

Chris-Leef General Agency, Inc.
P.O. Box 3747 Shawnee Mission, KS. 66203
(913) 631-1232 (913) 631-1128 fax
(800) 548-0491 (800) 383-1235 fax
www.chris-leef.com

General Contractors/Developers General Liability Application

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE.

Applicant's Name _____

 Mailing Address _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

Does applicant have a Web Site? Yes No

If yes, Web Site Address: _____

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

| LIMITS OF LIABILITY REQUESTED | | PREMIUMS |
|--|----|---------------------|
| General Aggregate | \$ | Premises/Operations |
| Products & Completed Operations Aggregate | \$ | \$ |
| Personal & Advertising Injury | \$ | Products |
| Each Occurrence | \$ | \$ |
| Damage To Premises Rented To You (any one premise) | \$ | Other |
| Medical Expense (any one person) | \$ | \$ |
| Other Coverage, Restrictions, and/or Endorsements: | | Total |
| Deductible | \$ | \$ |

A. Applicant is a (% of each): General contractor _____ % Subcontractor _____ %
 Developer _____ % Construction manager/Consultant _____ %
 Owner/Builder _____ %

B. States/area of operations: _____
 Radius of operations from main location: _____ miles.

C. Describe all operations in detail: _____

D. Length of time in business: _____ years. Years of experience: _____

Are you licensed? _____ Yes No

Type of license and no.: _____ Year license issued _____

Length of time in business operating under the name shown above: _____ years or new venture.

Have you operated or been licensed under any other name(s) during the past 10 years? _____ Yes No

If Yes, provide prior name and describe type of operations:

| Name | Describe Operations |
|-------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

E. Total number of employees? _____

F. Indicate % of operations involving:

1. New construction.. _____ % Remodeling _____ % Demolition _____ %
 Repair _____ % Other (explain below).. _____ % (Must total 100%)

Explain other. _____

2. Commercial new construction _____ % Commercial remodeling _____ %
 Industrial _____ % Institutional _____ %
 Residential* new construction ... _____ % Residential* remodeling _____ %
 Apartments _____ % Commercial Condominiums.. _____ % (Must total 100%)

(*If Residential Construction-Condos/Town houses (including conversions) _____ %.

Single family or residential dwellings _____ %.

If Residential Remodeling-interior work only _____ %.

Ground-up construction _____ %.

G. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums, or Townhouses in the past 10 years? _____ Yes No

If yes, indicate maximum number built during any twelve (12) month period, maximum at any one project/development site and expected maximum number to be built during next twelve (12) months. (For these purposes' a duplex is equivalent to two single family residences; a triplex equals three homes, etc.)

| | No. Residential Homes | No. any one Project/ Development Site | No. Condominiums/ Townhouses |
|----------------|-----------------------|--|---------------------------------|
| Next 12 months | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |
| Prior Year: | | | |

H. Do you have a formal home warranty program? _____ Yes No

If yes, please give details: _____

I. Do you have model homes? _____ Yes No
 If yes, give no.: _____ Location: _____

J. List all major projects completed within the past five years, including work in progress and planned projects.
 (List project name, date, project description, location, and revenues): _____

| |
|--------------------------------|
| Operations by Applicant |
|--------------------------------|

K. Indicate percentage of payroll for each type of construction work performed by your employees:

| | | | | | |
|--------------------------|---|--|---|---------------------|---|
| Airports | % | Gas Mains | % | Sewer | % |
| Asbestos Removal | % | Insulation | % | Soil Stabilization | % |
| Blasting | % | Maintenance | % | Steel (ornamental) | % |
| Bridges/Elevated Roads | % | Masonry | % | Steel (structural) | % |
| Carpentry | % | Mechanical | % | Street/Road | % |
| Communication Lines | % | Mold & Spore Remediation | % | Supervisory Only | % |
| Concrete | % | Oil or Gas Fields | % | Swimming Pools | % |
| Drilling | % | Painting | % | Tunneling | % |
| Earthquake Reinforcement | % | Pipeline/Water Main | % | Underpinning | % |
| EIFS | % | Plastering | % | Waterproofing | % |
| Electrical | % | Plumbing | % | Water Restoration | % |
| Excavating | % | Power Lines | % | Wrecking/Demolition | % |
| Fire Proofing | % | Process Piping | % | Other (describe) | % |
| Fire Restoration | % | Removal/Installation of Underground Tanks | % | _____ | |
| Framing of Buildings | % | Roofing | % | _____ | |

L. Account history for prior 5 years and projected current year:

| Year | Payroll | Total Revenue | Subcontracted Cost | | |
|-----------|---------|---------------|------------------------------------|--|--------------------------|
| | | | Cost of Labor, Fees, Commissions + | Cost of Materials & Equipment Rental = | Total Subcontracted Cost |
| Current | | | | | |
| 1st Prior | | | | | |
| 2nd Prior | | | | | |
| 3rd Prior | | | | | |
| 4th Prior | | | | | |
| 5th Prior | | | | | |

