

Steadfast Insurance Company

Contractors' Commercial General Liability Application

Dover, Delaware

Administrative Offices: 1400 American Lane, Schaumburg, Illinois 60196-1056

INSTRUCTIONS

1. THIS APPLICATION MUST BE COMPLETED IN FULL INCLUDING ALL REQUIRED ATTACHMENTS; INCOMPLETE APPLICATIONS WILL NOT BE ACTED UPON.
3. IF MORE SPACE IS NEEDED TO ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET WITH DETAILS.
4. THIS APPLICATION AND ALL ATTACHMENTS SHALL FORM A PART OF THE POLICY IF ISSUED AND SHALL BE HELD IN THE STRICTEST OF CONFIDENCE.
5. THE WORDS "YOU" AND "YOUR" REFER TO THE NAMED INSURED, AND ANY OTHER PERSON OR ORGANIZATION QUALIFYING AS NAMED INSURED. THE WORDS "WE", "US" AND "OUR" REFER TO THE COMPANY PROVIDING THIS INSURANCE. "EXECUTIVE OFFICER" HAVE THE SAME MEANING IN THIS APPLICATION AS IN THE POLICY.

I. GENERAL INFORMATION SECTION:

1. a. Name of Named Insured: _____
(If multiple names, please attach on separate sheet)
- b. Named Insured Address: _____
(If multiple locations, please attach on separate sheet)
- c. State of Incorporation: _____
- d. Contact Name: _____
Phone Number: _____
E-mail address: _____
Web site address: _____
- e. Name of License Holder: _____
License Number: _____
What Class of Contractor's License: _____
When Issued: _____
Date of Expiration: _____

2. a. Named Insured has been in business since:
 (identify month and year) _____
 (If less than five (5) years, please attach resumes of all principals)
- b. Has any of the Named Insured (sole owner, partners, or
 "executive officer") ever filed for bankruptcy? Yes No (if "yes", attach details on
 separate sheet)

- II. OPERATION SECTION:
3. a. Description of operations:

- b. Percentage of work in the following areas:
 Commercial: _____ Residential: _____ Industrial: _____ Public Works: _____
 Other: _____

- (If other, please describe in detail)
- New
 Construction: _____ Remodel: _____ Inside: _____ Outside: _____ General: _____ Subcontractor: _____
- c. If residential work is not currently being done, has
 any Named Insured done any residential work in the
 past ten (10) years Yes No (If "yes", please attach on
 separate sheet)
- d. What percentage of your work is subcontracted? _____
- e. What work do you perform? _____ (If only executive supervision, please state executive
 supervision)
- f. What work is subcontracted? _____ (If all work except executive supervision, please
 state all)
- g. Do you lease employees? Yes No

III. EXPOSURE HISTORY

4. a. Please include for coming year and five (5) prior years, if applicable.

*Payroll is any direct payroll including executive salaries, if applicable and executive supervision, excluding clerical and sales salaries.

YEAR	DATES	RECEIPTS	*PAYROLL	SUBCONTRACT COSTS
ESTIMATED YEAR				
1 ST PRIOR YEAR				
2 ND PRIOR YEAR				

3 RD PRIOR YEAR				
4 TH PRIOR YEAR				
5 TH PRIOR YEAR				

b. If you have more than one class of payroll for estimated year, please provide breakdown below:

ISO CLASSIFICATION CODE	PAYROLL

5. a. Please list your five (5) largest projects in the last five (5) years:

PROJECT NAME	CONSTRUCTION COST	DATE OF COMPLETION

b. What is the average number of projects undertaken by you per year? _____

c. What is the average cost of a project: _____

6. Have you worked on or with, or hired a subcontractor to work on or with any of the following:

- | | | | |
|-------------------------------|--|-----------------------|--|
| Asbestos | <input type="checkbox"/> Yes <input type="checkbox"/> No | Highway Work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EIFS | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pollution Remediation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cranes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Soil Remediation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explosives | <input type="checkbox"/> Yes <input type="checkbox"/> No | Landfills/Waste Sites | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Caissons | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tank Removal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demolition | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bridge Work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High Rise (over four stories) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Marine Work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tunneling | <input type="checkbox"/> Yes <input type="checkbox"/> No | USL&H | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hillside Work | <input type="checkbox"/> Yes <input type="checkbox"/> No | Jones Act | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FELA | <input type="checkbox"/> Yes <input type="checkbox"/> No | Railroad | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Do you rent equipment? Yes No
 With operator: _____% Without operator: _____%
8. Do you lease equipment to others? Yes No
 With operator: _____% Without operator: _____%

IV. GENERAL CONTRACTOR AND SUBCONTRACTOR SECTION:

GENERAL CONTRACTOR INFORMATION

9. If you use subcontractors, does the contract you execute with the subcontractor:
- a. Include an indemnity clause? Yes No
 - b. Contain a Type 1 indemnity clause? Yes No
 - c. Contain a Hold Harmless Agreement? Yes No
 - d. Contain a Hold Harmless Agreement in your favor? Yes No
 - e. Require the subcontractors to indemnify you for the full term of the statute of limitation? Yes No
 - f. Require the subcontractors to name you as an additional Insured on the subcontractors' policy? Yes No
 - g. Require the subcontractors to carry a minimum of \$1 million Commercial General Liability Limits of Insurance? Yes No
 If not, what is the minimum Limits of Insurance you require the subcontractor to carry? _____
 - h. Require the subcontractors to provide a certificate of insurance and a copy of an additional Insured endorsement, prior to the start of the project? Yes No
 - i. Have a formal program to maintain certificate(s) of insurance? Yes No
 If yes, who is in charge of maintaining such certificate(s)?
 Name of Holder: _____
 Certificate Number: _____
 How long do you keep the certificate(s)? _____
 - j. Reviewed by your legal counsel? Yes No
 If no, has the contract been provided by a trade association? Yes No
 If yes, which trade association? _____

