**INSTRUCTIONS**

*Answer all questions completely. If a question does not apply, state N/A in the space provided. Please provide supporting information separately and reference the applicable question.* ***Note****:* If you are interested in **Pollution or Professional Liability**, separate information will be required.

**APPLICANT INFORMATION: \*** Complete the table on page 5 if There Are multiple named insureds \*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Named Insured (if multiple named insureds – see page 5) | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | Date Business was established: | | |  | | | | | | | | | Eff Date: | | | | | | | |  | | | | | |
|  | Quote Due Date | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | TargetPremium (This helps us determine service needs) | | | | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Describe nature of construction operations including ALL work that is self-performed or subcontracted: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe any changes in operations (new or discontinued) over the past 10 years, or any projected changes: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Does **any** Named Insured own any property (i.e. single family homes, vacation homes, rental properties, etc.) or personal items (i.e. ATVs, Golf Carts, Boats, Helicopters, etc.) in the business name? | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | If Yes, please explain: |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | List states of operations: | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | What is your projected Revenue | | | | $ | | | | | Total Payroll | | | | | | $ | | | Total Sub Cost | | | | $ | | |
|  | Projected Wrap-Up Revenue | | | | $ | | | | | Wrap Payroll | | | | | | $ | | | Wrap Sub Cost | | | | $ | | |
|  | Total number of employees (field & office) | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | Please describe work that Is subcontracted: | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | % of your work that is Commercial | | | | | | % | | | | Industrial | | | | | | % | | \* Residential | | | | | % | |
|  | % of your work that is New Construction | | | | | | % | | | | | Maintenance | | | | | % | | Service/Repair | | | | | % | |
|  | Renovation/Remodeling | | | | | | % | | | | | or Emergency | | | | | % | |  | | | | |  | |
|  | Describe your Industrial Work: | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Describe your \* Residential Work: | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Of your residential work how much is framing | | | | | | | | % | | | | | Windows & Doors | | | | % | | | | Foundations | | | % |
|  | \* For the purposes of this application residential construction means private homes, housing developments including cooperative housing developments, condominiums, townhomes or a building or structure with multiple dwelling units that are individually owned. | | | | | | | | | | | | | | | | | | | | | | | | |

**Additional Operations Detail**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Please indicate if you self-perform or subcontract the following operations | | | | | | | | | |
| **Exposure/Operation** | | **Self-Performed** | **Subbed** | | **Exposure/Operation** | | | **Self-Performed** | **Subbed** |
| Aircraft Operation – owned or leased | |  |  | | Marine or Marina Construction | | |  |  |
| Airport Work | |  |  | | Nuclear or Refineries | | |  |  |
| Amusement, Water or Indoor Parks work | |  |  | | Oil & Gas Drilling or Pipeline Operations | | |  |  |
| Any work or installation on roof tops | |  |  | | Own or Operate Quarries or Gravel Pits | | |  |  |
| Asbestos, PCB or Lead Abatement | |  |  | | Property Manager | | |  |  |
| Blasting | |  |  | | Real Estate Development | | |  |  |
| Boiler Installation / Repair | |  |  | | Remediation | | |  |  |
| Dam or Caisson Construction | |  |  | | Restoration | | |  |  |
| Debris removal operations only | |  |  | | Retention Ponds | | |  |  |
| Detention Ponds | |  |  | | Roofing | | |  |  |
| Drone or unmanned aircraft use | |  |  | | Scaffolding Installation | | |  |  |
| Erection of metal/steel towers | |  |  | | Sell any Materials to others | | |  |  |
| Exterior Insulation Finish Systems (EIFS) | |  |  | | Snow or Ice Removal | | |  |  |
| Fabricate items sold to others to install | |  |  | | Steep Cliffs or Excavations for soil stabilization | | |  |  |
| Hauling property for a charge in vehicles | |  |  | | Stucco | | |  |  |
| Highway Sign Installation | |  |  | | Subway or Tunnel Construction | | |  |  |
| Insulation | |  |  | | Underground Mining | | |  |  |
| Plant vegetation layers in or on buildings | |  |  | | Waterproofing | | |  |  |
| Landfill, Waste or Recycling site work | |  |  | | Window/Exterior Door Installation | | |  |  |
| Logging operations | |  |  | | Wrecking/Demolition/dismantling | | |  |  |
|  | Have you worked in New York in the past, currently or have future plans? | | | | | | Yes No | | |
|  | Have you worked in Colorado in the past, currently or have future plans? | | | | | | Yes No | | |
|  | Do you have a formal procedure when asbestos or lead is encountered? | | | | | | Yes No | | |
|  | Are cranes operated on your jobsites? | | | | | | Yes No | | |
|  | Are crane operations self-performed or subcontracted? | | | | | self-performed or  subcontracted | | | |
|  | What is your policy on clearance of load lifted to prevent and limit persons within Fall Zone? | | | | | | feet | | |
|  | Do you own or operate any underground storage tanks? | | | | | | Yes No | | |
|  | Do you or your subs perform welding? | | | | | | Yes No | | |
|  | Do you have any exposure to process piping? | | | | | | Yes No | | |
|  | Do you work on Sprinkler Systems? | | | | | | Yes No | | |
|  | Do you have any USL&H exposure? | | | | | | Yes No | | |
|  | What percentage do you use Building Information Modeling (BIM technology)? | | | | | | % | | |
|  | Do you have a workshop? | | | | | | Yes No | | |
|  | If yes, what type of work do you perform in that workshop :  Carpentry,  Iron or Steel Fabrication,  Painting, | | | | | | | | |
|  | Vehicle or Equipment Maintenance,  Other: | | |  | | | | | |
|  | Do you rent or sell equipment to others? | | | Yes No | | | | | |

