

# SELECT CONTRACTORS

Applicant's Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Applicant's Instructions**

1. Please complete this application in lieu of the Contractors and Products/Completed Operations section of the Acord Commercial General Liability Application and as a supplement to the Business Auto Application.
2. Application must be signed and dated by an owner, partner or officer.
3. Include the most recent copy of the incumbent carrier's loss run for the latest three-year period.
4. If any losses exceed \$10,000 please give a full explanation of the loss and any changes made by the applicant to avoid another similar loss.

**A. Business History**

1. What year was your current business started? \_\_\_\_\_
2. Have your operations or trade changed since your current business started? Yes  No   
If Yes please explain: \_\_\_\_\_
3. Are you licensed and certified in the states where you work? Yes  No

**B. Operations**

1. Please list the type of work your employees perform and the payroll for each type.

	<u>Payroll</u>
a. _____	
b. _____	
c. _____	
d. _____	
e. _____	
2. Do you operate as a General Contractor? (GC's are defined as contractors who contract directly with the owner for new or renovation projects. The GC may perform some of the work or subcontract it out.) Yes  No   
If Yes, please describe the type of construction projects you're involved in. \_\_\_\_\_

3. Do you subcontract work to others? Yes  No

If Yes, please describe the type of work subcontracted to others and the cost of each.

<u>Type of Work</u>	<u>Cost</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

4. Please indicate the percent of your business that involves one or two family residential work and other than one or two family residential:

1 or 2 Family Residential \_\_\_\_\_ %

Other than Residential \_\_\_\_\_ %

Please describe your "Other than Residential" work.

5. Have you worked on new construction of condominiums, town houses or tract homes in the last 10 years? Yes  No

6. a. On average, how many jobs are you working on at the same time? \_\_\_\_\_

b. How many jobs did you complete last year? \_\_\_\_\_

7. Please list the last five jobs you were involved in:

<u>Type of Job</u>	<u>Location</u>	<u>Job Duration</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

8. Please list the number of full time employees you have: \_\_\_\_\_

Please list the number of part time or seasonal employees you have: \_\_\_\_\_

9. Do you engage in or perform any of the following operations?
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Rent or lease any equipment (with or without operators) or tools to others?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Engage in or subcontract for demolition or blasting operations?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Operations for lead paint or asbestos removal or abatement, now or at any time?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Do you now, or have you in the past done any work in connection with EIFS (Exterior Insulation and Finish Systems)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Remove underground storage tanks?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Do you draw plans, designs or specifications for others or have you done so in the past?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Participate in wrap-up projects?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Operations to remove or remediate mold or mold damage?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes to any of the above questions, please describe:

10. Please describe your job site safety program. (examples: new employee orientation, tool box safety talk, accident investigation program, fall from height, below ground trench box, personal protective equipment, call before dig, etc.)

11. Have you been involved in a construction defect lawsuit in the past ten years? Yes  No

**C. Risk Transfer**

*Answer the appropriate questions below only if you either work as a subcontractor or subcontract work to others.*

**1. For work that you perform as a subcontractor for others, please answer the following questions:**

a. Do you have an attorney review the contracts that you enter into? Yes  No

If No, do you have anyone else, such as your insurance agent, review the contracts that you enter into? Please explain:

b. Do you ever refuse jobs because of unacceptable contractual obligations? Yes  No

Please explain:

c. Do you keep copies of all of your contracts and certificates? Yes  No

If Yes, for how long?

**2. For work that you subcontract to others, please answer the following questions:**

- a. Do you require all of your subcontractors to sign contracts? Yes  No
- b. If the above answer is Yes, do your contracts require your subcontractors to indemnify you and hold you harmless? Yes  No
- c. If the answer to 2.a. above is Yes, do your contracts require your subcontractors to name you as an additional insured on their Commercial General Liability Policy? Yes  No
- d. If the answer to 2.a. above is Yes, do your contracts require your subcontractors to carry Commercial General Liability, Automobile and Workers Compensation Insurance with limits at least equal to yours? Yes  No
- e. Do you require all of your subcontractors to provide you with Certificates of Insurance? Yes  No

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**D. Automobile**

*Please attach a list of all drivers and include their age, drivers license number and state where licensed.*

1. Do you obtain MVR's on new and existing drivers? Yes  No   
If Yes, what action do you take if a driver has a poor driving record?
2. Are any of your vehicles primarily used for personal use? Yes  No   
If Yes, please explain:
3. If required, do your drivers have commercial driver's licenses? Yes  No
4. Do you have a formal vehicle preventive maintenance program? Yes  No   
If Yes, who performs the maintenance? (examples: own employees, dealer, garage, etc.)
5. Complete when adding HIRED / NON-OWNED Optional Coverage
- a. Are long-term leased autos specifically covered on your auto policy? Yes  No
- b. What is the annual cost of hire? \$
- c. Do any hired vehicle agreements extend over 6 months? Yes  No
- d. If entity is partnership; number of partners:

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**COMMENTS**

# FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MASSACHUSETTS: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*  
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  
 YES                       NO
- TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- WISCONSIN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE