

CARRIER			
APPLICANT/INSURED		WEBSITE	
ADDITIONAL NAMED INSURED(S)			
AGENT NAME		AGENCY	AGENT IDENTIFICATION NUMBER
CONTRACTOR'S LICENSE NUMBER(S)		STATE(S)	
NUMBER OF EMPLOYEES	YEARS EXPERIENCE IN THIS FIELD	YEARS UNDER THIS NAME	STATES WHERE OPERATING
Percent industrial work	_____ %	Percent work over three stories	_____ %
Percent condo/townhouse and apartment work	_____ %	Percent new construction	_____ %
Percent residential homes work	_____ %	Percent work subcontracted to others	_____ %
Percent commercial work	_____ %		
Percent total:		_____ %	

	N/A	YES	NO
1. Does applicant pull building permits as a general contractor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does applicant have any current or past involvement with a Wrap-up/OCIP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant ever been sued for alleged faulty construction or defective workmanship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is temporary/day labor used in any operations?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will you allow others to use scaffolding you own, lease, or are responsible for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does applicant lease or loan equipment, including scaffolding, to others?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Explain any "Yes" answers to questions 1 - 6:</i>			

7. Is a supervisor on the job site daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is documentation maintained that utilities are contacted to locate utility lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If questions 7 or 8 are answered "No," explain:</i>			

9. Is there a secured bond line for commercial contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In what field does the applicant specialize?			

WORK THE INSURED IS CONTRACTED TO PERFORM FOR OTHERS

	YES	NO
1. Does applicant have a written contract for all jobs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does applicant maintain a file on each job they acquire?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does applicant review hold harmless/indemnity agreements before signing?.....	<input type="checkbox"/>	<input type="checkbox"/>

WORK SUBCONTRACTED TO OTHERS

	YES	NO
1. Is work subcontracted?.....	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," what kind of work is subbed out?		

2. File maintained for each sub?	<input type="checkbox"/>	<input type="checkbox"/>
3. Certificates of insurance in file and reviewed prior to allowing subcontractors to perform any work?	<input type="checkbox"/>	<input type="checkbox"/>
4. Certificates include premises/operations and products/completed operations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does applicant require a hold harmless/indemnity agreement from all subcontractors and review prior to allowing subcontractors to perform any work?	<input type="checkbox"/>	<input type="checkbox"/>
If "No," explain your approach concerning requiring hold harmless agreements with your subcontractors:		

Secure a copy of hold harmless, if possible, for review.

WORK SUBCONTRACTED TO OTHERS *continued*

6. Does applicant require in its contracts that its subcontractors name the applicant as additional insured in the general liability policy and review prior to allowing subcontractors to perform any work? YES NO
 If "No," explain your approach concerning requiring additional insured status from your subcontractors:

Limits of liability required from subs:

PREMISES/OPERATIONS	OCCURRENCE	AGGREGATE
PRODUCTS/COMPLETED OPERATIONS	OCCURRENCE	AGGREGATE

7. How often does the insured use the same subcontractors?
 75% or more of the time 50% or more of the time 25% or more of the time less than 25% of the time

8. What length of time (*use a range, i.e. 5-10 years*) has the applicant used the same subcontractors? Range: _____ Years

9. How many jobsites is the applicant performing work at any given time? _____

JOB SITE PROTECTION

Barricades Yes No Complete Fencing Yes No Guard Dogs Yes No
 Lighting Yes No Security Guards Yes No Warning Signs Yes No

What safeguards are in place to prevent theft and vandalism to equipment and/or tools?

ANNUAL RECEIPTS FOR THE LAST FIVE YEARS

YEAR	RECEIPTS	YEAR	RECEIPTS	YEAR	RECEIPTS
Current Year	\$	1 ST Prior Year	\$	2 ND Prior Year	
3 RD Prior year	\$	4 TH Prior year	\$		

HAS APPLICANT EVER BEEN INVOLVED IN ANY OF THE FOLLOWING OPERATIONS (*either as a contractor or a subcontractor*)

	ALWAYS	OCCASIONALLY	NEVER
1. Asbestos installation or removal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Airport construction/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Automatic sprinkler/fire suppression systems installation/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Blasting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bridge/building repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Burglar/fire alarm installation/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dam or levee construction/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Demolition or wrecking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dock construction/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Drywall installation/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Elevator or escalator installation/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Any excavation or trenching work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Explosive environments or petro chemical plants (oil/gas refineries, paint, solvents, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Finished grading of residential pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Fireproofing installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Flood control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Foundation and sinkhole repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Gas main construction/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Gas (natural or LPG) service line installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, any CSST (corrugated stainless steel tubing) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Hauling for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Installation of Exterior Insulation and Finish Systems (also knows as EIFS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Landfill operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Mixed-use development construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Pollution cleanup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Power line construction/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Railroad track construction/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Retaining walls/sea walls construction/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Roof construction/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Street and road construction/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Traffic signal installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Tunneling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Underground storage tank installation/repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAS APPLICANT EVER BEEN INVOLVED IN ANY OF THE FOLLOWING OPERATIONS *continued*

Explain any "Yes" answers to 1-33:

DISCONTINUED OPERATIONS

Describe any discontinued operations

LIST THE FIVE LARGEST JOBS IN THE LAST FOUR YEARS OR PROVIDE A PROJECT LIST

JOB NAME	LOCATION	TYPE OF JOB	COST OF JOB
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

AUTO

GENERAL INFORMATION

1. Percentage radius of vehicles:
 Within 50 miles _____ % Between 50-200 miles _____ % Over 200 miles _____ %

2. How many vehicles are involved in service work and make four or more stops per day? _____

3. Do you use any road observation service or surveillance devices to monitor employee driving? YES NO

4. What percentage of your vehicles are equipped with GPS or Telemetric devices? _____ %

5. Do you have written driving rules and policies? YES NO
 If "Yes," are they required to be signed and followed by all drivers? YES NO

6. Do you have any restrictions on the use of cell phones while operating company vehicles? YES NO
 If "Yes," are they included in the written rules and policies? YES NO

7. Do you provide transportation for your employees to work, job sites, or other locations? YES NO

8. Are all vehicles stored at your premises while not in use? YES NO
 If "No," please explain where they are stored. _____

9. Are any vehicles titled in the company's name, but not insured on this policy? YES NO

10. Are the vehicles titled in any name other than the named insured(s) shown on the policy? YES NO

11. Are any vehicles leased, rented or loaned to others? YES NO

12. Are any vehicles ever used "for hire" to haul for others? YES NO

13. Is there any nighttime driving for delivery or route purposes? YES NO
Explain any "Yes" answers to questions 7 - 13.

PERSONAL USE PROCEDURES

1. Do employees drive company vehicles home? YES NO

2. Is there any personal use of vehicles? YES NO

3. Are family members, friends, or others allowed to drive company vehicles? YES NO

4. Are passengers, other than company employees, including family members, friends or others, allowed to ride in company vehicles? YES NO
Explain degree of allowance to questions 1 - 4.

NON-OWNED EXPOSURE

Do employees use their own vehicles for company business? YES NO
 If "Yes," how many employees use their own vehicles for company business? _____
 If "Yes," describe the nature of use of employee vehicles for company business. _____

If "Yes," what automobile limits do you require your employees to maintain? _____

Check this box if you have no formal requirements.

INSTALLED AFTERMARKET EQUIPMENT/WRAPS

		YES	NO
1. Are vehicles enhanced with vehicle wraps or custom paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are vehicles outfitted with aftermarket equipment (ex.: ladder racks, storage bins, custom beds, electronic equipment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Explain any "Yes" answers to questions 1 and 2 and provide an estimate of the cost per vehicle.</i>			

DRIVER SELECTION PROCESS

		N/A	YES	NO
1. Any drivers with less than 3 years driving experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," please list them in the Additional Information Section below.				
2. Are written applications required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are reference checks performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do all applicants driving vehicles that require a CDL take a road test prior to hiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you require the drivers who operate vehicles requiring a CDL to have a CDL for a minimum of three years?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a drug-testing program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVER RECORDS (MVRs) REQUESTED

		YES	NO
1. Do you maintain a driving record file for each driver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you obtain MVRs on all drivers, including any new drivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have written guidelines established for an acceptable MVR that you follow?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are drivers taken through a route familiarization process as part of their training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Who manages your MVR program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCIDENT PROCEDURES

		YES	NO
1. Are there accident reporting procedures for all drivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all accidents reviewed to determine the cause and a corrective action plan developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you order an MVR on the driver after an accident?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVENTATIVE MAINTENANCE

1. Please describe your maintenance program	<input type="checkbox"/>	Internal	<input type="checkbox"/>	External
If internal, are any formal certifications held by employees who service the vehicles?.....				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are records maintained for each vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you follow the suggested manufacturer's vehicle maintenance schedules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION (Complete for all vehicles that are ALLOWED FOR PERSONAL USE and drivers less than 3 years of driving experience.)

NAME OF DRIVER (INCLUDE NON-EMPLOYEES: I.E. FAMILY MEMBERS)	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	VEHICLE NUMBER	*USE OF VEHICLE*	+PRINCIPAL/ +NON- PRINCIPAL	5 OR MORE YEARS OF EXPERIENCE	
						YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

***Use of Vehicle:** **B** = Business use **T** = To and from work/school <15 miles **+P** = Principal operator: ≥20% of vehicle use
 P = Pleasure **W** = To and from work/school ≥15 miles **+N** = Non-principal: <20% of vehicle use

Any person who, knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

Applicable in the District of Columbia: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Applicable in 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.

Applicable in Illinois: FCCI Insurance Group complies with the Religious Freedom Protection and Civil Union Act which creates a legal relationship between two persons of the same or opposite sex who form a civil union as defined in the Act. Such a civil union is entitled to the same legal obligations, responsibilities, protection and benefits that are afforded or recognized by the laws of Illinois to spouses.

Applicable in Maryland: 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.

Applicable in Ohio: 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.

SIGNATURE OF APPLICANT/INSURED

TITLE

PRINT OR TYPE NAME

DATE SIGNED