**Safety program information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Do you have a written safety program? (if yes, please provide a copy with your submission) | | | | | | | | | | | | | | | Yes No | |
|  | Do you employ a full time risk manager? | | | | | | | | | | | | | | | Yes No | |
|  | If no, who is responsible for safety? | | |  | | | | | | | | Title: | | |  | | |
|  | Do all job sites have full time supervision? | | | | | | | | | | | | | | | Yes No | |
|  | Do all of your site supervisors/job foremen have at least 3 years in the trade? | | | | | | | | | | | | | | | Yes No | |
|  | Do you conduct regular worksite inspections? | | | | | | | | | | | | | | | Yes No | |
|  | Do you have an established safety committee? | | | | | | | | | | | | | | | Yes No | |
|  | Describe your accident investigation process? | | | | |  | | | | | | | | | | | |
|  | Do you or your subs have any elevated operations (performing work above 6 feet)? | | | | | | | | | | | | | | | Yes No | |
|  | If Yes, what is the maximum height? | | | | | | | | | | | | | | | feet | |
|  | Do you have a written 6’ fall protection program in place? | | | | | | | | | | | | | | | Yes No | |
|  | Who is required to comply with 6’ fall protection? | | | | | | | Your Employees  Subcontractors  Site Visitors | | | | | | | | | |
|  | Do you allow employees or subcontractor exemptions from 6’ fall protection for steel erection, scaffolding use, or work on rooftops? | | | | | | | | | | | | | | | Yes No | |
|  | What types of fall prevention/protection devices do you use? Controlled Access Zones  Controlled Decking Zones  Guardrails  Handrails  Hole Covers Ladder Cages Parapet Walls Personal Fall Arrest Systems Positioning Devices Safety Nets | | | | | | | | | | | | | | | | |
|  | Which of the following do you work from?  Buckets  Ladders  Lifts  Scaffolding  Other: | | | | | | | | | | | | |  | | | |
|  | Is the above equipment rented? | | | | | | | | | | | | | Yes No | | | |
|  | Do you perform work in confined spaces? | | | | | | | | | | | | | Yes No | | | |
|  | If yes, describe controls: | |  | | | | | | | | | | | | | | |
|  | Do you perform work on, above, or around streets, roads or highways? | | | | | | | | | | | | | | | Yes No | |
|  | What % of this work is: | Highway: | | | % | | | | Streets/Road: | | % | | Maximum Speed: | | | | MPH |
|  | Do you ever use traffic control, if so what type?  Flaggers,  Signage,  Barricading,  Traffic routing | | | | | | | | | | | | | | | | |
|  | Which of these services are subcontracted?  Flaggers,  Signage,  Barricading,  Traffic routing | | | | | | | | | | | | | | | | |
|  | If there are other traffic controls, describe them here: | | | | | | | | |  | | | | | | | |
|  | Do you design traffic patterns? | | | | | | | | | | | | | | | Yes No | |
|  | Do you perform work below grade level (i.e. Moving dirt or working below grade level)? | | | | | | | | | | | | | | | Yes No | |
|  | If yes, do you contact “call before you dig” to mark utilities before digging? | | | | | | | | | | | | | | | Yes No | |
|  | What is the maximum depth of your excavations? | | | | | | | | | | | | | | | feet | |
|  | If more than 6’ do you provide fall protection/barriers for the excavation? | | | | | | | | | | | | | | | Yes No | |
|  | Do you utilize any of the following:  Shoring,  Engineered design systems,  benching, or  trench boxes | | | | | | | | | | | | | | | | |
|  | Do you have engineers or architects on staff? | | | | | | | | | | | | | | | Yes No | |
|  | If yes, do you provide design build services? | | | | | | | | | | | | | | | Yes No | |
|  | Do you carry separate professional liability coverage for the services provided? | | | | | | | | | | | | | | | Yes No | |
|  | Do you provide professional services to others on projects where you are not performing operations? | | | | | | | | | | | | | | | Yes No | |
|  | Do you have a formal procedure when asbestos or lead is encountered? | | | | | | | | | | | | | | | Yes No | |
|  | Do you have a Quality Control (QC) Program? | | | | | | | | | | | | | | | Yes No | |
|  | If Yes above, indicate the elements of your Quality Control Program here:  Site specific plan with 3rd Party oversight;  Site specific plan with internal staff oversight;  Generic plan (not site specific);  No formal plan but QC trained supervisors | | | | | | | | | | | | | | | | |
|  | Describe other QC methods not described above: | | | | | |  | | | | | | | | | | |
|  | How Long are QC records including records of deviations from design specifications maintained? | | | | | | | | | | | | | | | years | |

