



CARRIER:

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Owner Acting as General Contractor Product

OWNER ACTING AS GENERAL CONTRACTOR APPLICATION - MONOLINE GENERAL LIABILITY

Please complete all sections of this application and have signed by the applicant.

1. Applicant name: _____
2. Mailing address: _____
3. City: _____ State: _____ Zip: _____
4. Inspection contact: _____ Phone number: _____
5. Fax: _____ Web site address: _____ E-mail address: _____
6. Form of business: Individual Corporation Partnership LLC Other _____
7. Policy Term: Three months Six months Nine months Annual
8. Please advise all entities requesting to be added as additional insured on this policy: Not Applicable

Complete Name	Address	Interest

DETAILS OF PROJECT:

9. Project location/address: _____
10. Estimated start date: _____ Estimated completion date: _____
11. Type of project: New Construction Renovation
12. Complete details of project: _____

13. Cost of labor: \$ _____ Cost of materials \$ _____ Total cost of project: \$ _____ Sq. ft. floor space: _____

14. General liability limits requested: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

15. Type of project: Residential New construction Renovation of existing building
 Commercial New construction Renovation of existing building

16. What percentage of work being performed is being done by the applicant's employees or casual laborers? _____

ELIGIBILITY

17. The applicant is acting as the general contractor for this job only True False
18. All contractors are required to carry their own general liability insurance at a minimum of \$1,000,000 per occurrence True False
19. Applicant is the owner of the property True False
20. No locations or operations in Alaska, Arizona, California, Colorado, Louisiana, Nevada or West Virginia True False
21. No prior existing or pending bankruptcy in the past five years True False
22. The applicant is not a general contractor by trade True False
23. The project has not already commenced (other than site preparation or demolition prior to the inception date of our policy) True False
24. Project does not involve underpinning or shoring of adjacent buildings or structures True False
25. Project does not have a planned duration in excess of 12 months True False
26. Building is totally vacant N/A True False
27. Building is not currently damaged (fire or otherwise) N/A True False
28. Building is locked and secured from unauthorized entry True False
29. Exterior operations up to a maximum of 4 stories or 50 feet from grade level True False
30. No demolition work (except incidental non-load bearing interior work) True False

- 31. No adding of stories to existing structures True False
- 32. No blasting operations True False
- 33. No construction, installation, renovation or removal of underground tanks (except residential fuel oil tanks) True False
- 34. Certificates of insurance are required from all sub-contractors naming the applicant as additional insured True False
- 35. No swimming pools True False

ADDITIONAL ELIGIBILITY INFORMATION

- 36. Does the applicant engage in any operations or have any classifications on their premise(s) other than those listed in the Details of Project section above? Yes No

PROPERTY/BUILDER'S RISK

- 37. Is property coverage requested (If yes, please complete the following) Yes No

Construction: Fire resistive/Modified fire resistive Masonry noncombustible Noncombustible Joisted masonry Frame

Protection class _____

Requested cause of loss: Basic Special

Requested valuation: Replacement Cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

What year was the building constructed? _____

Age of roof _____ Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____

Plumbing type: PVC Copper Lead Galvanized Other _____

If renovation of an existing building, what is the existing building value? _____

Is the building sprinklered? Not at all Partially Fully

If sprinklered, will the system be operational during construction/renovations? Yes No

- 38. Will any work be done to the structural load bearing members of the existing building? Yes No
- 39. Have any tenants been evicted from the property in the past 60 days? Yes No
- 40. Is project on filled land or does any demolition need to be done prior to construction? Yes No
- 41. Does the project include any large open atriums equaling three stories or more? Yes No
- 42. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground or waterborne exposures? Yes No
- 43. Does the project include any lift- slab or tilt- up construction methods? Yes No
- 44. Does the scope of the project include work on airport hangers, antennas, barns, bridges, dams, tunnels, inflatable or bubble buildings, greenhouses, silos, mobile homes, waste water treatment plants, chemical/petroleum/energy/ co-generation facilities, tanks, radio, TV or communication towers, signs, underground or waterborne exposures, warehouse or distribution centers over 100,000 square feet? Yes No
- 45. Is the construction site protected with a locked fence? Yes No
- 46. Is a watchman on premises 24 hours per day? Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: 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 may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____