



Casualty Contractors Application

Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application and provide copies of all information requested.

Applicant Information:

Proposed Effective Date of Insurance: _____

A. Full Name of the applicant and all subsidiary companies.

B. Address of home office or principal location:

C. List of additional locations:

D. Website: www. _____

E. Please select one:

- a. Corporation _____
- b. Partnership _____
- c. Proprietorship _____
- d. Other (specify) _____

F. How many years has the applicant been in business under the current name? _____

G. Prior to the existence of this operation, have any of the principals, partners or owners ever been engaged in this or similar enterprises under a different name?

Yes _____ No _____ (if yes, list details in the space at the end of the application)

H. Please provide the name and telephone number of the person we may contact in order to arrange for an inspection of your operation:

- i. Name _____
- ii. Title _____
- iii. Phone # _____



Coverage Specifications:

	<u>Requested</u>	<u>Current</u>
Limits of insurance:	\$_____ Each Occurrence	\$_____ Each Occurrence
	\$_____ Aggregate	\$_____ Aggregate

Deductible/SIR: \$_____

Retroactive Date (if applicable): _____

Present Insurer: _____ **and expiring premium:** _____

Has any insurer ever cancelled, restricted or refused to renew your products liability insurance?

Yes _____ No _____ If yes, please list details in the space at the end of this application.

Description of Contracting Operations:

Please provide a complete description of your operations including any work that has been discontinued.

A. What work is subcontracted? Please list:

Description of work:	% of total	Subcontracted Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



- B. Are certificates of insurance required from all contractors? Y or N
 What limits are required? _____
- C. Are you (the applicant) added as an additional insured by all sub-contractors? Y or N
- D. Are you held harmless by sub contractors via a written contract? Y or N
 if yes, please provide a sample copy of the contract.
- E. Is a formal safety plan in operation? Y or N
- F. **Please complete:**

	<u>New Construction</u>	<u>Remodel/Repair</u>
% Residential work:	_____	_____
% Commercial Work:	_____	_____
(Apartment work is considered commercial)		

For G through N, Please explain any "yes" answers in the space at the end of the application.

- G. Does the applicant draw plans, designs or specifications? Y or N
- H. Do operations include blasting or utilize or store explosive material? Y or N
- I. Do operations include excavation, tunneling, underground work or earth moving? Y or N
- J. Do operations include the use of any cranes or scaffolding? Y or N
- K. Do operations include any bridge work? Y or N
- L. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material? Y or N
- M. Does the applicant perform work under any wrap-up agreements? Y or N
 Is that insured under a separate policy? Y or N
- N. Any medical facilities provided or doctors employed/contracted? Y or N
- O. Any operations sold, acquired or discontinued in last 5 years? Y or N

Historical Receipts and Payroll

	<u>Receipts</u>	<u>Payroll</u>
Estimated (next 12 months)	\$ _____	\$ _____
Past 12 months:	\$ _____	\$ _____
1 st Previous Year:	\$ _____	\$ _____
2 nd Previous Year:	\$ _____	\$ _____
3 rd Previous Year:	\$ _____	\$ _____
4 th Previous Year:	\$ _____	\$ _____



Claims Information:

Please list claims information representing the last 5 years. Please attach recently valued (dated within 45 days of the date this application is completed) hard copy loss runs. Please include insurance carrier loss runs and if applicable, loss runs from any third party administrator hired by the insured to handle claims within a self insured retention.

<u>Insurance Carrier</u>	<u>Policy Term</u>	<u># of Claims</u>	<u>Total Incurred</u>	<u>Deductible or SIR amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list individual losses excess of \$10,000, net of any deductible or SIR including all expenses:

<u>Date of Claim</u>	<u>Description of Claim</u>	<u>Total Incurred</u>	<u>Open or Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects, injuries or property damage which may result in claims against you? **Y or N**
if yes, please provide details in the space at the end of this application.
- B. If you have been self-insured or had a self-insured retention, who adjusted the claims and established reserves? _____
- C. Have you ever been involved or named in any class action, multi-claimant or multi-district litigation or lawsuit? **Y or N**
if yes, please provide details in the space at the end of this application.



PLEASE CHECK THE PREVIOUS PAGES TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED.

Attach copies of:

- Latest annual report.
- 10K Report (if publicly traded).
- Current audited financial statement (or pro forma)

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy is subject to immediate cancellation.

Signature of Applicant: _____ Date: _____

Print name and title _____

Name of Broker _____