

## COLONY SPECIALTY INSURANCE

### General Contractors & Construction Project Managers

Applicant Name: \_\_\_\_\_

Website? \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Construction Project Managers** - Does the applicant perform any of the following?

- Hire/fire subcontractors Yes    No
- Supervise subcontractors Yes    No
- Engage in actual construction work Yes    No
- Consultation or project management for new residential construction Yes    No
- Work in the state of New York Yes    No
- What are the total annual fees received for project management? \_\_\_\_\_

**\*\*If 'Yes' to any of the above, this cannot be classified as a Construction Project Manager, but may still be eligible per the guidelines as a General Contractor**

**General Contractors** - Does the applicant perform any of the following? *(If so, this risk is prohibited per this PDQ)*

- New residential construction with subcontracted work Yes    No (If 'Yes' refer to the Homebuilders PDQ)
- Roofing (other than incidental) Yes    No (If 'Yes' refer to the Roofers PDQ)
- Use of uninsured subcontractors Yes    No
- More than 25% subbed work in the state of New York Yes    No

**GENERAL INFORMATION**

1. Applicant is a (% of each):
 

<input type="checkbox"/> General Contractor _____%	<input type="checkbox"/> Subcontractor _____%
<input type="checkbox"/> Developer _____%	<input type="checkbox"/> Const. Manager _____%
<input type="checkbox"/> Owner/Builder _____%	<input type="checkbox"/> Consultant _____%
2. Describe all operations in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Years in business under this name: \_\_\_\_\_
4. Years of experience in this field: \_\_\_\_\_  
 Mandatory- Attach Resumes When Available
5. States/area of operations: \_\_\_\_\_
6. Contractor License Number: \_\_\_\_\_ Year license issued: \_\_\_\_\_
7. Have you operated under any other name or names?  No  Yes  
 If "Yes," provide prior name and describe type of operations: \_\_\_\_\_
8. Total number of employees (including leased) \_\_\_\_\_
9. % of construction operations (Total = 100% for each question 1 & 2):
 

1. New construction _____%	+ Remodeling _____%	= 100%	Other _____%
2. Commercial _____%	+ Residential _____%	= 100%	

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

If "Yes," specify year(s), number(s) and location(s) : \_\_\_\_\_

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**CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)**

11. Indicate payrolls/costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Alarm Systems	\$	\$	Painting	\$	\$
Asbestos Removal	\$	\$	Paving – Driveways/Parking	\$	\$
Blasting	\$	\$	Paperhanging	\$	\$
Bridges/Elevated Roads	\$	\$	Plastering/Stucco	\$	\$
Carpentry	\$	\$	Plumbing	\$	\$
Communication Lines	\$	\$	Power Lines	\$	\$
Concrete	\$	\$	Process Piping	\$	\$
Debris Removal	\$	\$	Roofing	\$	\$
Demolition	\$	\$	Seismic Retrofitting	\$	\$
Drywall	\$	\$	Septic Tanks	\$	\$
Earthquake Repair	\$	\$	Sewer	\$	\$
Electrical	\$	\$	Sheet Metal Work	\$	\$
Excavation	\$	\$	Siding	\$	\$
Fire Proofing	\$	\$	Sprinklers	\$	\$
Fire/Damage Restoration	\$	\$	Steel/Ornamental	\$	\$
Gas/Water Mains	\$	\$	Steel/Structural	\$	\$
Grading	\$	\$	Street/Road Construction	\$	\$
HVAC	\$	\$	Street/Road Paving	\$	\$
Insulation	\$	\$	Supervisory	\$	\$
Landscaping	\$	\$	Swimming Pools	\$	\$
Lead Remediation	\$	\$	Tile/Stone/Marble	\$	\$
Masonry	\$	\$	Waterproofing	\$	\$
Mold/Spore Remediation	\$	\$	Water Damage Restoration	\$	\$
Oil or Gas Fields	\$	\$	Other:	\$	\$

