**GENERAL ACCOUNT INFORMATION**

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| --- | --- |
| **Applicant Name:** |  |
| **SAI:** |  |
| **Effective Date:** |  |

**Check LOBs that apply:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | GL |  |  | WC |  |  | Auto |  |  | Property |  |  | Contr Eq |  |  | Install |

**OPERATIONAL INFORMATION (*required on all accounts*)**

*Please provide copies of currently valued loss runs for current / expiring year and at least 3 consecutive prior years and a detailed explanation of all losses with a paid or reserved value greater than $10,000 and/or any Construction Defect claims.*

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| --- | --- | --- |
| Have operations changed since business started? If “Yes” please explain / describe, including any/all previous residential work done: | Yes | No |
|  | | |

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| --- | --- | --- |
| Are any non-Construction operations intended to be covered by the lines of insurance requested? If “Yes” please explain / describe: | Yes | No |
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| Estimated annual sales: |
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| --- |
| List states where work is currently performed: |
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| List states where work has been performed during the past 5 years (if different than response to question): |
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| --- | --- | --- |
| Is applicant licensed in each state where work is performed? If “No” please explain / describe: | Yes | No |
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| --- | --- | --- | --- | --- |
| Number of employees (please explain / describe seasonal work, i.e. approximate dates / duration): | Year Round | | Seasonal | |
| FT | PT | FT | PT |
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| --- | --- |
| Percentage of work subcontracted to others (% of subcontracted work is calculated by dividing the total subcontracted cost by the total annual sales). Please provide a list of current jobs / projects and please describe work subcontracted to others. | % |
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| --- | --- |
| Percentage of work performed under design-build contracts (please describe if any): | % |
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| --- | --- | --- | --- |
| Type of work performed (the sum of all percentages must be 100%): | | | |
| New Construction: | % | Renovation: | % |
| Service / Repair: | % | Other (please describe): | % |
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| --- | --- | --- | --- |
| Type of projects undertaken during the last 5 years (the sum of all percentages must be 100%): | | | |
| 1 or 2 Family Residential: | % | Governmental / Public: | % |
| Other Residential (describe): | % | Wrap-Up: | % |
| Commercial: | % | Other (describe) | % |
| Industrial: | % |  |  |
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| --- | --- | --- | --- | --- |
| Has applicant been involved in new construction (or remodeling) of any of the following types of residential buildings in any of the following states during the last 5 years that were not insured as part of a wrap-up policy:(AL, AZ, CA, CO, FL, HI, LA, MS, MT, NV, OR, SC, TX, WA)  If “Yes” please indicate the appropriate percentages below (the sum of all percentages must be 100%): | | | Yes | No |
| Apartments: | % | Custom Homes: | % | |
| Condominiums: | % | Tract / Subdivision Homes: | % | |
| Timeshares: | % | Military Housing: | % | |
| Townhomes: | % | Retirement Communities: | % | |
| Assisted Living Facilities: | % |  |  | |
|  | | | | |

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| --- | --- | --- |
| Has applicant performed or subcontracted any of the following operations in the past 5 years (please explain / describe any / all marked “Yes”): | | |
| * Blasting / Wrecking / Demolition | Yes | No |
| * EIFs (Exterior Insulation Finishing Systems) installation or repair | Yes | No |
| * Equipment rental to others without operators | Yes | No |
| * Sale or distribution of products to others | Yes | No |
| * Underground storage tank installation or replacement | Yes | No |
| * Mold / Lead / Asbestos removal or remediation | Yes | No |
| * Landfill work | Yes | No |
| * Vegetative Roofs | Yes | No |
| * Living Walls | Yes | No |
| * Solar Panels | Yes | No |
| * Fuel Cells | Yes | No |
| * Wind Turbines | Yes | No |
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| --- | --- |
| On average, how many jobs does the applicant have going on at the same time? |  |

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| Briefly list applicant’s most recent 5 jobs (e.g. State / location / duration / description): |
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| --- | --- | --- |
| Does applicant have a job safety program? If “Yes”, please describe: | Yes | No |
|  | | |

**CONTRACTUAL RISK TRANSFER INFORMATION (*required on all accounts where GL coverage is requested / written*)**

***If the applicant subcontracts work to others.- please provide copy of sub-contract agreement and/or purchase order used.***

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| --- | --- | --- |
| Is all self performed work done through written, signed contracts or purchase orders? If “No” please explain / describe: | Yes | No |
|  | | |

