

**GENERAL CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL  
ACCIDENT/MADISON INSURANCE COMPANY**

**APPLICANT INFORMATION:**

Applicant:	DBA:
Business Address:	Mailing Address:
Contact Name:	Contact Ph Number:
Email Address:	

**AGENCY INFORMATION:**

Agency name:	Agent's Name:	
Agency Address:		
Phone:	Fax:	Email:

**NEW VENTURE SUPPLEMENTAL**

Years under current name:                      **If less than 3 years the rest of this section is required**

Date business established:                      Years of related experience:

List all business names that applicant/owner has owned in the past:

Brief Summary of experience:

**LOSS HISTORY**

Number of general liability claims during the last 3 years:

Total Amount Paid for each:

Are any claims still open?  Yes  No

Are any of these claims due to an alleged Construction Defect?  Yes  No

If yes, please provide details:

**PRIOR CARRIER INFORMATION**

Name of current GL Carrier:

Expiration date:

Policy Form (Occurrence, claims-made or other):

If claims-made, current retroactive date:

**TYPE(S) OF WORK PERFORMED:**

Please provide % breakdown of your operations below:

	Commercial	Residential	Industrial
New Construction	%	%	%
Remodeling	%	%	%
Additions	%	%	%
Repair	%	%	%
Other	%	%	%

**APPLICANT'S OPERATIONS**

1. Description of applicant's operations (details please):

2. Contractor's license number:

3. Number of owners:

Number of employees:

4. What percentage of your work do you subcontract: %

5.	Direct payroll <u>excluding</u> principals/owners/partners:	
6.	Insured subcontractor costs:  Labor:  Materials (regardless of who supplies them):	
7.	Uninsured contractor costs:  What type of work will they do for the applicant?	
8.	Gross receipts last year:  Anticipated gross receipts this year:	
9.	How many new homes do you plan to build this year?	
10.	Within the last 5 years have you built any new tract homes, new condominiums, new townhomes or new apartment complexes?  If yes, please provide details including total number of units:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you planning on building and new tract homes, new condominiums, new townhomes or new apartment complexes with more than 25 units in the tract, complex or project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do you carry Worker's Compensation Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you doing any construction management on a consultant basis on projects other than your own?  If yes, do you carry Errors & Omissions Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do your operations involve any outside work over 3 stories or use cranes or booms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Do you or your subs work on medical facilities, student housing, senior housing, assisted living or retirement homes?  If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

16.	Do you perform any new construction on slopes greater than 30 degrees?  If "Yes", please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Do you or your subs build retaining walls exceeding 6 feet in height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Do you or your subs sell, install, service or repair wood, coal or pellet burning stoves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Are you or your subs involved in fiber optic cable work or installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Are you or your subs involved in tunneling, dredging, caisson or revetment work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Do you or your subs do any recreational or playground equipment construction or erection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Do you or any officer, owner or partner have a prior felony conviction?  If yes, please provide details and date of conviction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Do you or your subs perform any restoration work involving smoke, fire or water damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Do you or your subs perform or subcontract any demolition or blasting operations?  If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Do you or your subs perform any snow plowing or snow/ice removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Do you perform work for or at any petroleum, chemical or other industrial facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Have you or the principal been personally bankrupt within the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Do you or your subs perform any operations that include work on or for airports, elevators, escalators, environmental remediation, railroad, traffic signal or signage installation, underground tank installation or removal, exterior insulation finishing systems (E I F S) or synthetic stucco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please list any additional insureds:**

***READ AND SIGN BELOW:***

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I am aware that insurance fraud is punishable by law. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_