**Contract Management – Please be sure you attach most recent executed subcontract agreement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Do you use a written contract with ALL subcontractors? | | | Yes No |
|  | Do you have your own on staff attorney (or in-house counsel)? | | | Yes No |
|  | Has an attorney reviewed and approved the subcontract agreement that you use with your subcontractors within the last 3 years? | | | Yes No |
|  | Do you require a signed subcontract agreement before the sub starts working? | | | Yes No |
|  | Do you collect and review Certificates of Insurance prior to the subcontractor beginning work? | | | Yes No |
|  | Do you have a Formal sub pre-qualification program in place? | | | Yes No |
|  | Please describe: |  | | |
|  | How long are sub-agreements and/or COIs kept on file? | | | years |
|  | Do you have software that tracks your subcontractor’s certificates for monitoring of expiration dates? | | | Yes No |
|  | Who in your organization is responsible for contract reviews? | |  | |

**Automobile Exposures and Controls (if We are quoting automobile)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you transport hazardous materials or any cargo? Specify | | Yes No |
|  | Which of the following are included in your driver selection process:  Application,  Annual MVR,  Initial MVR,  Physical exam,  Interview,  Road Testing,  Written Test Results | | |
|  | Describe the criteria used to evaluate MVR’s and the disciplinary process for drivers below: | | |
|  |  | | |
|  | Do you have a formal fleet safety program and maintenance program? | | Yes No |
|  | Do you have a cell phone policy? | | Yes No |
|  | Do you have a process to manage and maintain driver CDL files? | | Yes No |
|  | Do you utilize vehicles equipped with telematics/GPS systems? | | Yes No |
|  | What was your cost for vehicle rentals over the past 12 months | | $ |
|  | Regarding employee owned vehicles used in your business: | |  |
|  | How many employees use personal vehicles in the scope of employment (not including commuting miles to and from work - supervisors, service work, etc.)? | |  |
|  | On average, how many days per week do these employees use their personally owned vehicle | |  |
|  | Do you require 300,000 CSL for these employees? | | Yes No |
|  | If no, what limits do you require? |  | |
|  | Do you require certificates of insurance from employees confirming limits of insurance, updated annually? | | Yes No |
|  | Do you confirm personal insurance policies do not include a “business use” exclusion? | | Yes No |

