The Applicant Has Been in Business Less Than 2 Years, Provide Detailed Resumes of All Owners, Officers, Members or Partners.) Years of Experience: _____ List All States which work will be performed in during the policy period: _____

Provide Detailed Description of Your Business, Operations and Services: _____

List All Contractor Licenses Held By Applicant in Each State or County or Provide a Current Copy of Each License

License Number	State License is Held

Prior Carrier Information For The Applicant For The Past 3 Years:

Carrier Name	Effective Dates of Coverage	Limits	Premium Paid	Number And Amount of Losses

Please Note: A Current Valued Loss Run and/or a No Known Loss Letter, Signed and Dated by The Applicant, is Required.

Please Provide Specific Details on All Past Losses: _____

Have You Owned and/or Operated Any Other Business, Contracting or Otherwise, in the Past 5 Years? ☐ Yes ☐ No

If Yes, State Your Percentage of Ownership: _____ Provide a Detailed Description of The Operations: _____

Are You Aware of Any Litigation, Past or Pending Against You The Applicant or Your Business in the Past 5 Years: ☐ Yes ☐ No

If "Yes", Explain in Detail: _____

Do You Have Any Knowledge of Any Occurrence, Condition, Act, Omission, Event, Harm or Damages to Any Person or Property that May Potentially Give Rise to Any Future Claim or Legal Action Against The Applicant? ☐ Yes ☐ No

If "Yes", Explain in Detail: _____

Coverage Requested:	S.I.R.:	Limits:	
Manuscript Occurrence – Endorsement(s) <input type="checkbox"/> Primary Wording <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Alien 20 10 11 85 <input type="checkbox"/> Additional Fire Coverage <input type="checkbox"/> Snow Plow (only available to Insured with Commercial Auto Policy) <input type="checkbox"/> Blanket Additional Insured - Company Form <input type="checkbox"/> Additional Insured <input type="checkbox"/> Stop Gap Coverage	<input type="checkbox"/> \$2,500	General Aggregate	\$ _____
	<input type="checkbox"/> \$5,000	Products-Completed Operations Aggregate	\$ _____
	<input type="checkbox"/> \$7,500	Personal & Advertising Injury	\$ _____
	<input type="checkbox"/> \$10,000	Each Occurrence	\$ _____
	<input type="checkbox"/> \$ _____	Fire Damage (Any One Fire)	\$50,000
		Medical Expenses (Any One Person)	\$ 5,000

A). Are you a General Contractor? ☐ YES ☐ NO

B). Do you subcontract out 100% of your work? ☐ YES ☐ NO

C). If you do not subcontract out all of your work, please list the trades you will perform during the next 12 months and their dollar value:

Your Gross Receipts Next 12 Months: \$ _____ Your Actual Gross Receipts Current Year: \$ _____

Your Actual Gross Receipts Prior Year: \$ _____

Current &/or Planned Work. Please List your 3 Largest Jobs Currently in Progress or with Planned Start Dates in the Next 12 Months:

Project Name & Address	Project Type	Work Performed	Anticipated Gross Receipts

Percentage of Work - Each Section Total Must Equal 100%:

Description	%	Description	%	Description	%	Description	%	Description	%
General Contractor		New Construction		Commercial		Interior		Tract Homes Interior	
Sub-Contractor		Remodeling		Industrial		Exterior		Tract Homes Exterior	
Construction Manager		Service/Repair		Residential		Other		Condo Interior	
Other (Explain)		Demolition		Institutional				Condo Exterior/HOA	
100%		100%		100%		100%		100%	

Have You Performed During the Past 5 Years and/or will You Perform in the Next 12 Months Any Work Involving the following:

	Yes	No		Yes	No		Yes	No		Yes	No
Airports and/or Hospital Work	<input type="checkbox"/>	<input type="checkbox"/>	Dams and/or Levees Work	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Walls Work	<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding Erection	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Abatement	<input type="checkbox"/>	<input type="checkbox"/>	Work covered by Wrap-Ups / OCIP	<input type="checkbox"/>	<input type="checkbox"/>	HOA / Condo Associations Work	<input type="checkbox"/>	<input type="checkbox"/>	Ship Repair/ Pier Work	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Drilling Work		<input type="checkbox"/>	Flood Control Work	<input type="checkbox"/>	<input type="checkbox"/>	Tract Home Work	<input type="checkbox"/>	<input type="checkbox"/>
Bridge Work	<input type="checkbox"/>	<input type="checkbox"/>	Earthquake Retrofit Work		<input type="checkbox"/>	Oil Production Work	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Signal Work	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Plant Work		<input type="checkbox"/>	EIFS Work		<input type="checkbox"/>	Railroad Work	<input type="checkbox"/>	<input type="checkbox"/>	Tunneling Work	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Spraying		<input type="checkbox"/>	Equip. Rental to Others	<input type="checkbox"/>	<input type="checkbox"/>	Refinery Work	<input type="checkbox"/>	<input type="checkbox"/>	Demolition Work	<input type="checkbox"/>	<input type="checkbox"/>
Water/Gas Mains	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler/Alarm Systems	<input type="checkbox"/>	<input type="checkbox"/>	Extermination Work	<input type="checkbox"/>	<input type="checkbox"/>	Unlicensed Work	<input type="checkbox"/>	<input type="checkbox"/>
Remediation/Abatement	<input type="checkbox"/>	<input type="checkbox"/>	Welding Work		<input type="checkbox"/>	Government entity work	<input type="checkbox"/>	<input type="checkbox"/>	Public works work	<input type="checkbox"/>	<input type="checkbox"/>