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| --- | --- | --- |
| Are all changes to work performed by applicant documented and signed-off by the project owner and/or general contractor? If “No” please explain / describe: | Yes | No |
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| --- | --- | --- |
| Does applicant normally use the same subcontractors? If “No” please explain / describe: | Yes | No |
|  | | |

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| --- | --- | --- |
| Is work ever subcontracted to others without use of a signed contract or purchase order? If “Yes” please explain / describe: | Yes | No |
|  | | |

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| --- | --- | --- | --- | --- |
| Do contracts / purchase orders used with hired sub contractors require: | Always | Sometime | Never | Don’t Know |
| * Indemnification in applicant’s favor |  |  |  |  |
| * Waiver of subrogation in applicant’s favor |  |  |  |  |
| * Applicant and project owner to be added as an additional insured |  |  |  |  |
| * Additional insured status to be primary and non-contributing |  |  |  |  |
| * Additional insured status to include completed operations |  |  |  |  |

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| --- | --- | --- |
| Does applicant require hired subcontractors to carry CGL; Automobile and Workers Compensation coverage with limits at least equal to their own? If “No” please explain: | Yes | No |
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| --- | --- | --- |
| Are hired subcontractors required to provide applicant with Certificates of Insurance before they are allowed to start work? | Yes | No |

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| --- | --- | --- | --- | --- | --- |
| Are copies of all signed contracts and Certificates of Insurance retained by the applicant? If “Yes” for how long (check appropriate box below): | | | | Yes | No |
|  | * Until the job has been completed |  | * More than 3 years – explain below | | |
|  | * Less than 1 year |  | * Other – explain below | | |
|  | * 1 – 3 years |  | | | |
|  | | | | | |

**LINE OF BUSINESS INFORMATION**

**GENERAL LIABILITY (*required on all accounts where GL coverage is requested / written*)**

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| --- | --- | --- | --- | --- | --- |
| Are safety / barricading procedures followed when working in public and/or occupied areas? Check any/all that apply: | | | | Yes | No |
|  | * Signs |  | * Warning lights | | |
|  | * Ropes |  | * Other – explain | | |
|  | * Fencing |  |  | | |
|  | | | | | |

**WORKERS COMPENSATION (*required on all accounts where Work. Comp. coverage is requested / written*)**

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| --- | --- | --- |
| Is initial drug and alcohol screening performed on new hires? | Yes | No |
| Is on-going random and post accident drug and alcohol testing of employees performed? | Yes | No |
| Are criminal background checks performed on job applicants? | Yes | No |
| Is transitional / light duty work available for injured employees? | Yes | No |

**AUTOMOBILE (*required on all accounts where Automobile coverage is requested / written*)**

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| --- | --- | --- |
| Are all service vehicles equipped with back-up alarms? | Yes | No |
| Are all vehicles parked in a secure area at night? | Yes | No |
| Is there a policy to prohibit or limit personal use of company owned vehicles? | Yes | No |
| Is there a mandatory seat belt use policy? | Yes | No |
| Is cell phone use prohibited while driving? | Yes | No |

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| --- | --- | --- |
| Does applicant review motor vehicle records (MVRs) of prospective / new employees? If “Yes”, what actions are taken on identified problem drivers? | Yes | No |
| Does applicant perform a periodic review of motor vehicle records (MVRs) of employees? If “Yes”, how frequently; and what actions are taken on identified problem drivers? | Yes | No |
| Is there a vehicle maintenance program in place including retention of vehicle service records? | Yes | No |
| Does applicant have a DOT Number? If “Yes”, please provide. | Yes | No |
|  | | |

**CONTRACTORS EQUIPMENT (*required on all accounts where Contractors Equipment coverage is requested / written*)**

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| --- | --- | --- |
| Is there a primary location for storage of listed items? | Yes | No |
| Is an outside storage area utilized at the primary storage location? | Yes | No |
| If an outside storage area is utilized at the primary storage location, is it entirely fenced and equipped with exterior lighting? | Yes | No |

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| --- |
| Where are unlisted items stored while not in use? Please describe protection: |
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**INSTALLATION (*required on all accounts where Installation coverage is requested / written*)**

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| Describe the property being installed at the jobsite: |
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| --- | --- | --- |
| Are there any coastally exposed job sites? | Yes | No |

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| What are the security measures taken at each job site and temporary storage locations? |
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| --- | --- |
| **Agent Signature / Date:** |  |

**Important Notice Regarding Compensation Disclosure**

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<http://travelers.com/w3c/legal/Producer_Compensation_Disclosure.html>

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