**workforce information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Years of Management Experience in Construction | | years |
|  | What percentage of your operations utilizes union members? | | % |
|  | Safety Staffing includes:  Safety Professional and Staff Safety Manager Designated Safety Supervisor Superintendent/Foreman Other | | |
|  | Do you offer benefits to your employees:  Medical Disability Retirement Other: |  | |
|  | Is there a Return to Work Program in place? | | Yes No |
|  | Which of the following are used in your hiring process:  Background Checks  Reference Checks | | |
|  | Which type of drug testing programs are used: Pre-Employment Random Accident | | |
|  | Elevated Operations (Exterior Vertical Work at or above three stories):  <10% 10-30 30-50% >50% | | |
|  | Do you lease employees or hire temporary labor? | | Yes No |
|  | Which of the following technological advances do you use?: Building Information Modeling Virtual Reality (training)  Wearables Augmented Reality (monitoring) Tech Drone (monitoring) | | |

**Claims History**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Regarding your knowledge of prior claims or potential claims: | | | | | | | | |  | |
|  | Have you, your subs, suppliers, owners or venders been made aware of or have been notified of your being named a defendant in a class action lawsuit of any kind? | | | | | | | Yes  No | | | |
|  | Have you ever been involved in a claim or suit alleging construction defects or faulty workmanship? | | | | | | | Yes  No | | | |
|  | Please provide details for any “Yes” above in this section: | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Additional Named Insureds:** | | | | | | | | | | | | |
| For each additional Named Insured please provide the following information: | | | | | | | | | | |
| **Entity Name** | | | **Entity Type** | **Year Ownership Established** | **State of Domicile** | **% owned by first NI** | **Description of operations including any changes in operations in the past 10 years** | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | | |  |  |  | % |  | | | | |
|  | Does any Named Insured own any property (i.e. single family homes, vacation homes, rental properties, etc.) or personal items (i.e. ATVs, Golf Carts, Boats, Helicopters, etc.) in the business name? | | | | | | | | Yes No | |
|  | If Yes, please describe: |  | | | | | | | | |

**SECTION II –CONSTRUCTION OPERATIONS**

**For this section of the application complete only the sections which apply to your operations.**

**Bridge Work**

|  |  |  |
| --- | --- | --- |
|  | What is the maximum span of bridge construction? | feet |
|  | What is the maximum height of bridge construction? | feet |
|  | Any work on navigable waterways or railroads? | Yes No |
| *Any work below grade level –* ***PLEASE COMPLETE EXCAVATION SECTION***  *Any street and road work –* ***PLEASE COMPLETE STREET/ROAD SECTION*** | |  |

**Cable/Conduit**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | What % of your work is outside the building? | | | % |
|  | Any horizontal boring/drilling? | Yes No | Any work on Energized Lines? | Yes No |
|  | Any High Voltage Work? | Yes No | Any direct hook-ups to buildings? | Yes No |
|  | Do you connect to transmission lines? | Yes No |  |  |
| *Any electrical work,* ***PLEASE COMPLETE ELECTRICAL SECTION OF APPLICATION*** | | | | |

**Carpentry/ Furniture and Fixtures**

|  |  |  |
| --- | --- | --- |
|  | Breakdown the % of your operations including: Interior Carpentry      %; Framing      % ; Drywall      %; Exterior Door Installation      %; Finish Carpentry      %; Rough Carpentry      %; Window installation     %; | |
|  | What other operations are you involved with besides carpentry: |  |
| *Any work involving Drywall –* ***PLEASE COMPLETE THE DRYWALL SECTION OF THIS APPLICATION***  *Any work involving Painting –* ***please complete the painting section OF THIS APPLICATION*** | | |

**Concrete**

|  |  |  |
| --- | --- | --- |
|  | Breakdown your concrete operations including: Roads/Streets/Highway      %; Vertical Concrete (columns/ walls)      %; Foundations      %; Footings      %; Tunnels      %; Concrete Tilt up      %; Concrete floorings      %; Parking Garages      %; Airport Taxiways/Runways      %; Gunite work      %; Concrete Water tanks      %; curbs/sidewalks     % Driveways     %; patios      %; Parking areas      %; Retaining Walls      %; Swimming Pools      %; Other:      % Describe: | |
|  | Of your foundation work above, how much is residential? | %; |
|  | How much of your concrete operations come from Prefab Concrete      % or Pre-stressed Concrete      % | |
|  | When cutting hardened concrete, how much of that is “wet cutting?” | %; |
|  | Any Mix in Transit operations? | Yes No |
|  | Do you operate concrete batch plants? | Yes No |
| *Any work below grade level –* ***PLEASE COMPLETE EXCAVATION SECTION OF THIS APPLICATION***  *Any work involving street and road –* ***PLEASE COMPLETE STREET/ROAD SECTION OF THIS APPLICATION*** | | |