Explain in Detail All "Yes" Responses. Attach a Separate Sheet, Signed and Dated by The Applicant, if Necessary: _____

The Applicant Must Provide an Answer to Each Question. Where Asked to "Explain in Full", You Must Attach a Separate Sheet of Paper, Signed and Dated by the Applicant, With The Information Requested:

- ☐ Yes ☐ No 1. Does The Applicant Provide Supervision Each Day at Each Jobsite while any work is performed?
- ☐ Yes ☐ No 2. Do You Always Have a Written Contract With All of Your Subcontractors Which Includes a Broad Form Hold Harmless Agreement For All Work Performed by the Subcontractor?
- ☐ Yes ☐ No 3. Is Applicant Named as A Named Additional Insured on All Subcontractors' Insurance Policies Before Each Subcontractor Arrives on the Jobsite is Insurance Maintained by All Subcontractors for the Entire Period of their work?
- ☐ Yes ☐ No 4. Does Applicant Require All Subcontractors to Maintain Limits of Liability Equal to or Greater Than the Limits of Liability Applied for Under This Insurance Policy and will the Work Performed by the Subcontractor be covered by the Subcontractors Insurance?
- ☐ Yes ☐ No 5. Are All Subcontractors Required to Provide Applicant With Evidence of Insurance Before Commencing Work?
- ☐ Yes ☐ No 6. Does Applicant Hold Others Harmless and/or Provide Additional Insured Endorsements to Others?
- ☐ Yes ☐ No 7. Are Subcontractors Required to have a Valid Contractors License for Trades Performed Where Required by State Law?
- ☐ Yes ☐ No 8. Does Applicant Act as a General Contractor or Developer of New Residential Construction? If "Yes", What is the Maximum Number of Homes Applicant Will Build Over the Next 12 Months: _____; and Do You Offer a Home Warranty Program? ☐ Yes ☐ No If "Yes", Explain in Full.
- ☐ Yes ☐ No 9. Does Applicant Have One or More Written Safety Programs in Place?
- ☐ Yes ☐ No 10. Does Applicant Check With Local Utility or Underground Service Advisory Companies Before Digging?
- ☐ Yes ☐ No 11. Has Applicant Been Cited by Any Local, State or Federal Government Agency or Licensing Bureau for Violating a Regulation or Law During the Past 5 Years? If "Yes", Explain in Full.
- ☐ Yes ☐ No 12. Has Anyone Accused the Applicant of Faulty Construction in the Past 5 Years? If "Yes", Explain in Full.
- ☐ Yes ☐ No 13. Has Applicant Been Accused of Breaching any Contract in the Past 5 Years? If "Yes", Explain in Full.
- ☐ Yes ☐ No 14. Does Applicant Perform Any Exterior Work Above 3 Stories or 35 feet?
- ☐ Yes ☐ No 15. Does Applicant Perform Work Below Grade or trenching work? If "Yes", What is the Maximum Depth? _____
- ☐ Yes ☐ No 16. Is Applicant Involved in the New Construction or Conversion of Condominiums, Town homes and/or Apartments?
- ☐ Yes ☐ No 17. Does Applicant Perform Any Mold Remediation Work? If "Yes", Is There Other Insurance Coverage in Place for This Exposure? ☐ Yes ☐ No If "Yes", Explain in Full.
- ☐ Yes ☐ No 18. Has the Applicant Ever Been Refused a Performance Bond, License Bond or Had Liability Insurance Cancelled?
- ☐ Yes ☐ No 19. Have You Allowed or Will You Ever Allow Your Contractors License to be Used by Another Person or Entity?
- ☐ Yes ☐ No 20. Has the Applicant or Any Entity Owned or Controlled by the Applicant, Been Adjudged Insolvent, Bankrupt or had Liens Placed Against any Property Within the Past 5 Years? If "Yes", Explain in Full.
- ☐ Yes ☐ No 21. Has Anyone Accused the Applicant of Faulty Construction in the Past 5 Years? If "Yes", Explain in Full.
- ☐ Yes ☐ No 22. Does Applicant Perform Any Work on Boilers and/or Machinery? If "Yes", Explain in Full:
- ☐ Yes ☐ No 23. Have You Filed a Mechanics' Lien in The Past Three Years? If "Yes", Explain in Full.
- ☐ Yes ☐ No 24. Will You Hire Anyone To Perform or Do You Perform Any Shoring, Underpinning, Cofferdam or Caisson Work? If "Yes", Explain in Full.
- ☐ Yes ☐ No 25. Have You in the Past or Will You Do Any Work on Retaining Walls? If "Yes", What is the Maximum Height: _____
- ☐ Yes ☐ No 26. Has Applicant Ever Built or Will You Build on Hillsides, Slopes, Hills or Other Subsidence Prone Areas? If "Yes", (i) What Was the Maximum Percentage of Grade: _____; (ii) Number of Projects You Have Performed: _____; and (iii) Is A Soils Engineering Report Always Prepared Prior To Your Work? ☐ Yes ☐ No If "No", Explain in Full.

