Contractors Professional Liability Renewal Application

APPLICANT'S INFORMATION

Applicant's Legal Name of Business (Include all Named Insured):

_____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Web Address: _____

APPLICANT'S INFORMATION

1. Total Staff (includes branch offices)

Licensed Design Professionals		
Contractors		
Executive Staff		
Administrative Staff		
Total Staff		

2. Construction Values / Revenues / Fees

	2 Years Prior Revenues (or Fees, if applicable)	Past year's Revenues (or Fees, if applicable)	Upcoming 12 months Projection of Revenues (or Fees, if applicable)
General Construction only (No Design or CM responsibilities, GC holding only prime contract for Construction most likely on a Lump Sum contract) **Please report all revenues earned under such contracts.**	$	$	$
Construction Management (The insured entity holds the prime contract for construction, as well as a separate contract for construction management, design/assist, detail design or other professional services. Services are generally performed under a GMP (Guaranteed Maximum Cost) contract) **Please report all revenues earned under such contracts.**	$	$	$
Design Build with In-House Design (please break out Design revenue and Construction Values)	$	$	$
Design Build with Subcontracted Design **(Construction Revenue)**	$	$	$
In-House Design Only Services for Third Parties **(please report as Design revenues)**	$	$	$
Development, Property Management, Real Estate or Leasing Agent Fees	$	$	$
Other Technical or Professional Service Fees (please explain)	$	$	$
Totals:	$	$	$

☐ **PLEASE INCLUDE A COPY OF YOUR MOST RECENT YEAR'S FINANCIAL STATEMENTS WITH THIS APPLICATION.**

3. Specify the services provided by the Firm (Note: Total must equal 100%):

Services Provided	
Contracting Service	**Percentage of Revenue:**
General Construction	
General Contracting	%
Construction Management	%
Percentage of work self-performed	%
List below the type of work self-performed:	
Civil Construction	
Excavation/Grading	%
Heavy Highway/Bridge	%
Street/Road	%
Tunnel	%
Utility	%
Pipeline Construction/Cleaning	%
Mechanical Construction	
HVAC	%
Mechanical	%
Electrical	%
Plumbing	%
Carpentry	%
Trade Contractors	
Drywall	%
Concrete	%
Painting	%
Roofing	%
Steel Erection	%
Specialty Contractors	
Demolition	%
Drilling	%
Dredging	%
Fire Sprinkler	%
Glazer	%
Insulation	%
Janitorial	%
Marine	%
Oil Lease	%
Pile Driving	%
Process Piping	%
Other (Explain):	%
Total All Services:	**100%**

Services Provided (continued)
Describe in-house design performed and the types of projects it supports:

4. Indicate the types of projects undertaken (Note: must total 100%)

Agriculture	%	Municipal Buildings	%
Airports	%	Nuclear/Atomic	%
Amusement Rides/Parks	%	Office Buildings	%
Apartments	%	Parking Structures	%
Arenas/Stadiums	%	Petro/Chemical	%
Banks	%	Pools	%
Bridges	%	Pre-Engineered Buildings/Structures	%
Building Façade Restoration	%	Private Dwellings (custom)	%
Colleges	%	Recreation/Playgrounds	%
Commercial/Retail	%	Religious	%
Condominiums/Townhouses – Commercial	%	Residential Subdivisions	%
Condominiums/Townhouses – Residential	%	Roads/Highways	%
Convention Centers	%	Schools K-12	%
Dams	%	Sewage/Wastewater Treatment Plants	%
Harbors/Piers/Ports	%	Solar/Wind Energy Facilities	%
Hospitals/Healthcare	%	Superfund/Pollution	%
Hotels/Motels	%	Telecommunications	%
Industrial Waste Treatment	%	Theaters	%
Jails	%	Tunnels	%
Landfills	%	Utilities	%
Libraries	%	Warehouses	%
Manufacturing/Industrial	%	Water Systems	%
Mass Transit	%	Other (specify):	%
Mines	%		

5. Specify the five largest recent projects of the firm

Location	Project Type	Services Rendered	Billings	Construction Value	Construction Period
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

6. In which U.S. States does the firm perform contracting services?

7. Are there any significant changes in ownership, name changes, mergers and acquisitions, including pre-existing entities anticipated in the next twelve (12) months? If "Yes," please provide full details:

8. Ownership Control

   a. Does the firm wholly or partly own, manage or control any other enterprise? ☐ Yes ☐ No

   If Yes, please provide full details:

   b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise? ☐ Yes ☐ No

   If "Yes," please provide full details:

9. Do you currently carry General Liability? If so, please provide:
   a. Current Carrier: _____
   b. Limit of Liability: _____

RISK MANAGEMENT

10. Do your employees obtain annual continuing education? ☐ Yes ☐ No
    If "Yes," please provide full details:

11. Please indicate the types of contracts utilized by the client:

Standard Industry Contracts	%
Applicants standard contract language	%
Client-drafted contract	%
Verbal Agreement	%
Other	%

12. Does the applicant include a limitation of liability clause within their contracts? ☐ Yes ☐ No
    If "Yes," what percentage of contracts include such?

13. Are all contracts reviewed by the Firm's legal counsel prior to signing? ☐ Yes ☐ No

14. Does the Firm have a written quality control document? ☐ Yes ☐ No

15. Does the Firm include a provision for alternative dispute resolution such as mediation in its contracts? ☐ Yes ☐ No

16. Does the applicant subcontract any professional services? ☐ Yes ☐ No
    If "Yes," please provide full details as to what services are subcontracted:

    If "Yes," does your organization obtain evidence of insurance from subcontractors? ☐ Yes ☐ No

CLAIMS HISTORY

If "Yes," complete a Claims Supplemental Application or attach a statement providing full details.

17. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission, or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them? ☐ Yes ☐ No

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S)

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true, and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No

Did your office control this risk in the past year? ☐ Yes ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE