

Applicant's Name: _____	Broker's Name and Address: _____
Mailing Address: _____	_____
Location: _____	Proposed Effective Date: From _____ To _____
12:01 a.m. Standard at the Address of Applicant	

LIMITS OF LIABILITY	Each Occurrence	Aggregate
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A. Description of Operations: _____

1. Contractor License # _____ 2. Website Address _____

B. Business is a: Corporation Partnership Joint Venture Individual LCC

C. Number of Years in Business: _____ Prior Industry Related Experience _____

D. Risk is a: General Contractor _____ Subcontractor _____ Owner's Interest Only _____

E. Indicate percent of work performed in:

1. Commercial _____ % Residential _____ %
 2. Inside Building _____ % Outside Building _____ %
 3. New Construction _____ % Renovations _____ % Other _____ %

F. Any work or operation involved in any of the following:

	Direct	Subbed	N/A		Direct	Subbed	N/A
1. Lead Abatement				10. Blasting			
2. Asbestos Abatement				11. Structural Work			
3. Use of Cranes				12. Lease Equipment to Others			
4. Use of Scaffolding				13. Demolition			
5. Bridge Work				14. Excavation			
6. Insulation				15. Fire Suppression			
7. Hot Tar Roofing / Torch				16. Sewer Mains or Connections Construction			
8. Tunneling				17. Water Main Connections or Construction			
9. Pile Driving				18. Welding / Cutting Contractors			

G. Radius of Operations: _____

H. Percentage of NY City work _____ %

I. Does insured perform any exterior work above two stories in height from grade: Yes No

If Yes: Percentage of total work _____ % Maximum Number of Stories _____

J. Does insured perform any work below grade: Yes No

Maximum Depth _____ ft.

Percentage of total work _____ %

K. LOSS HISTORY - Indicate all claims or occurrences that may give rise to claims for the prior 5 years.

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

Provide details for any claim greater than \$50,000 _____

L SCHEDULE OF HAZARDS

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERRITORY

M. Total Sales / Receipts \$ _____

N. List major jobs within the last 5 years including work in progress and planned.

O. Do you perform any work under a wrap up insurance program? Yes No If Yes, _____%

P. Do you use subcontractors? Yes No

Q Percentage of work subcontracted: _____ %

R. Do you require your subcontractors to carry at least 1 / 2 / 1 in limits? Yes No

S. Does the insured obtain a written contract from all subcontractors which includes hold harmless clause in favor of the insured? Yes No

T. Is the insured named as an additional insured on all the subcontractors' policies? Yes No

1. G.C. Name and Carrier _____
2. What is square footage of the proposed building? _____
3. Number of proposed building(s) _____
4. When will construction start? _____
5. Term of project _____
6. Cost of construction for the first 12 months \$ _____