

Quaker Special Risk Contractors General Liability Application

Applicant's Name _____

Agent Name _____

Address _____

Mailing Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation
 Limited Liability Company

Partnership Joint Venture
 Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate (other than products/completed operations)	\$ _____
Products & Completed Operations Aggregate	\$ _____
Each Occurrence Limit	\$ _____
Personal & Advertising Injury Limit	\$ _____
Damage to Premises Rented to You (per premises)	\$ _____
Medical Expense (per person)	\$ _____
Bodily Injury/Property Damage Deductible	\$ _____

1. **Year business was founded** _____ Years of experience in trade: _____ Are you licensed? Yes No
 Kind of license and no.: _____ Year license issued: _____

2. **Describe all operations in detail:** _____

3. **List all major projects completed within the past five years, including work in progress and planned projects (list all project names, partnerships, joint ventures, corporations, etc.):**

1. _____
2. _____
3. _____
4. _____
5. _____

4. **Number of Employees** _____

5. SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem/ Ops	Products	Prem/ Ops	Products

6. Account history for prior 5 years:

	<u>Total Payroll</u>	<u>Total Receipts</u>	<u>Total Subcontracted Cost</u>
1st prior	_____	_____	_____
2nd prior	_____	_____	_____
3rd prior	_____	_____	_____
4th prior	_____	_____	_____
5th prior	_____	_____	_____

SUBCONTRACTOR OPERATIONS PERFORMED FOR APPLICANT

7. List subcontractor trades used:

_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %

8. Are certificates of insurance obtained from subcontractors? Yes No

Minimum Limits Required \$ _____

9. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?

Yes No _____ If no, explain when not required: _____

Are you named as an additional insured on the subcontractors' policies? Yes No

10. Are any additional insureds to be added to your policy? Yes No Explain _____

11. Indicate % of work performed in:

New Construction _____ % Remodeling _____ % Repair _____ %
 Commercial _____ % Industrial _____ % Residential Tract/ Subdivision* _____ %
 Spec Homes _____ % Custom Homes _____ % Condo's/Townhouses _____ %
 Other _____ %

**Tract Housing is defined as more than 10 homes in any one development

12. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums Townhouses or Apartment Buildings? Yes No

If yes, maximum number built during any 12-month period during the last five years:

Residential Homes _____ Condo's _____
 Apartment Buildings _____ Townhomes _____

13. Any work performed above three stories in height? Yes No Maximum number of stories: _____

14. Any work performed below grade? Yes No Maximum depth _____ ft. _____ % of total work

15. Do you have a formal safety program in operation? Yes No Please explain and/or provide a copy:

16. Does applicant have Workers' Compensation coverage in force? Yes No

17. Does applicant lease employees? Yes No

18. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No

If yes, explain: _____

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

 Applicant Signature & Date

 Producer Signature & Date

 Producer Name & Address