



Luxury Home Program Worksheet

Complete submissions help to expedite the underwriting and quoting process, as well as allow us to provide the most competitive and comprehensive terms available.

Submissions for contractors should include the attached supplemental application along with the following:

- Completed ACORD applications (General Information, Commercial General Liability)
- Five (5) years of hard copy, currently valued, loss runs.
- A copy of their standard sub-contractor agreement*
- Percentage of work by state location
- Information on their current insurance program including,
 - o Insurer name
 - o Current premium
 - o Limits and deductible
 - o Expiration date
 - o Is the current insurer offering renewal?
 - If yes, what are the renewal terms and pricing?
 - If no, why?
- Do you, the current agent/broker, currently control this account? If not, what is your relationship with the applicant/insured?
- What are your desired terms, conditions, pricing?

Please note, as respects sub-contractors, underwriters will require,

1. That all sub-contractors carry Commercial General Liability limits equal to or greater than that of our applicant;
2. That all sub-contractors sign a written agreement that contains a Hold Harmless Clause in favor of our applicant;
3. That all sub-contractors provide the applicant with evidence that they, our applicant, are included as Additional Insured under the sub-contractors Commercial General Liability policy.
4. That all sub-contractors operating in NY State verify sub-contractors do not have a labor law exclusion

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.



CONTRACTORS LIABILITY APPLICATION
LUXURY HOME PROGRAM

APPLICANT INFORMATION

NAME:

MAILING ADDRESS:

PROPOSED EFFECTIVE DATE: FROM: / / TO: / / WEBSITE ADDRESS:

FORM OF BUSINESS: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ CORPORATION

YEARS IN
BUSINESS

☐ SUB-CHAPTER 'S' CORPORATION ☐ LIMITED CORPORATION ☐ NOT-FOR-PROFIT ORGANIZATION ☐ OTHER

PREMISES INFORMATION

LOC#	BLDG#	STREET, CITY, STATE, ZIP CODE	INTEREST	YEAR BUILT	PART OCCUPIED

DESCRIPTION OF OPERATIONS

PRIOR INSURANCE COMPANY INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER:				
GENERAL LIABILITY LIMITS:				
TOTAL PREMIUM:				

COVERAGES

COMMERCIAL GENERAL LIABILITY – Occurrence

DEDUCTIBLE – PER CLAIM General Liability (BI & PD): \$ _____

LIMITS

GENERAL LIABILITY	
Each Occurrence Limit:	\$
Damage To Premises Rented To You Limit:	\$
Medical Expense Limit:	\$
Personal & Advertising Injury Limit:	\$
General Aggregate Limit:	\$
Products/Completed Operations Aggregate Limit:	\$

Other Coverages:

☐ Blanket Additional Insured

☐ Per Project Aggregate

☐ Waiver of Subrogation

☐ _____

PROCEDURES WITH SUBCONTRACTORS

1. What entity manages your Subcontractor Agreements and Certificates of Insurance? _____ a. Is this self-performed? _____ b. If this is self-performed: a. Who is the individual responsible for this information? _____ b. Is this person also reviewing subcontractor policies for exclusionary language and coverage exclusions? Yes or No c. How long has this individual been performing this job for you? _____	YES or NO
2. If you utilize subcontractors, do you require that they do the following: a. Provide proof of workers compensation and liability insurance before they or their employees are allowed on the job site? _____ b. Maintain liability insurance with limits equal to or higher than your limits? _____ If no, what limit do you require? _____ c. Sign a written contract containing a Hold-Harmless Agreement (favoring you) before they begin work? _____ d. Provide an endorsement on their insurance policy naming you as an additional insured before beginning work? _____ e. How long do you maintain records of the above subcontractor documents? _____ PLEASE ATTACH A COPY OF A CURRENTLY EXECUTED SUBCONTRACTORS AGREEMENT THAT YOU USE.	
3. Is the market value of the home you build or renovate over or under \$5 Mil? OVER or UNDER	
4. What is the annual number of new home starts? _____ Average market value per start? _____	
5. Number of Addition Projects per year? _____ Average contract cost(s): \$ _____	
6. Number of Renovation Projects per year? _____ Average contract cost(s): \$ _____	
7. Do you have any jobs where you self-perform all the work (jobs where you do not subcontract any work)? YES OR NO If yes, how many jobs a year? _____	

GENERAL INFORMATION

Explain all "YES" answers	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	☐	☐
2. Describe present or prior affiliation with other firms:		
3. Is a formal safety program in operation?	☐	☐
4. Any exposure to flammables, explosives or chemicals?	☐	☐
5. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	☐	☐
6. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	☐	☐
7. Date of license:		
8. Years experience in field:		

9(a). Please provide a list of your 3 **largest** jobs, including date job completed, type of work performed and job cost.

1. _____
2. _____
3. _____

9(b). Please provide a list of your 3 **current** jobs, including date job started, type of work performed and job cost.

