



# CBIC - CONTRACTORS APPLICATION

## Contractors Bonding and Insurance Company

16.	List 2 largest jobs currently underway or planned for next year		
	<b>Description of Work</b>	<b>Gross Receipts</b>	
17.	List 3 largest jobs in the past 5 years		
	<b>Date</b>	<b>Description of Work</b>	<b>Gross Receipts</b>
18.	Estimate for the next 12 months:		
	<b>*Annual Employee Payroll</b>	<b>Gross Annual Receipts (total revenue)</b>	<b>**Subcontracted Costs</b>
	# Owners, Partners, Officers or Members:	# Active Owners, Partners, Officers or Members:	
	# Full-time Employees:	# Part-time Employees:	Expense for casual labor or leased employees:
	For each of the past 4 years, provide:		
	Year	<b>*Annual Employee Payroll</b>	<b>Gross Annual Receipts (total revenue)</b>
			<b>**Subcontracted Costs</b>
	*Annual Employee Payroll - do not include payroll for clerical and salespersons		
	**Subcontracted Costs = labor plus materials <b>you</b> purchase for your subcontractors <b>and</b> materials purchased by subcontractor		
19.	List the trades of subcontractors you use or plan to use within the next year:		
20.	Do you sub out all construction work? <input type="checkbox"/> Yes <input type="checkbox"/> No      If subcontractors used, advise if:		
	a. Certificates of Insurance indicating limits equal to yours are obtained from all subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Do you require to be named as Additional Insured on all certificates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Is there a written contract with all subcontractors and does it require that you are indemnified and held harmless for loss and defense cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	List construction trades performed by you or your own employees:		
22.	Please advise (✓) the degree of job-site supervision you provide:		
	<input type="checkbox"/> Rarely on the job site <input type="checkbox"/> Visit job site occasionally <input type="checkbox"/> On the job site majority of the day		
23.	Do you take any jobs where the work performed is primarily <b>one</b> of the following? Please check (✓) all that apply.		
	<input type="checkbox"/> Exterior door/window installation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Exterior Stucco
	<input type="checkbox"/> Earthquake retrofitting or updating	<input type="checkbox"/> Pressure washing	<input type="checkbox"/> Siding
	<input type="checkbox"/> Framing	<input type="checkbox"/> Roof repair and installation	<input type="checkbox"/> Waterproofing/caulking
24.	Will you or have you ever been involved with any of the following? Please Check (✓) all that apply.		
	<input type="checkbox"/> EIFS or EIFS related products	<input type="checkbox"/> Fire/flood damage restoration work	<input type="checkbox"/> Medical facilities, hospitals, clinics or assisted living facilities
	<input type="checkbox"/> Equipment loaned/rented to others	<input type="checkbox"/> Bridges, tunnels, dams or levees	
	<input type="checkbox"/> Caisson/cofferdam work	<input type="checkbox"/> Traffic or street lights	<input type="checkbox"/> Construction on hillsides or slopes (greater than 25%) or landfills
	<input type="checkbox"/> Public roads/highway construction	<input type="checkbox"/> Tilt-up concrete	

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25. Check if you have or will perform or subcontract any of the following:

	✓ If Yes	Percent of Total Work	✓ If Sub-Contracted	Description of Work
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Blasting, demolition or wrecking (other than tearing down with hand tools)
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Boilers/propane/natural gas piping & equipment installation, service or repair
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Cranes or booms used to perform your work
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Environmental cleanup including lead paint, asbestos & mold
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Fire suppression, sprinkler or burglar alarm systems installation, service or repair
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Iron work installed for security around windows, doors or railings
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Machinery installation, service or repair
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Non-masonry fireplaces/stoves/flue piping/commercial kitchen exhausts
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Retaining wall construction over three feet; earth stabilization
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Site grading, excavation, or trenching (more than three feet), shoring
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Swimming Pool installation, servicing or repair
<input type="checkbox"/>		____ %	<input type="checkbox"/>	Underground tank removal or installation

26. Are any persons or entities named in application involved (past or present) in any of the following:

a. Subdivision of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Operations related to any project insured under a Wrap-up insurance program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Property management for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Property purchased for renovation, resale or rental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. List all rental properties owned and provide the annual rental income.		