**Drywall**

|  |  |  |
| --- | --- | --- |
|  | When working with sheetrock how much is hanging only?      %; taping only?      % | Yes No |
|  | Have you, or do you currently use imported drywall? | Yes No |
|  | What % of your drywall work includes sanding? | % |
|  | When sanding drywall, how much is dry sanding? | % |
|  | When dry sanding, how often is the premises occupied when you are performing this work? | % |
|  | Do you perform work on exterior drywall? | Yes No |

**Electrical Wiring**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | What % of your work is “inside the building”: | | | | % |
|  | Describe electrical work “inside the building”: | |  | | |
|  | Describe electrical work “outside building”: | |  | | |
|  | What % of your work involves working on energized lines or equipment (hot work) at any voltage? | | | | % |
|  | What % of your work involves working on high voltage, over 600 volts? | | | | % |
|  | What % of this work is energized/hot work? | | | | % |
|  | Do you have lock-out tag-out procedures in place when turning off the power while performing work? | | | | Yes No |
|  | Fire burglar alarm installation % | % | | Do you provide alarm monitoring? | Yes No |
|  | If you have electrical operations from the following please indicate | | | | |
|  | Powerline Construction | Yes No | | Underground Telephone, Cable line work | Yes No |
|  | Substation or high tension wire work | Yes No | | Overhead Telephone, Cable line work | Yes No |
|  | Traffic Lighting | Yes No | | Above ground transmission lines | Yes No |
|  | Wiring of Machinery or Equipment | Yes No | | Railway work | Yes No |
|  | Towers or Antennas | Yes No | | Batteries and/or Charging Stations | Yes No |
|  | Fiber Optic/Communication Systems | Yes No | | Solar Ground Work | Yes No |
|  | Emergency/Post Storm Work | Yes No | | Solar Rooftop Work | Yes No |

**Excavation/Grading/Site Prep**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | How much of your work is grading work? | | | % |
|  | How much of your work is excavation work? | | | % |
|  | What is the maximum depth of your trenches or excavations? | | | feet |
|  | Do you have a competent person trained on safe excavation and trenching operations at each jobsite? | | | Yes No |
|  | Are there any excavations near landfills or in subsidence areas? | | | Yes No |
|  | What % of your work is on hillsides or slopes? | | | % |
|  | Are structural stability controls maintained at all times? | | | Yes No |
|  | Have you ever been fined by MSHA? | | | Yes No |
|  | If you have operations from the following please indicate the % | | | |
|  | Building site pad preparation | % | Levee Work | % |
|  | Caisson work | % | Retaining walls | % |
|  | Concrete pouring for foundations | % | River rechanneling | % |
|  | Dredging Operations | % | Septic Tank Installation or removal | % |
|  | Foundation design | % | Shaft sinking | % |
|  | Foundation excavations | % | Soil compaction | % |
|  | Foundation pier hole drilling | % | Soil stabilization | % |
|  | Hauling of contaminated soil | % | Trenching | % |
|  | Horizontal or vertical boring | % | Tree removal or trimming | % |
|  | Irrigation drainage system | % | Underground storage tank work | % |
|  | Land clearing | % |  |  |

**HVAC/Plumbing**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Do you work on process piping? | | | | Yes No |
|  | Have you purchased, installed or subcontracted the installation of PEX system, or any of its component parts, within the past 10 years? | | | | Yes No |
|  | % of work on lines other than water: Gas:    % Oxygen:    % Other:    % Describe: | | |  | |
|  | Do you sell, repair, service, or install any boilers? | | | | Yes No |
|  | Do you install refrigeration systems? | Yes No | If Yes, what % ammonia based? | | % |

