



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
 8475 E. Hartford Dr., Scottsdale, AZ 85255
 (480) 991-7889 WATS (800) 848-8860
 Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
 5373 S. Green St., Suite 525, Murray, UT 84123
 (801) 290-1144 WATS (800) 594-8900
 Fax (801) 290-1160 Toll Free (800) 332-9285

General Contractors/Developers General Liability Application

| | |
|------------------|----------------|
| Applicant's Name | _____ |
| Mailing Address | _____ _____ |
| Web Site Address | _____ |

| | |
|-------------|----------------|
| Agency Name | _____ |
| Agent | _____ |
| Address | _____ _____ |
| E-Mail | _____ |
| Phone | _____ |

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

| LIMITS OF LIABILITY REQUESTED | | PREMIUMS |
|--|----|---------------------|
| General Aggregate | \$ | Premises/Operations |
| Products & Completed Operations Aggregate | \$ | |
| Personal & Advertising Injury | \$ | Products |
| Each Occurrence | \$ | |
| Damage To Premises Rented To You (any one premise) | \$ | Other |
| Medical Expense (any one person) | \$ | |
| Other Coverage, Restrictions, and/or Endorsements: Deductible | \$ | Total \$ |

A. Applicant is a (% of each): General contractor _____% Subcontractor _____%
 Developer _____% Construction manager/Consultant _____%
 Owner/Builder _____%

B. States/area of operations: _____
 Radius of operations from main location: _____ miles.

C. Describe all operations in detail: _____

D. Length of time in business: _____ years. Years of experience: _____

Are you licensed? Yes No

Type of license and no.: _____ Year license issued: _____

Length of time in business operating under the name shown above: _____ years or new venture.

Have you operated or been licensed under any other name(s) during the past ten (10) years? Yes No

If yes, provide prior name and describe type of operations:

| <u>Name</u> | <u>Describe Operations</u> |
|-------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

E. Total number of employees? _____

F. Indicate % of operations involving:

1. New construction... _____% Remodeling..... _____% Demolition _____%
 Repair..... _____% Other (explain below) . _____% (Must total 100%)

Explain other: _____

2. Commercial new construction..... _____% Commercial remodeling _____%
 Industrial..... _____% Institutional..... _____%
 Residential* new construction _____% Residential* remodeling _____%
 Apartments..... _____% Commercial Condominiums... _____% (Must total 100%)

(*If Residential Construction—Condos/Townhouses [including conversions] _____%
 Single family or residential dwellings _____%)

If Residential Remodeling—Interior work only _____%
 Ground-up construction _____%)

G. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums or Townhouses in the past ten (10) years? Yes No

If **yes**, indicate maximum number built during any twelve (12) month period, maximum at any one project/development site and expected maximum number to be built during next twelve (12) months. (For these purposes a duplex is equivalent to two single family residences; a triplex equals three homes, etc.)

| | No. Residential Homes | No. any one Project/ Development Site | No. Condominiums/ Townhouses |
|-----------------------|-----------------------|--|---------------------------------|
| Next 12 months | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |

| | No. Residential Homes | No. any one Project/ Development Site | No. Condominiums/ Townhouses |
|-------------|-----------------------|--|---------------------------------|
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |

H. Do you have a formal home warranty program?..... Yes No
 If yes, please give details: _____

I. Do you have model homes? Yes No
 If yes, give no.: _____ Location: _____

J. List all major projects completed within the past five years, including work in progress and planned projects.
 (List project name, date, project description, location, and revenues): _____

| |
|--------------------------------|
| Operations by Applicant |
|--------------------------------|

K. Indicate percentage of payroll for each type of construction work performed by your employees:

| | | | | | |
|--------------------------|---|--|---|---------------------|---|
| Airports | % | Gas Mains | % | Sewer | % |
| Asbestos Removal | % | Insulation | % | Soil Stabilization | % |
| Blasting | % | Maintenance | % | Steel (ornamental) | % |
| Bridges/Elevated Roads | % | Masonry | % | Steel (structural) | % |
| Carpentry | % | Mechanical | % | Street/Road | % |
| Communication Lines | % | Mold & Spore Remediation | % | Supervisory Only | % |
| Concrete | % | Oil or Gas Fields | % | Swimming Pools | % |
| Drilling | % | Painting | % | Tunneling | % |
| Earthquake Reinforcement | % | Pipeline/Water Main | % | Underpinning | % |
| EIFS | % | Plastering | % | Waterproofing | % |
| Electrical | % | Plumbing | % | Water Restoration | % |
| Excavating | % | Power Lines | % | Wrecking/Demolition | % |
| Fire Proofing | % | Process Piping | % | Other (describe) | % |
| Fire Restoration | % | Removal/Installation of Underground Tanks | % | _____ | |
| Framing of Buildings | % | Roofing | % | _____ | |

L. Account history for prior five years and projected current year:

| Year | Payroll | Total Revenue | Subcontracted Cost | | |
|-----------|---------|---------------|------------------------------------|--|--------------------------|
| | | | Cost of Labor, Fees, Commissions + | Cost of Materials & Equipment Rental = | Total Subcontracted Cost |
| Current | | | | | |
| 1st Prior | | | | | |
| 2nd Prior | | | | | |
| 3rd Prior | | | | | |
| 4th Prior | | | | | |
| 5th Prior | | | | | |

