



PAINTING CONTRACTORS

APPLICATION



1. APPLICANT

Proposed Effective Date:

- A. Give the full name of applicant and subsidiary companies.
- B. Principal Address
- C. Website: www _____
- D. Corporation Partnership Proprietorship Other (specify _____)
- E. Contractor's License Number _____
- F. How many years has applicant been in business under the current name _____
- G. Have any of the principals ever engaged in this or similar enterprises under a different name?
Yes No If yes, attach details)
- H. Please provide information on the person we may contact to arrange for an inspection
 - i. Name _____
 - ii. Title _____
 - iii. Tel.# _____

2. SPECIFICATIONS:

Requested

Current

- A. Limits of Liability _____
- B. Self-Insured Retention or Deductible (specify _____)
- C. Present Insurer: _____ and Premium: _____
- D. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? Yes No if yes, please attach details.

3. DESCRIPTION OF PAINTING OPERATIONS:

4. Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.

5.

Have you performed, or will you perform work involving, related to, or about the premises of:

	Remodel/Repairs	New Construction
Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assisted living facilities, retirement homes, military housing, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Description



4. GENERAL INFORMATION:

- A. What percentage of work is subcontracted
- B. What is the cost of subcontracted work?
- C. What type of work is subcontracted?
- D. Are certificates of insurance required from all contractors? Yes No
What limits are required?
- E. Are you added as an additional insured by all sub-contractors? Yes No
- F. Are you held harmless by sub contractors via a written contract? Yes ___ No ___
- G. Is a formal safety plan in operation? Yes No
- H. Do you draw plans, designs or specifications? Yes No
- I. Do your operations include excavation, underground work or earth moving? Yes No
- J. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? Yes No if yes, please explain.
- K. Any operations sold, acquired or discontinued in last 5 years? Yes No If yes, please explain.

5. HISTORICAL RECEIPTS AND PAYROLL.

	RECEIPTS	PAYROLL
Estimated (next 12 months):	\$	\$
Past 12 months:	\$	\$
1st Previous Year:	\$	\$
2nd Previous Year:	\$	\$
3rd Previous Year:	\$	\$

6. CLAIMS HISTORY

- A. 5 years or more (attach hard copy loss runs), total aggregate losses, including expenses. Valuation date of loss information
- B. Individual Losses greater than \$10,000, from first dollar including expenses.

Date of Claim	Jobsite or Location	Description of claim	Total Indemnity	Total Expense	Open or Closed

- C. Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects, which may result in claims against you? Yes No If yes, give details:
- D. If you have been self-insured or had an SIR, who adjusted claims
- E. Have you ever been involved or named in any class action, multi-claimant or multi-district litigation lawsuit? Yes No If yes, give details



F. Have you ever been involved or named in any claim or suit related to the existence of mold, mildew or fungus? Yes No If yes, please explain (include the location of the incident)

6. Three current or recently completed jobs, including work performed, duration & cost.

7. What percentage of your work is: (each line must add to 100%)

Residential/Habitational	Commercial	Industrial	Public works / Government	Total =100%
%	%	%	%	

New Construction	Structural remodel/additions	Non-structural remodels	Total = 100%
%	%	%	

Interior work (inside structures)	Exterior work (outside structures)	Total =100%
%	%	

General contractor	Construction manager	Developer/spec builder	Artisan contractor	Total =100%
%	%	%	%	

8. Maximum # stories worked on _____ Is Scaffolding Used? _____
 If yes, is it left on site for others use _____ 9. Any work done below grade? _____ Maximum
 Depth _____ 10. Any use or ownership of cranes or heavy machinery _____ If yes, describe _____ 11. Have
 you had any OSHA violations in the last 10 years _____

If yes, please attach details of any fines, serious violations or repeat violations.

12. Any lead paint removal done? Yes No (if yes) please explain how this is done and how many man hours per year is this operation performed

13. Is there any waterproofing done? Yes No (if yes) please explain how this is done (product and process used) and what percentage of your receipts are waterproofing related

Attach copies of:

- **Current financial statement (accounts over \$50K in premium)**

(Note--completion of this application creates no obligation upon the applicant to accept insurance or upon Company to offer insurance.)

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: _____ Date _____
 Title _____