1. _____
2. _____
3. _____

Explain all "YES" answers

YES

NO

9(c). Do any prior operations differ substantially in nature from current operations?

☐
☐

10. Receipts history. Please provide the GROSS RECEIPTS for the past 5 years.

1st Prior: _____ 2nd Prior: _____
 3rd Prior: _____ 4th Prior: _____
 5th Prior: _____

Gross Receipt estimate for the next 12 months: \$ _____

Renovation/Remodeling Receipt estimate for the next 12 months: \$ _____

11. Payroll. Please provide the payroll estimates for the next 12 months by ISO classification.

1. Executive Supervisors (Class Code 91580) \$ _____
2. Contractors-Subcontractors Work (Class Code 91583) \$ _____
3. Contractors-Subcontractors Work (Class Code 91585) \$ _____
4. Carpentry (class Code 91342) \$ _____
5. Other (describe): _____
6. Other (describe): _____

12. Any past, present or future work in the NY City boroughs of Manhattan, Brooklyn, Bronx or Queens?
 If YES, please supply separate sheet detailing past 5 jobs & open bid work in the boroughs including location, description of work, duration of job, contract amount, # of stories for any exterior work.

☐
☐

13. Do you work as a Construction Manager (in that you do not hire or contract with subs and take a fee only)?

☐
☐

14. Do you work as a Real Estate Developer?

☐
☐

15. Any past, present or future work on landfill areas or in subsidence areas?

☐
☐

16. Any subsidence or sinkhole related losses in the past 5 years?

☐
☐

17. Any past, present or future construction operations conducted in excess of five stories?

☐
☐

18a. Any past, present or future construction operations performed below grade?
 If YES, what is maximum depth?

☐
☐

18b. Any shoring, underpinning, cofferdam or caisson work?

If YES, please explain safety procedures regarding underground utilities.

☐
☐

19. Any past, present or future involvement in the construction of condominiums, town-houses, or apartments in excess of 10 units?

☐
☐

If YES, provide the date of the job, type of work performed, and the job cost:

20. Any past, present or future involvement with **Exterior Insulation and Finish Systems** (Synthetic Stucco)?

☐
☐

21. Do you perform service or maintenance operations, which account for more than 10% of your revenue?

☐
☐

If YES, are these only for home owners you have completed projects for?

☐
☐

22. What percentage of your operations is associated with hot tar or torch down roofing? _____%								
Explain all "YES" answers								
						YES	NO	
23. Do you have any past or present involvement in building Tract Housing Developments? (Tract is defined as 10 or more homes in the same sub-division)						☐	☐	
24. Have you ever been named in a construction defect suit? If YES, please provide details.						☐	☐	
25. What percentage of your operations are conducted as a: GENERAL CONTRACTOR: _____%; SUB-CONTRACTOR: _____%								
26. What percentage of your receipts are derived from: (Each line should equal 100%)								
New Construction		%	Remodeling		%	Demolition Repair		%
Commercial	%	Institutional	%	Industrial	%	Residential	%	
27. Structural Remodeling? _____ If yes, what percentage of work? _____%								
Non-Structural Remodeling? _____ If yes, what percentage of work? _____%								
28. Any Fire/Water damage restoration? _____ If yes, what percentage of work? _____%								
29. Indicate type of work performed by percentage of direct employee payroll and subcontracted work: (All Direct Payroll columns should total 100% and all Sub Work columns should total 100%.)								
Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Costs	Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Costs	Type	Direct Payroll % of Total Payroll	Subbed % of Total Sub Costs
Asbestos removal			Grading			Plumbing		
Blasting			Insulation			Roofing		
Carpentry (finish)			Janitorial			Sheet Metal (shop)		
Concrete			Landscape/ Gardening			Sheet Metal/Siding (outside)		
Driveway parking lot paving/repaving			Lead Abatement			Sewer		
Drywall/Wallboard			Masonry			Steel (structural)		
Electrical			Mold Remediation			Street Grading		
Excavation			Painting (interior)			Tree Trimming		
Fence Erection			Painting (exterior)			Wrecking/Demolition		
Floor Installation			Paperhanging			Other:		
Gas Hook-ups			Plastering			Other:		
Total of columns:							%	%
30. Is Hired & Non-Owned Auto Coverage Desired? ☐ ☐								
If YES, how many Drivers? _____								
31. Has the applicant ever filed personal or corporate bankruptcy? ☐ ☐								
32. WHAT WAS THE ANNUAL NUMBER OF NEW HOME STARTS DURING THE EXPIRING POLICY PERIOD								
LIST OF NEW HOME STARTS (ADD AN ADDITIONAL PAGE IF NECESSARY)								
STREET ADDRESS		START DATE		ESTIMATED SALES PRICE		ESTIMATED SUBCONTRACTED COSTS		
1. _____								
2. _____								
3. _____								
4. _____								

Remarks/Additional information:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in 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 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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 person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.



Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant *: _____ Date: _____

Title: _____

Name of Producing
Agent: _____

Signature of
Producing Agent: _____

Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.