M. Are certificates of insurance obtained from subcontractors? Yes No

Minimum Limits Required \$ _____

Do you use uninsured subcontractors? Yes No

If yes, percentage of total subcontracted cost: _____ %

N. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor? Yes No

If no, explain when not required.- _____

- O. Are you named as an additional interest on the subcontractors' policies? _____ Yes No
- P. Do you normally use the same subcontractors? _____ Yes No
 If no, do you put all subbed work out for bids? _____ Yes No

| |
|---|
| Subcontractors Operations Performed for Applicant |
|---|

Q. Indicate type of construction work performed by your Subcontractors: (Indicate percentage of total subcontracted costs)

| | | | | | |
|--------------------------|---|---|---|---------------------|---|
| Airports | % | Gas Mains | % | Sewer | % |
| Asbestos Removal | % | Insulation | % | Soil Stabilization | % |
| Blasting | % | Maintenance | % | Steel (ornamental) | % |
| Bridges/Elevated Roads | % | Masonry | % | Steel (structural) | % |
| Carpentry | % | Mechanical | % | Street/Road | % |
| Communication Lines | % | Mold & Spore Remediation | % | Supervisory Only | % |
| Concrete | % | Oil or Gas Fields | % | Swimming Pools | % |
| Drilling | % | Painting | % | Tunneling | % |
| Earthquake Reinforcement | % | Pipeline/Water Main | % | Underpinning | % |
| EIFS | % | Plastering | % | Waterproofing | % |
| Electrical | % | Plumbing | % | Water Restoration | % |
| Excavating | % | Power Lines | % | Wrecking/Demolition | % |
| Fire Proofing | % | Process Piping | % | Other (describe) | % |
| Fire Restoration | % | Removal/Installation of Underground Tanks | % | _____ | |
| Framing of Buildings | % | Roofing | % | _____ | |

- R. Is any work done involving systems that provide:
 Medical and/or industrial life support Process piping Dams/levees
- S. Does work require monitoring by:
 Certified inspectors Resident inspectors Part-time When called
- T. Any work performed above two stories in height from grade? _____ Yes No
 Maximum number of stories: _____
- U. Any work performed below grade? _____ Yes No
 Maximum depth: _____ ft. _____ % of total work
- V. Is scaffolding owned, rented or erected? _____
 Are other contractors at job site allowed to use it? _____ Yes No
- W. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)? _____ Yes No
 if yes, explain: _____
- X. Do you have a formal safety program in operation? _____ Yes No
 Please explain and/or provide a copy: _____
- Y. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? _____ Yes No
 If yes, explain: _____

 Percent of grade _____ % Prior testing (geological, topical)? _____ Yes No
 If yes, explain'. _____

- Which geological survey engineering firm do you use? _____

Underpinning? Yes No
 Any past subsidence losses? Yes No
 If yes, explain: _____

Z. Do you or any of your employees hold a Real Estate Agent's license? Yes No
 If yes, has Professional Liability Coverage been obtained? Yes No
 Limit of Liability: \$ _____

AA. Any other operations outside the realm of "contracting"? Yes No
 Describe: _____

 Where insured? _____

BB. Any mobile equipment leased from others? Yes No
 If yes, from whom? _____
 Lease basis? _____
 Operators provided? Yes No
 Type of equipment leased? _____

CC. Do you own any Vacant Land? (Raw land with no developmental or improvement activity, held only for investment or possible development more than 12 months in the future. No buildings on property.) Yes No
 If yes, is property zoned? Residential Commercial/Retail/Industrial or other

| No. of Acres | No. of Lots | Location Description |
|--------------|-------------|----------------------|
| | | |
| | | |
| | | |
| | | |

DD. Do you own any Real Estate Development Property? (Land with improvements-streets, roads, utilities, etc completed or under construction) Yes No
 if yes, is property zoned: Residential Commercial/Retail/Industrial or other
 If zoned residential, provide location descriptions and number of lots at each development

| No. of Acres | No. of Lots | Location Description |
|--------------|-------------|----------------------|
| | | |
| | | |
| | | |
| | | |

EE. Do you hold other persons' property for service, storage, or repair? Yes No
 If yes explain: _____

FF. Any underground storage tanks? Yes No
 if yes, when inspected and by whom? _____

GG. Any employees working under:
 U.S. Longshoremen's and Harborworkers' Act? Yes No
 Jones Maritime Act? Yes No
 If yes, what percent of payroll? _____ % Give city and state: _____

HH. Does applicant have Workers' Compensation coverage in force? _____ Yes No

II. Does applicant lease employees from others? _____ Yes No

Does applicant lease employees to others? _____ Yes No

JJ. Dollar value of average job completed: \$ _____

KK. Are any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? _____ Yes No

If yes, provide details: _____

LL. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) _____ Yes No

If yes, explain: _____

MM. List all active owners, partners and executive officers and their job duties/responsibilities:

NN. Have you ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit? _____ Yes No

If Yes, and loss or suit is older than 5 years, provide details:

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OO. Have any known events occurred prior to the proposed effective date that may result in a claim?. Yes No

If yes, explain: _____

PRIOR CARRIER INFORMATION - FIVE YEAR PERIOD

| | Year: | Year: | Year: | Year:- | Year: |
|---------------|-------|-------|-------|--------|-------|
| Carrier | | | | | |
| Policy No. | | | | | |
| Total Premium | | | | | |

LOSS HISTORY FIVE YEAR PERIOD

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | | | |
| | | | | |
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SCHEDULE OF HAZARDS

| Loc. No. | Classification | Class. Code | Premium Bases: (s) Gross Sales (p) Payroll (a) Area (t) Other (c) Total Cost | Terr. | Rate | | Premium | |
|----------|----------------|-------------|--|-------|------------|----------|------------|----------|
| | | | | | Prem./Ops. | Products | Prem./Ops. | Products |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Authorized Applicant's Representative (Name and Phone number of individuals to contact for inspection/audit):

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

APPLICABLE IN THE STATE OF NEW YORK:

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 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.

FRAUD WARNING:

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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT (if applicable): _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.