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www.coxspecialty.com

Agent Name
And Address

Phone

Fax

Contractors Application

General Information

Proposed Effective Date

Applicant Name (Legal)

Applicant Name (DBA)

Mailing Address

City

State

Zip

Location Address

City

State

Zip

Web Address

Entity Type Individual Partnership Corporation LLC Other

Inspection Contact

Phone

Description of Operations

Number of: Owners Employees

Total Annual Gross Sales

Limits Requested:

General Aggregate

Products & Completed Operations Aggregate

Personal & Advertising Injury

Each Occurrence

Damage to Rented Premises

Medical Expense

Employee Benefits

Additional Interests Blanket AI Blanket Waiver Blanket Primary/Non-Contributory

Name, Address and Interest

Notes

Previous Insurer Information (5 years)

Term	Carrier	Limits	Premium

5 Year Loss History

Date of Occurrence	Line	Description	Date of Claim	Amount	Claim Open Y/N

- Time in Business Years of experience
 Licensed? Yes No Year of license: License #
- Percentage of Operations: General Contractor % Developer %
 Subcontractor % With a Penalty Clause %
 Construction Manager % (for a fee only)
- Are there any other operations, owned, operated or managed by you? Yes No
 Please explain:
- Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? Yes No
- Radius of operations from main location: States worked in
- Payroll of owners, officers and partners active at job sites or performing supervisory duties \$
 Payroll of employees other than owners, officers, partners and clerical \$
 Cost of leased, temporary, staffing service, casual labor (if not included above) \$
 Total payroll \$
 Total cost of subcontractors \$
- Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers Yes No
- Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? Yes No
 Please explain

9. List the percentage of work you have done or plan to do in the following categories:

Overall operations: Commercial % Public Works % Residential %
 Other (explain) %

Commercial: New % or Remodel %			Residential: New % or Remodel %		
Industrial		%	Apartments		%
Institutional		%	Condominiums/Townhouses		%
Mercantile		%	Custom Homes		%
Office		%	Tract Homes		%
Remodeling-Structural		%	Remodeling-Structural		%
Remodeling-Nonstructural		%	Remodeling-Nonstructural		%
Other:		%	Other:		%

10. **SUBCONTRACTORS**

Do you obtain Certificates of Insurance for GL and WC from all subcontractors? Yes No

What are the minimum General Liability limits you require?

Are written contracts obtain from all subcontractors? Yes No

Do all contracts contain a Hold Harmless clause in your favor? Yes No

Are you named as an Additional Insured on all subcontractor policies? Yes No

Do you normally use the same subcontractors? Yes No

Do you use any casual labor? Yes No

Do you use any leased employees? *If yes, provide copy of contract* Yes No

Are you responsible for providing benefits, Worker's Compensation for these employees? Yes No

What percentage of work do you sub out? %

Do you carry Worker's Compensation Insurance? Yes No

11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5 th prior year			
4 th prior year			
3 rd prior year			
2 nd prior year			
Last year			
Projected next 12 months			

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description

13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description

14. Please provide the dollar value of an average completed job (include all materials/equip./labor): \$

15. How many additional insured endorsements do you anticipate needing in the next year?

16. Is there any equipment rental to others? Yes No

If yes, sales/receipts: \$

List equipment:

Attach a copy of the contract

17. Do you lease mobile equipment? Yes No With operators? Yes No

Type of equipment:

Do you use cranes? Yes No Maximum length of boom:

18. Do you or have you performed repairs of fire damage, water damage or mold damage? Yes No

19. Do you use explosives? Yes No

If yes, please explain:

20. Any flammables stored on site? Yes No in approved containers? Yes No

If yes, please explain:

21. Have you done or do you plan any work performed for:

- | | | | |
|------------------|--|--------------|--|
| Refineries | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gas Stations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chemical Plants | <input type="checkbox"/> Yes <input type="checkbox"/> No | Airports | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Railroads | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospitals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Public Utilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain any "Yes" answers:

22. Have you done or do you plan on any project involving:
- | | | | | | |
|-----------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Caissons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Piers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retaining Walls | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shoring | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Underpinning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Structural Engineering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain any "Yes" answers:

23. Have you in the past or do you plain any work to be above two stories in height? Yes No
 Percentage: % What is the maximum height?

