



The words "Applicant", "You" or "Your" refer to the person or entity applying for the insurance policy.

**Applicant Personal Information**

Requested Effective Date:		
Name (As it appears on license):		
DBA:		
Insured's Email Address:		
Inspection Name:		
Inspection Phone Number:		
License Number:		
Do you do multi state work:		
State 2:	License 2:	
State 3:	License 3:	
State 4:	License 4:	
List the states in which you conduct business?		
States:		

**Applicant Address and Contact Information**

Physical Address:		Mailing Address:	
Cell Phone Number:		Business Phone Number:	
Applicant's Website:			
Type of Business:			

**Business Experience**

Years In Operation:	
Years of Experience:	
Provide Detailed Description of Your Business Operations and Services:	
Trades you will be performing Next 12 Months:	

**Claims History and Business Operations**

Have there been losses, claims or "legal actions" (lawsuits,mediations,arbitrations) against the applicant in the past 5 years or are there any pending against them now		
Number of Losses:		
Amount:		
Description:		

**Business Operations (Continued)**

What percentage of applicant work is (each column must add to 100%).	
<i>Description</i>	<i>Construction type</i>
General Contractor: Sub-Constructor Construction Manager: Other(Explain):	New Construction: Remodeling: Service/Repair: Demolition:
<i>Structure Type</i>	<i>Description</i>
Commercial: Industrial: Residential: Institutional:	Interior: Exterior: Other:
<i>What percentage of work do you do that is:</i>	
New Tract Home Interior	New Condo Interior
New Tract Home Exterior	Condo Exterior/HOA
Condo Conversion	
<i>Will you perform in the next 12 months any work involving the following</i>	
Airports and/or Hopital Work:	Chemical plant Work:
Dams and/or Levees Work:	EIFS Work
Retaining Walls Work:	Railroad Work:
Scaffolding Erection:	Tunneling Work:
Asbestos Abatement:	Chemical Spraying:
Work covered by Wrap Ups/OCIP:	Equip. Rental to Others:
HOA/Condo Associations Work:	Refinery Work:
Ship Repair/Pier Work:	Demolition Work:
Blasting:	Water/Gas Mains:
Drilling Work:	Sprinkler/Alarm Systems:
Flood Control Work:	Extermination Work:
Tract Home Work:	Other Work:
Bridge Work:	Remediation/Abatement:
Earthquake retrofit work:	Welding Work:
Oil Production Work:	Government Entity Work:
Traffic Signal Work:	Unlicensed Work:
Explain:	
<b>Tract Questionaire</b>	
What size tracts will the applicant be working on?:	
How many homes per tract?:	
How many anticipated tract projects will they have this term?:	
<i>Please provide project address as tract coverage will be project specific?</i>	
#1 Project Name & Address: Project Type: Work Performed:	Anticipated Gross Receipts:
#2 Project Name & Address: Project Type: Work Performed:	Anticipated Gross Receipts:
#3 Project Name & Address: Project Type: Work Performed:	Anticipated Gross Receipts:

### Gross Receipts and Current Projects

Gross Receipts for the next 12 Months:	Subout %:
Current Year Gross Receipts:	Past Year Gross Receipts:
<i>Please list your 3 Largest Jobs Currently in progress or with planned Start Dated in the Next 12 Months</i>	
#1 Project Name & Address:	
Project Type:	Anticipated Gross Receipts:
Work Performed:	
#2 Project Name & Address:	
Project Type:	Anticipated Gross Receipts:
Work Performed:	
#3 Project Name & Address:	
Project Type:	Anticipated Gross Receipts:
Work Performed:	