- ☐ Yes ☐ No 27. Does Applicant Perform Any Work Involving The Use of Hot Tar and/or Torch Down Roofing? If "Yes", Answer the Following:
(i) Your Years of Experience in Utilizing These Methods: _____; (ii) Provide Specific Details on Training You Received or Provided to All Applicators of Hot Tar and/or Torch Down Roofing and/or the use of any Open Flame Materials: _____; (iii) Does The Applicant Always Have a Fully Charged ABC Fire Extinguisher to On Site While Work is Being Performed and for Two Hours After All Work is Completed Each Day? ☐ Yes ☐ No; (iv) Is a Thermal Barrier Used When Installing Torch Applied Roofing Materials Over a Combustible Base? ☐ Yes ☐ No; (v) Do You Remain on Site for at Least Two Hours After Your Work Has Been Completed Each Day? ☐ Yes ☐ No; and (vi) Do You Utilize Any of The Following Roofing Methods or Materials? If "Yes", Please State The Percentages: (A) Hot Tar ____%; (B) Torch Down ____%; (C) Modified Bitumen (Hot) ____%; (D) Modified Bitumen (Cold) ____%; (E) Hot Air Welding ____%; (F) Tile ____%; (G) Metal or Tin ____%; and/or (H) Other: _____ %

Please Provide Additional Information Regarding Risks or Dangers Associated With the Applicant's Work: _____

NOTICE TO APPLICANT

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT THE EACH OF THE FACTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY APPLICANT ARE TRUE, COMPLETE AND ACCURATE.

THE APPLICANT UNDERSTANDS AND AGREES THAT UNITED SPECIALTY INSURANCE COMPANY ("THE COMPANY") ADMINISTERED BY CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC. WILL RELY ON ALL INFORMATION, FACTS AND REPRESENTATIONS SUPPLIED BY THE APPLICANT, INCLUDING THE FACTS CONTAINED IN THIS APPLICATION, TO DETERMINE THE ACCEPTABILITY OF THE APPLICANT AND THE RISKS, THE RATES AND THE COVERAGES. IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY FACT OR REPRESENTATION MADE IN THIS OR IN ANY OTHER WRITTEN DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE COMPANY IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT IS REQUIRED TO IMMEDIATELY PROVIDE THE COMPANY WITH THE TRUE FACTS AND INFORMATION, IN WRITING, WHETHER THE DISCOVERY OCCURS BEFORE OR AFTER THE INSURANCE POLICY HAS BEEN ISSUED.

THE APPLICANT UNDERSTANDS THAT ANY FALSE OR MISLEADING FACT OR REPRESENTATION GIVEN BY OR ON BEHALF OF THE APPLICANT, OR THE FAILURE TO PROVIDE THE FACTS OR INFORMATION REQUESTED, SHALL CONSTITUTE GROUNDS, AT THE OPTION OF THE COMPANY, FOR RECISSION OF COVERAGE AND/OR DENIAL OF ALL CLAIMS, OR, THE ASSESSMENT OF SUBSTANTIAL ADDITIONAL PREMIUM CHARGES. THE APPLICANT WARRANTS AND REPRESENTS THE APPLICANT WILL FULLY COOPERATE WITH AND ASSIST THE COMPANY AS REQUIRED UNDER THE TERMS AND PROVISIONS OF THE INSURANCE POLICY.

THE APPLICANT HEREBY AUTHORIZES THE COMPANY TO CONDUCT ANY INVESTIGATIONS AND TO MAKE ANY INQUIRIES REGARDING THE APPLICANT AND ANY INFORMATION SUPPLIED BY THE APPLICANT.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN IN THE APPLICATION ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO DENY ALL CLAIMS OR CANCEL, REFORM AND/OR RESCIND THE POLICY.

THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE POLICY ISSUED BY THE COMPANY ARE SUBSTANTIALLY DIFFERENT FROM THOSE CONTAINED IN MANY OTHER COMMERCIAL GENERAL LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THE COVERAGES AVAILABLE UNDER THE "ISO" FORM INSURANCE POLICY OR SIMILAR TYPES OF INSURANCE POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE INSURANCE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGES IT PROVIDES, AS WELL AS THE EXCLUSIONS AND YOUR RIGHTS AND OBLIGATIONS UNDER THE INSURANCE POLICY.

Signature of Applicant: _____

Date: _____

Title of Party Signing Form: _____
(Must be licensed Individual, Partner or Officer)

Producer Signature: _____

Date: _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/ SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.