Please include with this appli Five (5) years currentl Resume of owner (rec List of major work con Copy of appropriate co	ly valued, legible loss quired if start up or les npleted in the last thre ontractor's license.	ss than two years bus ee years; and	, ,,	h profit/loss and balance	sheet).
BASIC INFORMATION					
Producer/Agency:					
Address:					
City:			State:	ZIP Co	ode:
Telephone:			FAX:		
Contact:			E-mail:		
Insured/Applicant:					
Mailing Address:					_
City:			State:	ZIP Co	ode:
Location Address:					
City:			State:	ZIP C	ode:
Telephone:			FAX:		
Contact:			E-mail:		
Website:					
Business Entity	☐ Partnership	☐ Corporation	□ис	Other	
FEIN/SSN		Contractor's L	icense State	/Number	
Has the ownership of	this firm been insure	d under any prior nan	nes or organizati	ons? Yes	☐ No
If Yes, under v	what name(s)?				_
If Yes, what ki	ind of operations?				
If Yes, for whi	ch and how many yea	ars (each)			
Number of years this	ontity has been in h	nucinose:			
Number of years exp	-		husiness:		
Description of C		Thave in contracting	Dudilless.		
				☐ Yes ☐ I	No

Do you lease equipment to others?		☐ Yes ☐	No		
Do you lease or loan employees?		☐ Yes ☐	No		
Do you have any operations other		Yes	No		
Have you ever been refused a perf	Have you ever been refused a performance bond or liability insurar				No
Have you allowed others to use yo	ur license?			☐ Yes ☐	No
Has the owner or the business eve	r been bankrupt or insol	vent?		☐ Yes ☐	No
Has any government or regulatory related to any contracting operation		vestigat	ed the firm or o	owner Yes	No
Do your operations have any involve	rement with USL&H or J	ones Ac	t?	Yes	No
Explain any "Yes" respon	se:				
INSURANCE PROFILE					
Attach Complete, Currently Val	ued and <u>Legible</u> lo	ss run	s from prior	carriers (five years	s).
Current Year	One Year Prior	Two	Years Prior	Three Years Prior	Four Years Prior
Insurance Carrier:					
Occurrence Limit:					
General Agg. Limit:					
P/CO Agg. Limit:					
Deductible:					
Premium:					
Number of General Liability claims Average claims amount paid and/o Largest Premises/Operations claim	r reserved, per year, oven in past five years?	er past fi	ve years?		
Largest Products/Completed Oper- Any Construction Defect Claims?	ations claim in past five		Any Pending S	Guits of any sort?	Yes No
Any Construction Defect Claims? COVERAGE REQUESTED					☐ Yes ☐ No
Any Construction Defect Claims?				Suits of any sort? Expiration Date:	Yes No
Any Construction Defect Claims? COVERAGE REQUESTED Proposed Effective Date:	Yes No		Proposed	Expiration Date:	Yes No
Any Construction Defect Claims? COVERAGE REQUESTED Proposed Effective Date:					Yes No
Any Construction Defect Claims? COVERAGE REQUESTED Proposed Effective Date: Occurrence Limit Gen	Yes No		Proposed	Expiration Date:	
Any Construction Defect Claims? COVERAGE REQUESTED Proposed Effective Date: Occurrence Limit Gen	Yes No Prail Agg. Limit	P/CO A	Proposed Agg. Limit	Expiration Date: Deductible No Scheduled Ad	ditional Insured
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If Yes, for planned work, were any of these receipts included in projected sales figures above?

Yes

☐ No

If Yes, for prior work, when and how much in receipts?

If Yes, for planned work, how much is estimated in receipts?

Answer "Yes" or "No" to indicate the description app	lies or does not apply to	your op	erations.	Also, check
box if proof/documentation is provided (attach, if ava				
				PROOF
A. Premises Operations Practices				ATTACHED
1. Employ/Contract Qualified Safety Professional—list qu	alifications, resume	Yes	☐ No	
2. Written Liability Claims reporting system		Yes	☐ No	
3. Written Liability Claims Status and Tracking System		Yes	☐ No	
4. Photographs jobsites before, during and upon completi	on of work	Yes	☐ No	
5. Inspects and Documents jobsites with multiple contract	tors at least once/week	Yes	☐ No	
B. Loss History Correlation				
No general liability claims during prior five years		Yes	□No	
No general liability claims during prior rive years No general liability products/completed operation claim	s during five prior years	Yes	□ No	╫╫
No claims over \$10,000 during prior seven years	3 during five prior years	Yes	□ No	╫╫
3. No claims over \$10,000 during prior severi years		1 es		┨
C. Subcontract Risk Management				
Uses written agreements with subcontractors 100% of	time	Yes	□No	
Written Agreements include hold harmless/indemnifications		Yes	□ No	╅┼
Request Certificate and Additional Insured from Sub-co		Yes	□ No	╅
Has written tracking system for agreements and insura		Yes	□ No	╅┼
Requires copy of subcontractor's safety program prior	•	Yes	□ No	╅┼
Sees written standards in selecting subcontractors that				
modifiers, credit score or other third party scoring criteria	Thole Ear of Work Comp	∐ Yes	☐ No	
7. Contracts effectively disallow action over claims by inju	red, subcontracted workers	Yes	☐ No	
D. Recordkeeping and Resources				
1. ALL Agreements with customer provide for arbitration	nstead of civil suit	Yes	☐ No	<u> </u>
2. Expiring General Liability Insurance is on an occurrence	e form basis	Yes	No No	┦ ╴┡
3. Customer acceptance and confirmation of quality adeq	uately documented	Yes	No No	┦ ╴┡
4. Designated and experienced legal resources for liability	claims	Yes	No No	┦ ╴┡
5. Records kept and tracked for at least 7 years		Yes	☐ No	<u> </u>
6. Third party warranty (with arbitration clause) purchase	d for all projects	Yes	☐ No	
ANY PERSON WHO KNOWINGLY AND WITH INT	ENT TO DEFRAUD ANY	INSURAI	NCE COM	PANY OR
ANOTHER PERSON FILES AN APPLICATION FOR				
ANY MATERIALLY FALSE INFORMATION, OR				
INFORMATION CONCERNING ANY FACT MATERIA				,
ACT, WHICH IS A CRIME AND SUBJECTS THE PE	RSON TO CRIMINAL AN	D [NY: S	UBSTANT	'IAL] CIVIL
PENALTIES. (Not applicable in CO, HI, NE, OH, OK, O	OR, or VT; in DC, LA, ME	, TN and	VA, insura	ance benefits
may also	be denied)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENT	TATIVE OF THE APPLICA	NT AND	CERTIFIE	S THAT
REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN	N THE ANSWERS TO QU	ESTIONS	ON THIS	
APPLICATION. HE/SHE CERTIFIES THAT THE ANSWE	RS ARE TRUE, CORREC	CT AND C	OMPLETE	TO THE
BEST OF HIS/HER KNOWLEDGE.				
Applicant Date	Producer		Date	
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POSITIVE PRACTICES