



RISC, Inc.
2001 Bryan Street, Suite 2900
Dallas, TX 75201

CONTRACTORS GENERAL LIABILITY APPLICATION

Instructions

1. Please complete this application. All questions must be answered. If "None" or "Not Applicable" so indicate
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. This form must be signed and dated by an owner, partner or director/officer of your firm.
4. The following information is required:
 - Attach SF254 or 10 largest project list
 - Resumes of key personnel
 - Hard copy of loss runs for General Liability for the last ten (10) years , plus the expiring policy year -- Minimum
 - Brochure/statement of qualifications
 - Audited financial statement for last two years

Application

1. Name _____
 Post Office Address _____

2. Address of Headquarters _____
 Telephone Number of Headquarters _____
 Contact and Title _____
3. Attach a list of proposed Named Insureds to be covered by this policy (only those entities performing services and/or operations as proposed will be designated as Named Insureds).
4. How long has the Applicant been in business? _____
5. During the past five years has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check): Yes No
 If yes, give full details (dates, type of purchase (stock, assets): _____

6. States in which the Applicant does business: _____
7. Percentage of Operations: General Contractor: _____ % Subcontractor: _____ % Owner/Builder: _____ %
8. Estimates for the next 12 months:
 Direct Payroll: \$ _____ Contract Costs: \$ _____ Gross Receipts: \$ _____
 Prior Years:
 19__ Direct Payroll: \$ _____ Contract Costs: \$ _____ Gross Receipts: \$ _____
 19__ Direct Payroll: \$ _____ Contract Costs: \$ _____ Gross Receipts: \$ _____
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9. Indicate the percentage of construction work performed by the Applicant:

New Construction: _____ % Commercial: _____ % Building Interiors: _____ % Environmental _____ %
Remodeling _____ % Residential _____ % Building Exteriors: _____ %
Other (Describe): _____

10. Has there been any change in the type or scope of construction activity performed by the Applicant in the last five (5) years?
Yes _____ No _____ If "Yes", please attach a description.

11. Detail foreign operations (i.e. Country(ies)) where operations normally occur. Indicate percentage relative to total projected Sales/Receipts. Are such operations intended to be covered by this policy? Yes _____ No _____

12. Has the Applicant allowed or will the Applicant allow its license to be used by any other contractor for a project on which the Applicant has worked? Yes _____ No _____
Has any licensing authority ever taken action against the Applicant? Yes _____ No _____

13. Has or will the Applicant build on hillsides, terraces, landfills, or subsidence areas? Yes _____ No _____

14. Has or will the Applicant or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes _____ No _____
If "Yes", please attach a description

15. Has or will the Applicant build/construct buildings or other structures in excess of four (4) stories? Yes _____ No _____
Has or will the Applicant be involved in the management of such buildings or structures? Yes _____ No _____
If "Yes", please attach a description

16. Has or will any of the Applicant's work involve the construction of, or involve in any way: condominiums; townhouses; apartments or single family residential (custom or tract homes)? Yes _____ No _____
If, "Yes", please attach a detailed description which is to include: (a) annual gross receipts; (b) percentage new construction; (c) percentage repair or maintenance; (d) identify the annual units and gross receipts separately for condominiums; townhouses, apartments, tract homes and custom homes.

17. Has or will the Applicant or any subcontractor perform any underground or below grade work? Yes _____ No _____
Percentage of operations: _____ % Maximum Depth: _____

18. Has or will the Applicant or any subcontractor perform any shoring, underpinning or caisson work? Yes _____ No _____
If "Yes", please attach a description

19. Has the Applicant or will the Applicant or any employee work under U.S. Longshoreman's and Harbor Worker's Act or Jones Maritime Act? Yes _____ No _____

20. Does the Applicant select or arrange for the site of disposal for hazardous or non-hazardous waste on behalf of clients? Yes _____ No _____

21. Does the Applicant own, operate or lease licensed waste treatment, storage or disposal facilities? Yes _____ No _____

22. Does the Applicant have operations other than contracting? Yes _____ No _____
If "Yes", please attach a description
If "Yes", are such operations covered by other insurance? Yes _____ No _____
If "Yes" are such operations to be covered by this insurance? Yes _____ No _____

23. If the Applicant is a roofing contractor or otherwise performs roofing work, what percentage of operations are: Hot Tar _____ % Foam Application _____ % Excess four (4) stories _____ %

24. Are updated certificates of insurance from subcontractors kept on file? Yes _____ No _____

25. Are these certificates required to show environment liability insurance? Yes _____ No _____ Indicate % Yes _____

26. What are the minimum limits of liability you require for your subcontractors?

General Liability _____

Environmental Liability _____

Professional Liability _____

27. Do you require subcontractors policies to name you as an additional insured?

For General Liability Yes _____ No _____ % Yes _____
 For Environmental Liability Yes _____ No _____ % Yes _____

28. Do your contracts with subcontractors contain an indemnification provision?

For General Liability Yes _____ No _____ % Yes _____
 For Environmental Liability Yes _____ No _____ % Yes _____

If yes, attach copies of all insurance requirements and indemnification clauses.

29. Does your company enter into written contracts where you assume liability?

For General Liability Yes _____ No _____ % Yes _____
 For Environmental Liability Yes _____ No _____ % Yes _____

If yes, attach copies of all insurance requirements and indemnification clauses

30. Does the Applicant have a formal safety program in place?

Yes _____ No _____

31. Has the Applicant received any OSHA citations in the last ten (10) years

Yes _____ No _____

If "Yes" please attach a description

32. During the past five (5) years, has any insurer ever cancelled, declined or refused to issue similar insurance to the Applicant?

Yes _____ No _____

33. Has the Applicant ever been named in litigation regarding faulty construction?

Yes _____ No _____

If "Yes", please attach a description

34. Has any lawsuit ever been filed, or any claim otherwise made against the Applicant or any partnership or joint venture of which the Applicant has been a member, or any predecessors in business, or against any person, company or entity for whom the Applicant has assumed liability?

Yes _____ No _____

35. Is the Applicant aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty workmanship, product failure, construction dispute, property damage or construction worker injury) that might be reasonably be expected to give rise to a claim or lawsuit, whether valid or not, which directly or indirectly involve the Company?

Yes _____ No _____

NOTE: AS RESPECTS QUESTIONS #32, 33 AND 34 A MINIMUM OF TEN (10) YEARS HARD COPY LOSS RUNS ARE REQUIRED.

36. Please list your current liability coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, if any
General Liability					
Contractors Poll, Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “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.”

NOTICE TO NEW YORK APPLICANTS: “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, 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.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONSONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

The applicant represents that the above statements and facts are true and that no material facts have been omitted or misstated.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(agent license number)