

LEXINGTON INSURANCE COMPANY

CONTRACTORS GENERAL LIABILITY APPLICATION

Instructions

1. Please complete this application. All questions must be answered. If "None" or "Not Applicable" so indicate
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. This form must be signed and dated by an owner, partner or director/officer of your firm.
4. The following information is requested:
 - Attach current and past projects list
 - Resumes of key personnel and Brochure/statement of qualifications
 - Hard copy of loss runs for General Liability for the last seven (7) years , plus the expiring policy year -- Minimum
 - Copy of safety manual
 - Audited financial statement for last two years
 - Copy of current Workers' Compensation Experience Modification worksheet

Application

1. Name _____
Post Office Address _____

2. Address of Headquarters _____
Telephone Number of Headquarters _____
Contact and Title _____
3. Description of Operations _____

States of Operation _____
4. Attach a list of proposed Named Insureds to be covered by this policy, including a description of operations for each proposed Named Insured (only those entities performing services and/or operations as proposed will be designated as Named Insureds).
5. How long has the Applicant been in business? _____
6. During the past five years has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check): Yes No
If yes, give full details (dates, type of purchase (stock, assets): _____

7. States in which the Applicant does business: _____
8. What is your average job size/cost? _____

9. List or attach your largest 5 projects in the last 5 years:

<u>Client</u>	<u>Approx. Revenue</u>	<u>Project Description</u>	<u>Location</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

10. Percentage of Operations: General Contractor: _____ % Subcontractor: _____ % Owner/Builder: _____ %

11. Indicate the percentages of construction work performed (and number of homes where noted) ANNUALLY:

		<u># of homes/units</u>
1. New Construction	_____ %	_____
Remodeling	_____ %	_____
Repair	_____ %	_____
Demolition	_____ %	_____
	100%	
2. Condos/Townhomes/Duplexes	_____ %	_____
Tract homes (over 10 homes)	_____ %	_____
Custom (non-tract/for owner)	_____ %	_____
Apartments	_____ %	_____
Other/Commercial	_____ %	_____
	100%	

12. Provide Applicant's: (a) Direct Payroll; (b) Contract Cost of Subcontracted Work; and (c) Total Gross Receipts

	<u>Direct Payroll</u>	<u>Applicant's Contract Cost Of Subcontracted Work</u>	<u>Gross Receipts</u>
Estimates for the next 12 months:	\$ _____	\$ _____	\$ _____

13. Historical Exposures:

	<u>Payroll</u>	<u>Sub costs</u>	<u>Receipts/Revenue</u>
Current Year	\$ _____	\$ _____	\$ _____
1 st Prior Yr	\$ _____	\$ _____	\$ _____
2 nd Prior Yr	\$ _____	\$ _____	\$ _____
3 rd Prior Yr	\$ _____	\$ _____	\$ _____
4 th Prior Yr	\$ _____	\$ _____	\$ _____
5 th Prior Yr	\$ _____	\$ _____	\$ _____

14. Has there been any change in the type or scope of construction activity performed by the Applicant in the last five (5) years?
 Yes _____ No _____ If "Yes", please attach a description.

15. Has the Applicant or will the applicant install EIFS (Exterior Insulation Finishing System) or any other kind of stucco or synthetic material on exterior of buildings or homes. If yes, please describe and detail the type of material, years used and number of projects and structures in which material was utilized. _____
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16. Detail foreign operations (i.e. Country(ies)) where operations normally occur. Indicate percentage relative to total projected Sales/Receipts. Are such operations intended to be covered by this policy? Yes _____ No _____
17. Has the Applicant allowed or will the Applicant allow its license to be used by any other contractor for a project on which the Applicant has worked? Yes _____ No _____
 Has any licensing authority ever taken action against the Applicant? Yes _____ No _____
18. Has or will the Applicant build on hillsides, terraces, landfills, or subsidence areas? Yes _____ No _____
19. Has or will the Applicant or any subcontractors be involved with blasting operations or hazardous or unusual work activity? Yes _____ No _____
 If "Yes", please attach a description
20. Has or will the Applicant build/construct buildings or other structures in excess of four (4) stories? Yes _____ No _____
 Has or will the Applicant be involved in the management of such buildings or structures? Yes _____ No _____
 If "Yes", please attach a description
21. Has or will the Applicant or any subcontractor perform any underground or below grade work? Yes _____ No _____
 Percentage of operations: _____ % Maximum Depth: _____
22. Has or will the Applicant or any subcontractor perform any shoring, underpinning or caisson work? Yes _____ No _____
 If "Yes", please attach a description
23. Has the Applicant or will the Applicant or any employee work under U.S. Longshoreman's and Harbor Worker's Act or Jones Maritime Act? Yes _____ No _____
24. Does the Applicant select or arrange for the site of disposal for hazardous or non-hazardous waste on behalf of clients? Yes _____ No _____
25. Does the Applicant own, operate or lease licensed waste treatment, storage or disposal facilities? Yes _____ No _____
26. Does the Applicant have operations other than contracting operations? Yes _____ No _____
 If "Yes", please attach a description
 If "Yes", are such operations covered by other insurance? Yes _____ No _____
 If "Yes" are such operations to be covered by this insurance? Yes _____ No _____
27. If the Applicant is a roofing contractor or otherwise performs roofing work, what percentage of operations are: Hot Tar _____ % Foam Application _____% Excess four (4) stories _____%
28. When subcontracting work to others, are you named as a primary additional insured on all subcontractors GL and Umbrella policies? Yes _____ No _____
29. Are updated certificates of insurance from subcontractors kept on file? Yes _____ No _____
30. Are these certificates required to show environment liability insurance? Yes _____ No _____ Indicate % Yes _____
31. What are the minimum limits of liability you require for your subcontractors?
 General Liability/Umbrella _____
 Environmental Liability _____
 Professional Liability _____

32. Do your contracts with subcontractors contain an indemnification provision?
 For General Liability Yes _____ No _____ % Yes _____
 For Environmental Liability Yes _____ No _____ % Yes _____
 If yes, attach copies of all insurance requirements and indemnification clauses.

33. Does your company enter into written contracts where you assume liability?
 For General Liability Yes _____ No _____ % Yes _____
 For Environmental Liability Yes _____ No _____ % Yes _____
 If yes, attach copies of all insurance requirements and indemnification clauses

34. Does the Applicant have a formal safety program in place? Yes _____ No _____

Does the applicant have a full-time safety director? Yes _____ No _____

If not, who acts as safety director _____

Does the applicant follow a 6 foot fall protection rule on all projects? Yes _____ No _____

Does the applicant have a drug free policy in place? Yes _____ No _____

35. Has the Applicant received any OSHA citations in the last ten (10) years
 If "Yes" please attach a description Yes _____ No _____

36. During the past five (5) years, has any insurer ever cancelled, declined or refused to issue
 similar insurance to the Applicant? Yes _____ No _____

37. Has the Applicant ever been named in litigation regarding faulty construction?
 If "Yes", please attach a description Yes _____ No _____

38. Has any lawsuit ever been filed, or any claim otherwise made against the Applicant or any
 partnership or joint venture of which the Applicant has been a member, or any predecessors in
 business, or against any person, company or entity for whom the Applicant has assumed
 liability? Yes _____ No _____

39. Is the Applicant aware of any facts, circumstances, incidents, situations, damages or accidents
 (including but not limited to: faulty workmanship, product failure, construction dispute, property
 damage or construction worker injury) that might be reasonably be expected to give rise to a
 claim or lawsuit, whether valid or not, which directly or indirectly involve the Company? Yes _____ No _____

40. Please list your current casualty coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, if any
General Liability					
Contractors Poll, Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

GENERAL LIABILITY SCHEDULE OF HAZARDS

Exposure State	Classification	Rating Basis

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "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 AUTHORITIES."

NOTICE TO FLORIDA APPLICANTS: “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 IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO MAINE APPLICANTS: “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.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “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 CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, 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.”

NOTICE TO OHIO 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 IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONSONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

The applicant represents that the above statements and facts are true and that no material facts have been omitted or misstated.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(Surplus lines license number)