M. Are certificates of insurance obtained from subcontractors? Yes No

Minimum Limits Required: \$ _____

Do you use uninsured subcontractors? Yes No

If yes, percentage of total subcontracted cost: _____%

N. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor? Yes No

If no, explain when not required: _____

O. Are you named as an additional interest on the subcontractors' policies? Yes No

P. Do you normally use the same subcontractors? Yes No

If no, do you put all subbed work out for bids? Yes No

| |
|--|
| Subcontractors Operations Performed for Applicant |
|--|

Q. Indicate type of construction work performed by your subcontractors: (Indicate percentage of total subcontracted costs)

| | | | | | |
|--------------------------|---|---|---|---------------------|---|
| Airports | % | Gas Mains | % | Sewer | % |
| Asbestos Removal | % | Insulation | % | Soil Stabilization | % |
| Blasting | % | Maintenance | % | Steel (ornamental) | % |
| Bridges/Elevated Roads | % | Masonry | % | Steel (structural) | % |
| Carpentry | % | Mechanical | % | Street/Road | % |
| Communication Lines | % | Mold & Spore Remediation | % | Supervisory Only | % |
| Concrete | % | Oil or Gas Fields | % | Swimming Pools | % |
| Drilling | % | Painting | % | Tunneling | % |
| Earthquake Reinforcement | % | Pipeline/Water Main | % | Underpinning | % |
| EIFS | % | Plastering | % | Waterproofing | % |
| Electrical | % | Plumbing | % | Water Restoration | % |
| Excavating | % | Power Lines | % | Wrecking/Demolition | % |
| Fire Proofing | % | Process Piping | % | Other (describe) | % |
| Fire Restoration | % | Removal/Installation of Underground Tanks | % | _____ | |
| Framing of Buildings | % | Roofing | % | _____ | |

R. Is any work done involving systems that provide:

- Medical and/or industrial life support Process piping Dams/levees

S. Does work require monitoring by:

- Certified inspectors Resident inspectors Part-time When called

T. Any work performed above two stories in height from grade? Yes No

Maximum number of stories: _____

U. Any work performed below grade? Yes No

Maximum depth: _____ ft. _____ % of total work

V. Is scaffolding owned, rented or erected? _____

Are other contractors at job site allowed to use it? Yes No

W. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)? Yes No

If yes, explain: _____

X. Do you have a formal safety program in operation? Yes No

Please explain and/or provide a copy: _____

Y. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? Yes No

If yes, explain: _____

Percent of grade _____ % Prior testing (geological, topical)? Yes No

If yes, explain: _____

Which geological survey engineering firm do you use? _____

Underpinning? Yes No

Any past subsidence losses? Yes No

If yes, explain: _____

Z. Do you or any of your employees hold a Real Estate Agent's license? Yes No

If yes, has Professional Liability Coverage been obtained? Yes No

Limit of Liability: \$ _____

AA. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

BB. Any mobile equipment leased from others? Yes No

If yes, from whom? _____

Lease basis? _____

Operators provided? Yes No

Type of equipment leased? _____

CC. Do you own any Vacant Land? (Raw land with no developmental or improvement activity, held only for investment or possible development more than twelve (12) months in the future. No buildings on property.) Yes No
 If yes, is property zoned: Residential Commercial/Retail/Industrial or other

| No. of Acres | No. of Lots | Location Description |
|--------------|-------------|----------------------|
| | | |
| | | |
| | | |
| | | |

DD. Do you own any Real Estate Development Property? (Land with improvements—streets, roads, utilities, etc. completed or under construction) Yes No
 If yes, is property zoned: Residential Commercial/Retail/Industrial or other
 If zoned residential, provide location descriptions and number of lots at each development.

| No. of Acres | No. of Lots | Location Description |
|--------------|-------------|----------------------|
| | | |
| | | |
| | | |
| | | |

EE. Do you hold other persons' property for service, storage or repair? Yes No
 If yes, explain: _____

FF. Any underground storage tanks? Yes No
 If yes, when inspected and by whom? _____

GG. Any employees working under:
U.S. Longshoremen's and Harborworkers' Act? Yes No
Jones Maritime Act? Yes No
 If yes, what percent of payroll? _____% Give city and state: _____

HH. Does applicant have Workers' Compensation coverage in force? Yes No

II. Does applicant lease employees from others? Yes No
Does applicant lease employees to others? Yes No

JJ. Dollar value of average job completed: \$ _____

KK. Are any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? Yes No
 If yes, provide details: _____

LL. During the past three years, has any company ever canceled, nonrenewed, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No
 If yes, explain: _____

MM. List all active owners, partners and executive officers and their job duties/responsibilities:

NN. Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit?..... Yes No

If yes, and loss or suit is older than five years, provide details:

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | | | |
| | | | | |
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PRIOR CARRIER INFORMATION – FIVE YEAR PERIOD

| | Year: | Year: | Year: | Year: | Year: |
|---------------|-------|-------|-------|-------|-------|
| Carrier | | | | | |
| Policy No. | | | | | |
| Total Premium | | | | | |

LOSS HISTORY—FIVE YEAR PERIOD

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | | | |
| | | | | |
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| | | | | |
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SCHEDULE OF HAZARDS

| Loc. No. | Classification | Class. Code | Premium Bases: (s) Gross Sales (p) Payroll (a) Area (t) Other (c) Total Cost | Terr. | Rate | | Premium | |
|----------|----------------|-------------|--|-------|------------|----------|------------|----------|
| | | | | | Prem./Ops. | Products | Prem./Ops. | Products |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Authorized Applicant's Representative (Name and phone number of individuals to contact for inspection/audit):

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNINGS AND ATTESTATION:

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail
Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail