

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.*

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.*

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*

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*

Has Operations Other Than Contracting? Yes No

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

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

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: _____