

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

General Contractors/Developers General Liability Application

Applicant's Name _____
 Mailing Address _____

 Web Site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-Mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

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: Deductible \$		Total \$

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.

	No. Residential Homes	No. any one Project/ Development Site	No. Condominiums/ Townhouses
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 five 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. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise 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 twelve (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 canceled, nonrenewed, 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 five years, provide details:

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

PRIOR CARRIER INFORMATION – FIVE YEAR PERIOD

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

LOSS HISTORY—FIVE YEAR PERIOD

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

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

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 WARNINGS AND ATTESTATION:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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.

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.