**Masonry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | If you perform the following please indicate the % of operations | | | |
|  | Basement work | % | Sandblasting or washing | % | |
|  | Industrial furnace work | % | Waterproofing | % | |
|  | Refractory work | % |  |  | |
|  | When cutting masonry, what % of that cutting is is wet cutting? | | | % | |

**Painting/Plastering**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | What % of your work is “inside the building”: | | | % |
|  | Describe painting work “outside the building”: | | | % |
|  | Do you perform exterior spray painting? | | | Yes No |
|  | If you perform the following please indicate the % of operations | | | |
|  | Waterproofing | % | Lead based paint removal | % |
|  | Painting with lead based paint | % | Painting of tanks, bridges, or towers? | % |
|  | Painting of ships or boats or marinas | % | Painting EIFS or applying EIFS Systems | % |

**Street and Road**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Indicate the % of street and road work you perform and what the maximum speed is in that work-zone? | | | | |
|  | Secondary Roads | | % | Maximum Speed | MPH |
|  | Highways | | % | Maximum Speed | MPH |
|  | Other Roads | | % | Maximum Speed | MPH |
|  | Describe “Other Roads” above: |  | | | |
|  | If you perform the following please indicate the % of operations | | | | |
|  | Asphalt roads | | % | Concrete roads | % |
|  | Road milling | | % | Road Surfacing | % |
|  | Line painting | | % | Guardrail installation | % |
|  | Road Maintenance | | % | Elevated Highway work | % |
|  | Bridge work | | % | Culvert work | % |
|  | Have you in the past 10 years performed work on airport runways, or are you bidding runway work? | | | | Yes No |
| *Any Bridge Work –* ***Complete the Bridge Work Section of this Application*** | | | | |  |

**Utility**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Indicate the % of utility work you perform: | | | | | |
|  | Communications | | % | Sewer | % | | |
|  | Electric | | % | Water | % | | |
|  | Gas | | % | Other | % | | |
|  | Describe “Other” Utility work here: |  | | | | |
|  | Do you perform work below ground? | | | | | Yes No | |
| *Any Excavation work**–* ***PLEASE COMPLETE EXCAVATION/GRADINHG SECTION OF THIS APPLICATION***  *Any Electrical work –* ***COMPLETE ELECTRICAL SECTION OF THIS APPLICATION*** | | | | | | | |

**SECTION III - WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE**

The person signing the application is authorized to make the above representations on behalf of the applicant, and a representation that the information is accurate. Signing this application does not bind coverage. The applicant’s acceptance of the company’s quotation is required before insurance coverage is bound and a policy issued. The application must be signed and dated by an owner, partner or officer of the applicant firm.

**Applicant’s Statement:** I, being duly authorized, have read the above application and declare that to the best of my knowledge that all of the foregoing statements in this application and the information included in all applications, supplements, attachments, supporting information and replies to underwriter inquiries:

1. are true, accurate and complete; and
2. will be relied upon by The Hartford in determining the acceptability of the application and the premium amount to be charged; and
3. will be considered an integral part of the resultant insurance contract

The undersigned further agrees that the application has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature of Authorized Applicant:** | | | **Signature of Broker / Agent:** | | |
| **Print Name:** | |  | **Print Name:** | |  |
| **Title:** |  | | **Title:** |  | |
| **Date:** |  | | **Date:** |  | |

|  |
| --- |
| **FRAUD WARNING STATEMENTS**  **For Utah Applicants Only**: ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.  **ARKANSAS 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 FINES AND CONFINEMENT IN PRISON.  **COLORADO APPLICANTS**: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.  **DISTRICT OF COLUMBIA APPLICANTS**: warning IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."  **FLORIDA APPLICANTS**: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.  **HAWAII APPLICANTS**: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.  **KENTUCKY APPLICANTS**: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.  **LOUISIANA 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 FINES AND CONFINEMENT IN PRISON.  **MAINE APPLICANTS**: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.  **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.  **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.  **NEW YORK APPLICANTS**: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.  **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.  **OKLAHOMA APPLICANTS**: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.  **OREGON APPLICANTS**: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.  **PENNSYLVANIA 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 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.  **TENNESSEE**: 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.  **VIRGINIA APPLICANTS**: 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.  **WEST VIRGINIA**: 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 fines and confinement in Prison. |