SUB-CONTRACTOR INFORMATION

10. If you perform work as a subcontractor, does the contract you sign:
- a. Include an indemnity clause? Yes No
 - b. Contain a Type 1 indemnity clause? Yes No
 - c. Contain a Hold Harmless Agreement? Yes No
 - d. Contain a Hold Harmless Agreement in your favor? Yes No

e. Require you to indemnify the general contractor for the full term of the statute of limitation? Yes No

f. Require you to name the general contractor as an additional Insured on your policy? Yes No

g. Require you to carry a minimum of \$1 million Commercial General Liability Limits of Insurance? Yes No

If not, what is the minimum Limits of Insurance you are required to carry? _____

h. Require you to provide products completed operations coverage? Yes No

What is the average number of contracts per year that require you to provide products completed operations coverage? _____

i. Require you to provide the general contractor a certificate of insurance and a copy of an additional Insured endorsement, prior to the start of the project? Yes No

j. Require you to have a formal program for maintaining certificate(s) of insurance? Yes No

If yes, who is in charge of maintaining such certificate(s)? Name of Holder: _____

Certificate Number: _____

How long do you keep the certificate(s)? _____

k. Reviewed by your legal counsel? Yes No

11. a. Do you use or retain any one of the following services:

	<u>EMPLOYEE</u>	<u>SUBCONTRACTOR</u>
ARCHITECT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ENGINEER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
REALTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONSTRUCTION MANAGER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. If any of the above is an employee, do you carry any professional liability, or any type of errors or omissions insurance? Yes No

c. If any of the above is a subcontractor, do you require:
 Certificate of insurance? Yes No
 Indemnification Agreement? Yes No
 Additional Insured Status? Yes No

V. PRIOR INSURANCE AND LOSS HISTORY SECTION

12. a. Identify your insurance coverage during the past five (5) years (Please complete table below):

Policy Period	Insurance Carrier	Policy Limits	Premium (Optional)	Attachment

- b. Have you ever been cancelled or non-renewed by an insurance carrier? No Yes (if "yes", attach details)

IF THIS IS A RENEWAL PLEASE SKIP QUESTIONS 13 and 14.

13. a. What is your loss history for the five (5) years (Please complete table below):

Policy Period	Number of Loss(es)	Incurred Loss(es)	Reserved Loss(es)	Paid Losses	Valuation Date

- b. Have you ever been involved in a construction defect loss or suit? No Yes (if "yes", please attach on separate sheet)

VI. REPRESENTATION SECTION

14. Does any of your Insured know of any act, error, omission, or other circumstance which could reasonably give rise to a claim being made against the Insured under the proposed insurance? No Yes (if "yes", attach details)

You represent that the statements and facts made in this application are true and that no material facts have been suppressed or misstated. It is further agreed by you that each policy or renewal thereof, if issued, is issued in reliance upon the truth of the representations and information in the application.

The undersigned(s) certifies that he/she is your duly authorized representative(s) which submits this application to the company providing this insurance for a policy of insurance. The statements and information above and all schedules and documents submitted, of which the company providing this insurance receives notice, are deemed parts of the application (all of which schedules and documents shall be deemed attached to the policy as if physically attached thereto), and the word application refers to all of the foregoing.

You acknowledge a continuing obligation to report to the company providing this insurance as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

This application does not bind you or the company providing this insurance, nor does it obligate the company providing this insurance to issue a policy or insure any services. However, it is agreed that should a policy be issued, this application will be attached to and made a part of the policy.

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 COMPANY PROVIDING THIS INSURANCE.

Dated this _____ day of _____, _____

Signature of Director/Principal/Partner/Authorized Representative of Applicant:

Title: _____

Address: _____

Phone: _____

Producer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-Mail: _____

**If you want to learn more about the compensation Zurich pays agents and brokers visit:
http://www.zurichnaproducercompensation.com or call the following toll-free number: (866) 903-1192.
This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.**

FRAUD WARNINGS

- AR Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CO 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 insurance 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 agencies.
- DC *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 fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant*
- FL 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.
- KY 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.
- LA *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.*
- ME *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits.*
- NE *No misrepresentations or warranty made by the **Insured** or on his behalf in the negotiation or application of this Policy or contract of insurance shall defeat or void the Policy or contract or effect the insurance company's obligation under the Policy or contract unless such misrepresentation or warranty:*
 - 1. Was material;*
 - 2. Was made knowingly with the intent to deceive;*
 - 3. Was relied and acted upon by the insurance company; and,*
 - 4. Deceived the insurance company to its injury**The breach of a warranty or condition in any contract or policy of insurance shall not void the Policy or allow the insurance company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.*
- NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NM 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 AND CRIMINAL PENALTIES.
- NY 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.

- OH An 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.
- OK WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any Insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- PA 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 persons to criminal and civil penalties.
- UT For your protection, Utah law requires the following appear on this form:
- Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
- VA *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.*