### Eligibility Questions

Does the applicant provide supervision each day at each jobsite while any work is performed?:	
Do you always have a written contract with all of your subcontractors which includes a broad form hold harmless agreement for all work performed by the subcontractor?:	
Is Applicant Named as A Named Additional Insured on All Subcontractors' Insurance Policies Before Each Subcontractor Arrives on the Jobsite is Insurance Maintained by All Subcontractors for the Entire Period of their work?:	
Does Applicant Require All Subcontractors to Maintain Limits of Liability Equal to or Greater Than the Limits of Liability Applied for Under This Insurance Policy and will the Work Performed by the Subcontractor be covered by the Subcontractors Insurance?:	
Are All Subcontractors Required to Provide Applicant with Evidence of Insurance Before Commencing work?:	
Does Applicant Hold Others Harmless and/or Provide Additional Insured Endorsements to Others?:	
Are Subcontractors Required to have a Valid Contractors License for Trades Performed Where Required by State Law?:	
Does Applicant Act as a General Contractor or Developer of New Residential Construction?:	
Number of Homes Applicant Will Build Over the Next 12 Months:	
Do You Offer a Home Warranty Program?:	
If 'Yes', Explain in Full:	
Does Applicant Have One or More Written Safety Programs in Place?:	
Has Applicant Been Cited by Any Local, State or Federal Government Agency or Licensing Bureau for Violating a Regulation or Law During the Past 5 Years?:	
If 'Yes', Explain in Full:	
Has Anyone Accused the Applicant of Faulty Construction in the Past 5 Years?:	
If 'Yes', Explain in Full:	
Has Applicant Been Accused of Breaching any Contract in the Past 5 Years?:	
Does Applicant Perform Any Exterior work Above 3 Stories or 35 feet?:	
Does applicant perform any digging, work below grade, or trenching work?:	
Does Applicant Check with Local Utility or Underground Service Advisory Companies Before Digging?:	
What is the maximum depth in feet?:	
Is Applicant Involved in the New Construction or Conversion of Condominiums, Town homes and/or Apartments?:	
Does Applicant Perform Any Mold Remediation work?:	
Is there Other Insurance Coverage in place for this Exposure Explain ?:	
Applicant Ever Been Refused a Performance Bond, License Bond or Had Liability Insurance Cancelled?:	
Allowed or will you ever Allow your Contractors License to be used By Another Person or Entity ?:	

**Eligibility Questions (Continued)**

Has the Applicant or Any Entity Owned or Controlled by the Applicant, Been Adjudged Insolvent, Bankrupt or had Liens Placed Against any Property within the Past 5 Years?:	
if 'Yes' ,Explain in full:	
Does Applicant Perform Any Work on Boilers and/or Machinery?:	
if 'Yes' ,Explain in full:	
Have You Filed a Mechanics' Lien in The Past Three Years?:	
if 'Yes' ,Explain in full:	
Do You or Will You Hire Anyone To Perform Any Shoring, Underpinning, Cofferdam or Caisson work?:	
if 'Yes' ,Explain in full:	
Have You in the Past or will You Do Any work on Retaining Walls?:	
What is the maximum height in feet?:	
Has Applicant Ever Built or will You Build on Hillsides, Slopes, Hills or Other Subsidence Prone Areas?:	
If 'Yes',What was the max percentage of Grade and Number of projects you have performed:	
Is A Soil Engineering Report Always Prepared Prior To Your Work:	
If 'No' ,Explain in Full:	
Does Applicant Perform Any work Involving The Use of Hot Tar and/or Torch Down:	
If 'Yes', Answer the Following:	
Your Years of Experience in Utilizing These Methods:	
Provide Specific Details on Training You Received or Provided to All Applications of Hot tar and/or torch down roofing and/or the use of any Open Flame materials :	
Have You Owned and/or Operated Any Other Business, Contracting or Otherwise, in the Past 5 Years?:	
If 'Yes' Please provide the name of the entity, entity type, % of ownership and detailed description of operations:	
Have Any Knowledge of Any Occurrence, Condition, Act, Omission, Event, Harm or Damages to Any Person or Property that May Potentialiy Give Rise to Any Future Claim or Legal Action Against The Applicant?:	
Please explain:	
Are you aware of any litigation, past or pending against you the applicant or your business in the last 5 years?:	
Please explain:	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Notice to Applicant

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT THE EACH OF THE FACTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY APPLICANT ARE TRUE, COMPLETE AND ACCURATE.

THE APPLICANT UNDERSTANDS AND AGREES THAT UNITED SPECIALTY INSURANCE COMPANY (THE COMPANY) ADMINISTERED BY AMERICAN TEAM MANAGERS INSURANCE SERVICES WILL RELY ON ALL INFORMATION, FACTS AND REPRESENTATIONS SUPPLIED BY THE APPLICANT, INCLUDING THE FACTS CONTAINED IN THIS APPLICATION, TO DETERMINE THE ACCEPTABILITY OF THE APPLICANT AND THE RISKS, THE RATES AND THE COVERAGES. IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY FACT OR REPRESENTATION MADE IN THIS OR IN ANY OTHER WRITTEN DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE COMPANY IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT IS REQUIRED TO IMMEDIATELY PROVIDE THE COMPANY WITH THE TRUE FACTS AND INFORMATION, IN WRITING, WHETHER THE DISCOVERY OCCURS BEFORE OR AFTER THE INSURANCE POLICY HAS BEEN ISSUED.

