



HULL & COMPANY LLC

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CONTRACTORS GENERAL LIABILITY APPLICATION

Desired Effective Date: _____ to _____

PREQUALIFICATION

- Are you involved (past, present or intended in future), in new residential construction, and/or development of, more than 10 single family dwellings, town home units or condominium units, in one development, in any one year? *Units are defined as each townhome unit or condo unit.* Yes No
- Does your cost of subcontractors exceed 30% of gross receipts? Yes No
- Do your receipts exceed \$3,000,000? Yes No
- Have you been in business less than a year with less than 2 years experience? Yes No
- Are your operations in Arizona, California, Colorado or Nevada? Yes No
- Have you had OSHA violations? Yes No
- Are you a real estate developer or construction manager? Yes No
- Are you a general "paper" contractor? Yes No
- Have you been named in a suit for defective workmanship? Yes No
- Do you employ architects or engineers? Yes No
- Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)? Yes No

BUSINESS INFORMATION

1. Named Insured _____
2. Mailing Address _____
 Street City County State ZIP Code
3. Applicant is: Individual Partnership Corporation
 LLC Trust Other (specify) _____
- If more than one entity, include the ownership breakdown and a description of operation for each.*
- Contact Name _____ Title _____ Phone No. () _____

Occupancy **Own** **Lease**

- Location of premises: _____
- Same as mailing address
 (List any additional on separate page.)
4. A. Years in business _____ B. Years of experience in this field _____
5. Contractor License Number and Type: _____
6. Social Security# or FEIN# _____
7. Have you operated under any other names? Yes No
 If yes, list name, address and years in operation. _____

TYPE OF CONTRACTOR

8. Provide complete description of your operations (type of work you do, new or remodeling/renovation, any demolition/gutting and rebuild, tenant buildout/improvements, complete buildings or room additions, non-structural remodels, seismic retrofit, etc.):

9. Percent of your work performed by or on behalf of the named insured:

A. New Construction	____%	B. Outside Building	____%	C. Residential	____%	D. Your Employees	____%
Remodeling	____%	Inside Building	____%	Commercial	____%	Subcontractors	____%
Repairs	____%	-----		Industrial	____%	-----	
TOTAL	100%	TOTAL	100%	TOTAL	100%	TOTAL	100%

10. Does your operations involve any part of the construction of the following types of buildings? Yes No
 If yes, mark as many as are applicable:
 Nursing Homes Condos Hotels/Motels Day Cares Apartments Hospitals Multi-family Habitational
 If yes, explain _____

CLASSIFICATION OF OPERATIONS

11. Indicate whether the following types of work is done by you and your employees or is performed by subcontractors:

Classification	Self/Employee % of Operation	SubContractor Cost	Classification	Self/Employee % of Operation	SubContractor Cost
Advertising Sign Co – Outdoors			Grading of Land		
A/C System Install, Svc, Repair			Heating / AC Install, Repair – No LPG		
Appliance Install, Svc, Repair – Home			Insulation Installation		
Appliance Install, Svc, Repair – Comm			Landscape Gardening		
Cable / Subscription TV Companies			Masonry (no EIFS or Synthetic Stucco)		
Carpentry – Residential < 3 Stories			Painting – Exterior < 3 Stories		
Carpentry – Interior/Finish			Painting – Interior		
Carpentry – NOC			Paperhanging – Wallpapering		
Ceiling or Wall Installation – Metal			Plumbing – Residential		
Chimney Cleaning, Inspection			Plumbing – Commercial		
Concrete Construction			Roofing – Residential		
Debris Removal – Constr Site No Hazd			Roofing – Commercial		
Door, Window Installation			Septic Tank Systems – Cleaning		
Driveway, Parking Area, Sidewalk			Septic Tank Systems – Install, Repair		
Drywall or Wallboard Installation			Sewer Cleaning		
Electrical Apparatus Install, Svc			Sheet Metal Work – Outside < 3 Story		
Electrical Work within Buildings			Siding Installation		
Excavation			Sign Painting or Lettering Inside Bldgs		
Fence Erection			Sign Painting or Lettering On Bldgs		
Floor Covering Install – No Tile/Stone			Tile, Stone, Marble – Interior		
Framing			Other:		
Glass Dealer & Glaziers < 3 Stories			Other:		

ROOFING OPERATIONS

12. Do you perform any roofing operations? Yes No

If "Yes" complete the following:

What percentage of your roofing work is performed on:

- | | | |
|---|--|---|
| A. Residential _____%
(homes, condos, townhouses) | B. Commercial _____%
(office buildings, schools, retail) | C. Industrial _____% = 100%
(manufacturing plants, warehouses) |
|---|--|---|

