

# International-Application Contractor Liability Supplement

## Applicant Information

## Wholesale Broker Information

Named Insured: \_\_\_\_\_

Brokerage Name: Cover Agency, Ltd

## Project / Contract Information

**Describe Below the Five (5) Largest Projects Completed by Insured in Past Five (5) years.**

Check here  to indicate you are providing brochures where available as separate attachment

Contractor's Client	Approximate Revenue	Project Description	Country	Location
	\$			
	\$			
	\$			
	\$			
	\$			

**Estimated % Work Performed by Insured As:**

General Contractor: \_\_\_\_\_ %    Subcontractor: \_\_\_\_\_ %    Owner/Builder: \_\_\_\_\_ %

**Estimated % Work Performed by Insured by Type of Project:**

New Construction: \_\_\_\_\_ %    Remodeling: \_\_\_\_\_ %    Repair: \_\_\_\_\_ %    Demolition: \_\_\_\_\_ %    Other: \_\_\_\_\_ %

**Average size of Projects:** \_\_\_\_\_

**Estimated Costs and Revenue for Next Twelve (12) Months:** \_\_\_\_\_

Direct Payroll: \$ \_\_\_\_\_    Subcontracted Component of Contacts Costs: \$ \_\_\_\_\_ %    Gross Receipts: \$ \_\_\_\_\_

**Performs Work Without Written Contract?** Yes  No

- If Yes, Describe in Detail \_\_\_\_\_ or check here  to indicate you are providing as separate attachment

### Work Performed

Installs EIFS (Exterior Insulation Finishing System) or any other kind of stucco or synthetic material on exterior of commercial or residential buildings? Yes  No

Installs EIFS Any Plastic/Synthetic Decking Material on exterior of commercial or residential buildings? Yes  No

Builds on Hillsides, Terraces, Landfills or Subsidence Areas? Yes  No

Selects or Arranges for the Site of Disposal for Hazardous or Non- hazardous Waste on Behalf of Clients? Yes  No

Owns, Operates or Leases Licensed Waste Treatment, Storage or Disposal Facilities? Yes  No

Builds/Constructs Buildings or Other Structures in Excess of Four (4) Stories? Yes  No

**Involved in Management of Buildings or Other Structures in Excess of Four (4) Stories?** Yes  No

- If Yes, Describe in Detail \_\_\_\_\_ or check here  to indicate you are providing as separate attachment.

**Owns, Leases or Rents Cranes?** *including subcontractors.* Yes  No

- If Yes, Describe in Detail *including operator qualifications, or check here*  *to indicate you are providing on a separate attachment.*

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**Rents equipment to others?** Yes  No

- If Yes, Estimate Percentage with Operators: \_\_\_\_\_ % Without Operators: \_\_\_\_\_ %

**Performs Any Underground or Below Grade Work?** *Including subcontractors.* Yes  No

- If Yes, Estimate Percentage of Operations: \_\_\_\_\_ % Maximum Depth: \_\_\_\_\_

**Involved in Blasting Operations or Hazardous or Unusual Work Activity?** *Including subcontractors.* Yes  No

- If Yes, Describe in Detail *or check here*  *to indicate you are providing as separate attachment.*

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**Performs Any Shoring, Underpinning or Caisson Work?** *including subcontractors.* Yes  No

- If Yes, Describe in Detail *or check here*  *to indicate you are providing as separate attachment*

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**Performs Any Asbestos Abatement Work?** *including subcontractors* Yes  No

- If Yes, Describe Controls in Detail *or check*  *to indicate you are providing as separate attachment*

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**Has Operations Other Than Contracting?** Yes  No

- If Yes, Describe in Detail *or check here*  *to indicate you are providing as separate attachment.*

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Are These Operations Covered by Other Insurance? Yes  No

Are These Operations To Be Insured Under This Policy? Yes  No

### Subcontractors

Named as Additional Insured with Primary, Non-contributory Wording on All Subcontractor General Liability and Umbrella policies, *when subcontracting work to others?* Yes  No

Retains Updated Certificates of Insurance From Subcontractors on File? Yes  No

**Minimum Limits of Liability Required of Subcontractors:**

General Liability/Umbrella: \$ \_\_\_\_\_ Environmental Liability: \$ \_\_\_\_\_ Professional Liability: \$ \_\_\_\_\_

**Contracts with Subcontractors Contain an Indemnification Provision for General Liability?** Yes  No

- If Yes, Check Here  *to indicate you are providing copies of all insurance requirements and indemnification clauses as separate attachment*

**Enters into Written Contracts Where Insured assumes General Liability of others?** Yes  No

- If Yes, Check Here  *to indicate you are providing copies of all insurance requirements and indemnification clauses as separate attachment*

### Safety

Formal Safety Program in Place? Yes  No

**Full-time Safety Director?** Yes  No

- If No, Who Acts as Safety Director?

Follows a Six (6) Foot Fall Protection Rule on all Projects? Yes  No

Drug free Policy in Place? Yes  No

**Workmanship**

**Has Insured Ever Been Named in Litigation Regarding Faulty Construction?** Yes  No

- If Yes, Provide Details

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The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

**Signature of Insured's Representative:** \_\_\_\_\_

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

**Signature of Producer:** \_\_\_\_\_

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