THE APPLICANT UNDERSTANDS THAT ANY FALSE OR MISLEADING FACT OR REPRESENTATION GIVEN BY OR ON BEHALF OF THE APPLICANT, OR THE FAILURE TO PROVIDE THE FACTS OR INFORMATION REQUESTED, SHALL CONSTITUTE GROUNDS, AT THE OPTION OF THE COMPANY, FOR RECISSION OF COVERAGE AND/OR DENIAL OF ALL CLAIMS, OR, THE ASSESSMENT OF SUBSTANTIAL ADDITIONAL PREMIUM CHARGES. THE APPLICANT WARRANTS AND REPRESENTS THE APPLICANT WILL FULLY COOPERATE WITH AND ASSIST THE COMPANY AS REQUIRED UNDER THE TERMS AND PROVISIONS OF THE INSURANCE POLICY.

THE APPLICANT HEREBY AUTHORIZES THE COMPANY TO CONDUCT ANY INVESTIGATIONS AND TO MAKE ANY INQUIRIES REGARDING THE APPLICANT AND ANY INFORMATION SUPPLIED BY THE APPLICANT.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN IN THE APPLICATION ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO DENY ALL CLAIMS OR CANCEL, REFORM AND/OR RESCIND THE POLICY.

THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE POLICY ISSUED BY THE COMPANY ARE SUBSTANTIALLY DIFFERENT FROM THOSE CONTAINED IN MANY OTHER COMMERCIAL GENERAL LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THE COVERAGES AVAILABLE UNDER THE "ISO" FORM INSURANCE POLICY OR SIMILAR TYPES OF INSURANCE POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE INSURANCE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGES IT PROVIDES, AS WELL AS THE EXCLUSIONS AND YOUR RIGHTS AND OBLIGATIONS UNDER THE INSURANCE POLICY.

GENERAL FRAUD WARNING: 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.

ALASKA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.

ARIZONA: FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

FLORIDA: 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.

KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A 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.

MINNESOTA: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD, OR HELPS COMMIT A FRAUD AGAINST AN INSURER, IS GUILTY OF A CRIME.

NEW JERSEY: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

OHIO: 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.

OKLAHOMA: 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: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PENNSYLVANIA: 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: 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.

TEXAS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

WASHINGTON: 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 DENIAL OF INSURANCE BENEFITS.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Title of Party Signing Form: \_\_\_\_\_

(Must be licensed Individual, Partner or Officer)

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/ SHE 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.



# NO KNOWN LOSS LETTER AND PRIOR INSURANCE DECLARATION

Note: This statement must be signed by the Owner of the Sole Proprietorship, Managing Partner of a Partnership, LLC and or a Joint Venture or; in the case of a Corporation, by an authorized officer of the Corporation (hereafter Sole Proprietor, Partnership, LLC, Joint Venture or Corporation is referred to as the "Applicant").

The signature below confirms that during the past three years to this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ :

Check One:

The Applicant has no known losses or claims; The Applicant has no knowledge of any facts, circumstances or information relating to any incident arising out of any of the Applicant's work or services which might result in a claim against the Applicant.

The Applicant has no known losses or claims that have not been reported to Applicant's prior insurance carrier or any other source from which payment might be made;

The Applicant has no knowledge of any facts or circumstances that relate to any incident(s) arising from the Applicant's work or services which could reasonably result in a claim that has not been reported to a prior insurance carrier insuring the Applicant;

The Applicant has no knowledge or information relating to any facts, circumstances or incidents arising from the Applicant's work or services which might result in a claim against the Applicant; and

The Applicant has no knowledge of any insurer declining to offer coverage to the Applicant within the past five (5) years due to adverse loss history or pending claims.

Prior Insurance Coverage Declaration: The following is a list of the Applicant's prior General Liability Insurance coverage; effective dates, insurance carrier names and policy numbers:

Eff. Date	Exp./Cancel Date	Carrier Name	Policy Number	# of Claims	Total Paid/Reserved

The Applicant warrants and represents that the information contained herein is true, accurate and complete and that no facts have been suppressed or omitted. The Applicant understands and acknowledges that the information requested in this Declaration and the representations made by the Applicant in this Declaration are deemed material and that any policy issued by United Specialty Insurance Company Administered By: American Team Managers Insurance Services is done so in reliance upon the truthfulness and accuracy of the Applicant's warranties and representations. The Applicant understands that any incorrect, false or misleading information provided by the Applicant in this Declaration could result in denial of coverage or rescission of coverage or denial of all claims.

\_\_\_\_\_  
Name of Sole Proprietorship, Partnership, LLC, Joint Venture or Corporation (The "Applicant")

\_\_\_\_\_  
Sign and Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM**  
**INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase coverage for a prospective premium of \$ 500 or 10% of the premium (whichever is greater).
	I hereby decline to purchase terrorism coverage for acts of terrorism. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
 Policyholder / Applicant's Signature

\_\_\_\_\_  
 Insurance Company

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Policy Number