Of Residential roofing:

- a. New Construction _____%
- b. Repair/Patching _____%
- c. Replacement _____%
- TOTAL** **100%**

Of Commercial roofing:

- a. New Construction _____%
- b. Repair/Patching _____%
- c. Replacement _____%
- TOTAL** **100%**

Of Industrial Roofing:

- a. New Construction _____%
- b. Repair/Patching _____%
- c. Replacement _____%
- TOTAL** **100%**

D. What type of roofs do you work on? Pitched Roofs _____% Flat Roofs _____% = **100%**

What type of roofing applications do you perform? Check type of roof and give percentage:

- | | |
|--|--|
| Hot Tar <input type="checkbox"/> _____% | Polyurethane Foam <input type="checkbox"/> _____% |
| Tile <input type="checkbox"/> _____% | Wood Shake/Shingle <input type="checkbox"/> _____% |
| Slate <input type="checkbox"/> _____% | Hot Composition <input type="checkbox"/> _____% |
| Metal/Aluminum <input type="checkbox"/> _____% | Other : _____% <input type="checkbox"/> _____% |

E. If hot tar or torch is used, explain in detail the process and what safety precautions are used: _____

F. Do you use any spray method for applying roofing materials? Yes No

If yes, are flammable liquids or catalysts used? Yes No

G. Do you install any type of elastomer roof covering? Yes No

If yes, does the elastomer installation require use of flammable liquid or open fire? Yes No

H. Are all jobs inspected by a foreman or the contractor at completion before leaving job site? Yes No

ALL OTHER OPERATIONS

13. Do you work as a construction manager on a fee basis? Yes No

14. Do you supervise subcontractors whose payments are run through another entity? Yes No

If yes, describe. _____

15. Do you rent or loan machinery or equipment to others? Yes No

16. Do you perform work more than three stories in height above grade? Yes No

If yes, percentage _____% Describe. _____

17. Do you perform work below grade? Yes No

If yes, percentage? _____% Describe. _____

18. Is job site security provided at night? Yes No

If yes, describe. _____

19. Do you or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence? Yes No

If yes, explain. _____

20. Are you now, or have you ever been, involved in the construction of new properties which are located in tract developments having more than ten (10) homes, townhomes or condominiums per year, including conversions or single family dwellings? Yes No

21. Do you draw any plans or blueprints used in your construction work? Yes No

If yes, describe. _____

If yes, do you carry Professional Liability or Errors and Omissions insurance? Yes No

CONTRACTUAL LIABILITY/ADDITIONAL INSUREDS

22. Please list all parties for whom you have signed a contract and/or hold harmless agreement, whether written or oral (contracting parties, date of contract, additional interest, cost)

PLEASE ATTACH COPIES OF ANY CONTRACTS

<i>NAME & ADDRESS</i>	DATE OF CONTRACT	INTEREST	ADD'L INSURED
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

INDEPENDENT CONTRACTORS

23. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes No
24. Do you use a standard contract with all of your subcontractors? Yes No
 a. If yes, provide copy of standard contract.
25. Do you require subcontractors to provide you with the following information:
- a. Proof of General Liability insurance with coverage and limits equal or greater than your own? Yes No
 - b. Name you as an Additional Insured? Yes No
 - c. Furnish Certificates of Insurance for General Liability and Workers Compensation? Yes No
 - d. Are these records kept by you? Yes No
26. Total cost of work subcontracted to others: \$ _____

HISTORY

27. Prior Carrier Information

Policy Dates	Carrier	Policy Number	General Liability Limits

28. Have you been involved in any other business besides contracting? Yes No
 If yes, describe. _____
29. Have you ever been involved in or are you aware of pending litigation against you, your current company, or any past company concerning defective workmanship or mold claims? Yes No
 If yes, describe. _____
30. Describe any types of operations or projects that you have discontinued (i.e. no longer build, did not complete, etc.)

31. List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

32. List the three largest projects planned for the coming year.

Description	Est. Job Cost	Project Duration

COVERAGE / LIMITS

- Premises Operations \$ _____ Occurrence
- Products-Completed Operations \$ _____ General Aggregate
- Personal and Advertising Injury \$ _____ Products/Completed Operations Agg
- Damage to Premises Rented to You \$ _____
- Medical Payments \$ _____

of Owners _____ Gross Sales _____
 # of Employees _____ Annual Payroll (Employee Only) _____

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant _____ Title _____ Date _____

Signature of Producing Agent _____ Date _____

Agent Name and Address _____