12. Indicate any work or operations involving the following, even if subbed out:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Airport Facilities        | <input type="checkbox"/> Equipment Rental to Others  | <input type="checkbox"/> Stadium Construction        |
| <input type="checkbox"/> Boring                    | <input type="checkbox"/> Landfills                   | <input type="checkbox"/> Stevedoring                 |
| <input type="checkbox"/> Boiler Inspection         | <input type="checkbox"/> Nuclear                     | <input type="checkbox"/> Sub Aqueous                 |
| <input type="checkbox"/> Bldg – Raising or Moving  | <input type="checkbox"/> Pile Driving                | <input type="checkbox"/> Subways                     |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Pipeline                    | <input type="checkbox"/> Tank Construction           |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Pollution Abatement         | <input type="checkbox"/> Tower Construction          |
| <input type="checkbox"/> Dams/Reservoirs           | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Tunnels                     |
| <input type="checkbox"/> Drilling                  | <input type="checkbox"/> Railway                     | <input type="checkbox"/> Waste & Reclamation         |
| <input type="checkbox"/> EIFS or related work      | <input type="checkbox"/> Shoring/Underpinning        | <input type="checkbox"/> Wrap-Ups – Participation In |

If checked, please describe work in detail:

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**PROJECTS/OPERATIONS INFORMATION**

13. List all major projects completed within the past five years, including work in progress and planned projects (list project name, date, description, location, and cost) **OR**  Attach a project list

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the average dollar value of a completed project? \_\_\_\_\_

14. Please describe any types of projects that you have discontinued (i.e. no longer build, etc): \_\_\_\_\_

\_\_\_\_\_

15. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? If "Yes," please explain: \_\_\_\_\_  No  Yes

16. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)  No  Yes  
If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

17. Has your work involved or will it involve systems that provide medical life support or medical gas lines? If "Yes," please explain: \_\_\_\_\_  No  Yes

\_\_\_\_\_

18. Any exterior work performed above two stories in height from grade?  No  Yes  
Maximum number of stories: \_\_\_\_\_ Percentage of Total Work: \_\_\_\_\_

19. Any work performed below grade?  No  Yes  
Maximum depth: \_\_\_\_\_ Percentage of Total Work: \_\_\_\_\_

20. Is scaffolding owned, rented, or erected?  No  Yes  
Are other contractors at job site allowed to use it?  No  Yes

21. Have you worked or will you or your employees work under USL&H or Jones Act?  No  Yes

22. Do you have a formal safety program in operation?  No  Yes  
Please explain and/or provide a copy: \_\_\_\_\_

23. Indicate the type of security used on a project:  Fencing  Lighting  Watchman

**SUBCONTRACTOR INFORMATION/RISK TRANSFER** (If subcontractors are used classify as a GC)

24. Do you utilize A.I.A. standard contracts for all of your subcontractors?  No  Yes

25. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain: \_\_\_\_\_  No  Yes

26. Are Certificates of Insurance obtained from subcontractors?  No  Yes  
General Liability: \_\_\_\_\_  
Minimum Limits Required: \_\_\_\_\_  
Workers Compensation: \_\_\_\_\_

27. Are you named as an additional insured on all subcontractors' policies?  No  Yes

28. Do you ever use uninsured subcontractors?  No  Yes

29. Do you normally use the same subcontractors?  No  Yes

**OTHER OPERATIONS**

30. Do you draw any plans or blueprints used in your construction work?  No  Yes  
If "Yes," has Professional Liability Coverage been obtained?  No  Yes

Limit of Liability: \$ \_\_\_\_\_

31. Do you own any vacant land (raw land with no developmental or improvement activity, held only for investment of possible development more than 12 months in the future. No buildings on the property)?  No  Yes
32. Do you own any real estate development property (land with improvements – streets, roads, or utilities, etc completed under construction)?  No  Yes
33. If "Yes," to either questions 31 or 32, is property zoned:  Residential  Commercial/Retail/Industrial/Other  
 # of acres vacant land: \_\_\_\_\_ # of acres Real Estate Dev Prop: \_\_\_\_\_
34. Any other operations other than 'contracting'?  No  Yes  
 If "Yes," please describe: \_\_\_\_\_  
 \_\_\_\_\_
35. Where Insured? \_\_\_\_\_

**LOSS EXPERIENCE**  Check here if not applicable

36. Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

37. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? If "Yes," please explain:  No  Yes  
 \_\_\_\_\_  
 \_\_\_\_\_
38. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes," please explain:  No  Yes  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_