27. Has any work performed by person or entities named in the application ever included **new** construction of condominiums, townhouses, apartments, planned developments, tract homes (5 or more homes at one location), condominium conversions or similar projects?  Yes  No

If yes, advise dates work performed: \_\_\_\_\_

If yes, was work performed for: Please check (✓) all that apply.

<input type="checkbox"/> Individual Unit Owner (in their unit)	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Association
<input type="checkbox"/> Other (Describe) _____		

28. Prior Carrier Information (Attach 5 Year Prior Carrier Loss Runs)

	Year	Year	Year	Year	Year
Policy Period:					
Carrier:					
Policy Number:					

29. Has any prior insurance been cancelled, declined or non-renewed?  Yes  No

If yes, explain.

30. Have any persons or entities named in the application:

a. Operated for any period without insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Ever been sued or had a demand for arbitration regarding faulty/defective construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have knowledge of any existing problem or construction defect on one of your jobs that may potentially give rise to any future claim or legal action against such person or entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Filed any mechanics liens against customers? <span style="margin-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="margin-left: 20px;">If yes, how many? _____</span>		

Please explain all yes responses:

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## OPTIONAL COVERAGE

1.	Is Business Personal Property coverage desired? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please provide:      Occupancy: <input type="checkbox"/> Shop/Storage <input type="checkbox"/> Office <input type="checkbox"/> Yard Contents	Limit:	
2.	Is Computer Coverage desired? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide:      Limit:
3.	Contractor's Installation coverage desired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit available: \$5,000 each job/\$15,000 all job sites (if higher limits are desired, refer to CBIC)
	Describe job site security for installation material:		
	Are any temporary structures (i.e., cribbing, scaffolding, construction forms) assembled or built on site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide details:		
4.	Contractors Tools and Equipment Blanket Limits (unscheduled) Coverage - if coverage desired advise limit: _____ If total values exceed \$50,000 and/or any one piece of equipment exceeds \$2,500, Equipment must be scheduled.		
5.	Contractors Tools and Equipment Scheduled Basis Coverage - if coverage desired advise total limit. _____ Provide the following information for each piece of equipment: Model Year, Description (Type, Manufacturer, Model, Capacity, etc.), ID No/Serial No, Date Purchased and Limit of Insurance		
6.	Is any Equipment rented, loaned to or from others with or without operators? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is Equipment used underground? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is any work done afloat? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### IMPORTANT: THIS AFFECTS THE VALIDITY OF YOUR POLICY - PLEASE READ BEFORE SIGNING

The undersigned, as a condition precedent to issuance of an insurance policy, hereby states that within the last 5 (five) years the Company listed below has made no claims against their insurance, has had no claims made against their insurance, has had no lawsuits or counterclaims filed against them, and has had no claims made against them which were tendered to, adjusted by, received by any insurance carrier, except as described below in "Exceptions/Claims History".

The undersigned acknowledges that this Certification is being relied upon by CBIC and is submitted to induce CBIC to issue insurance for the undersigned, and that if an undisclosed claim has occurred within the last 5 years, the submission of this Certification by the undersigned constitutes a material misrepresentation that will void or rescind their policy and eliminate insurance coverage (both for defense and indemnity), that they might otherwise have. In the event that CBIC were to make any payments under these circumstances, CBIC will seek reimbursement for such payments from the undersigned to the fullest extent allowed by law.

By signing this Certification the representative of the undersigned Company warrants that they have the knowledge and authority to bind the Company and to truthfully make the representation herein, and that for any claim or matter for which they are uncertain, they will not omit the matter but will instead state "unknown" the appropriate line below.

Exceptions/Claims History (attach additional sheet if necessary):

Year	Nature of Loss or Claim	Outcome

CBIC or its agents may periodically investigate my credit with any credit reporting agency or any other person or entity, and I authorize the release of any such information to CBIC. This application, including all supplements, attachments and responses to underwriter inquiries are incorporated into and become part of the insurance policy to the same extent as if physically attached.

Company: \_\_\_\_\_ By: \_\_\_\_\_  
(Print or type Full Business Name) (Print Name)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Named Insured)