Please explain:

24. Have you in the past or do you plan any work to be performed below ground level? Yes No
 Percentage: % What is the maximum depth?

Please explain:

25. Have you in the past or do you plan any work on hillsides, hilltops, slopes or landfills? Yes No
 Maximum degree of slope:

26. Have you in the past or do you plan any repair, replace or new roofs? Yes No
 Percentage of heat applications: % Percentage of membrane roofing: %

Please explain:

27. In the past three years, have you been fired or replaced on a job in progress? Yes No
 Have you replaced another contractor on a job in progress? Yes No

Please explain:

28. Were there any claims, losses or suits against you in the past five years? Yes No

29. Are there any claims or legal actions pending against any of the entities named in the application? Yes No

30. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action? Yes No

31. Have you been accused of faulty construction in the past five years? Yes No

32. Have you been accused of breaching a contract in the past five years? Yes No

33. Is applicant involved, or have they ever been involved in any development(s) with more than 10 units of apartments, condominiums, cooperatives, town homes, or 10 single family homes in any one development? Yes No

34. Is applicant involved, or have they ever been involved in conversions of property into multi-unit apartments, condominiums, cooperatives, town homes or other mixed occupancy habitation? Yes No

35. Complete the following table as applicable:

Class	Subbed Cost		Gross Sales		None
Abatement/Asbestos, Lead, Environmental Cleanup	\$	%	\$	%	
Air Conditioning/Heating	\$	%	\$	%	
Alarm Systems	\$	%	\$	%	

Class	Subbed Cost		Gross Sales		None
	\$	%	\$	%	
Blasting	\$	%	\$	%	
Boiler Installation	\$	%	\$	%	
Caisson or Cofferdam Work/Dam	\$	%	\$	%	
Carpentry – Dwellings	\$	%	\$	%	
Carpentry – Interior	\$	%	\$	%	
Carpentry – Other	\$	%	\$	%	
Concrete Construction/Repair – Foundations, Flat Work / Tiltup Work	\$	%	\$	%	
Drilling	\$	%	\$	%	
Drywall/Wallboard Installation	\$	%	\$	%	
Earthquake Reinforcement	\$	%	\$	%	
Electrical Work – Within Buildings	\$	%	\$	%	
Electrical Work – Other	\$	%	\$	%	
Escalator/Elevator – Install, Maintenance, Repair	\$	%	\$	%	
Excavating/Grading of Land	\$	%	\$	%	
Fireproofing	\$	%	\$	%	
Gas Mains/LPG Work	\$	%	\$	%	
Gas Pumps	\$	%	\$	%	
Insulation	\$	%	\$	%	
Masonry – (EIFS Work – synthetic stucco, retaining wall work)	\$	%	\$	%	
Mechanical	\$	%	\$	%	
Millwright/Industrial Machinery	\$	%	\$	%	
Painting	\$	%	\$	%	
Plastering	\$	%	\$	%	
Playground Equipment – Maintenance or Repair	\$	%	\$	%	
Pile Driving	\$	%	\$	%	
Plumbing – Residential	\$	%	\$	%	
Plumbing – Commercial	\$	%	\$	%	
Road, Highway, Bridge, Overpass	\$	%	\$	%	
Roofing – Residential	\$	%	\$	%	
Roofing – Commercial	\$	%	\$	%	

Class	Subbed Cost		Gross Sales		None
Seismic Work/Repair Describe:	\$	%	\$	%	
Sewer/Water Mains	\$	%	\$	%	
Sprinkler Installation (Buildings)	\$	%	\$	%	
Steel – Ornamental	\$	%	\$	%	
Steel – Structural	\$	%	\$	%	
Supervisory Only	\$	%	\$	%	
Swimming Pool Construction	\$	%	\$	%	
Traffic Signals/Controls Describe:	\$	%	\$	%	
Tunneling	\$	%	\$	%	
Underground Tank Removal/Installation	\$	%	\$	%	
Waterproofing	\$	%	\$	%	
Wrecking/Demolition	\$	%	\$	%	
Other	\$	%	\$	%	

FRAUD NOTICE

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.

KY: 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.

OH: 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.

PA: 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.

WV: 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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated

Applicant

Signature _____

Date _____