



General Information:

Name Insured (s) - List all subsidiaries and activities: _____
Mailing Address: _____
Additional Address Locations: _____
Contact Name & Phone #: _____
of Employees: _____
FEIN #: _____
Organizational Type: Corporation Partnership Joint Venture Individual LLC

Details of Operations:

Fill in the percentage of your operations that falls into each category:

- Commercial Construction _____ Residential Construction _____ (Must equal 100%)
- New Construction _____ Renovation/Repairs _____ (Must equal 100%)

Total Annual Receipts (Non-Wrap up) for the upcoming year: _____

Total Annual Cost of Subcontractors (Cost of hire): _____

Total Annual Payroll by class by state (Non-Wrap up) – Please add additional lines if necessary:

State	Class Code	Classification	Payroll (Non-Wrap

- Attach Vehicle Schedule (Including Year, Make, Model, VIN #, Garage Location, and Cost New)
- Attach Driver Schedule (Including name date of birth, license #, and state)

Subcontractor and Contractual Controls:

Do you hire subcontracts? *(If you don't hire sub contractors please disregard below questions)* ___ YES ___ NO

Do you require written contractual agreements from all subcontracts? ___ YES ___ NO

Does the contract require:

- 1) Broad hold harmless? ___ YES ___ NO
- 2) Additional insured status in your favor? ___ YES ___ NO
- 3) Primary/Non-contributory wording in your favor? ___ YES ___ NO
- 4) What limits of general liability coverage, if any, do you require from your subs? _____
- 5) Do you require certificates of insurance evidencing GL coverage from your subs? ___ YES ___ NO
- 6) Do you require that the certificates include additional insured wording in your favor? ___ YES ___ NO

Signature of Applicant: _____ Date: _____
Name and Title: _____