

## **REQUIREMENTS FOR GENERAL CONTRACTORS**

A completed Accord General Information & General Liability application must include:

- (1) Employees' payroll by classification
- (2) Cost of insured-subcontracted work
- (3) Breakdown of payroll by classification of uninsured-subcontractors
- (4) Estimated annual Sales
- (5) Number of homes to be built per year

In order to Quote the following requirements must be met & provided to submit to market:

- (1) Subcontractors must provide the general contractor with a Certificate of Insurance naming the general contractor as Additional Insured
  - (2) Subcontractors must sign a Hold Harmless Contract in favor of the general contractor
- (The Hold Harmless Contract must be approved in advanced to the underwriter)**

**SUBCONTRACT  
(SHORT FORM)**

JOB NO.: \_\_\_\_\_  
DATE: \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ (Contractor) and \_\_\_\_\_ (Subcontractor) to perform the work identified in Article 2 in accordance with the Project's Contract Documents.

PROJECT:  
OWNER:  
ARCHITECT:  
CONTRACTOR:  
SUBCONTRACTOR:

**ARTICLE 1**

**CONTRACT PAYMENT.** The contractor agrees to pay subcontractor for satisfactory performance of Subcontractor's Work the sum of \_\_\_\_\_ Dollars (\$\_\_\_\_\_).

Progress payments, less retainage of \_\_\_\_%, shall be made to Subcontractor for Work satisfactorily performed no later than seven (7) days after receipt by Contractor of payment from Owner for Subcontractor's Work. Final payment of the balance due shall be made to Subcontractor no later than seven (7) days after receipt by Contractor of final payment from Owner for Subcontractor's Work. These payments are subject to receipt of such lien waivers, affidavits, warranties and guarantees required by the Contract Documents or Contractor.

**ARTICLE 2**

**SCOPE OF WORK.** Subcontractor agrees to commence Subcontractor's Work herein described upon notification by Contractor, and to perform and complete such Work in Accordance with Contract Documents and under the general direction of Contractor in accord with Contractor's schedule. This shall include all work necessary or incidental to complete the:

Work for the project as more particularly, though not exclusively specified in \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE 3**

**SCHEDULE OF WORK.** Time is of the essence. Subcontractor shall provide contractor with any requested scheduling information of Subcontractor's Work. The Schedule of Work, including that of this Subcontract shall be prepared by Contractor and may be revised as the Work progresses.

Subcontractor recognized that changes may be made in the Schedule of Work and agrees to comply with such changes without additional compensation.

Subcontractor shall coordinate its work with all other contractors, subcontractors, and suppliers on the Project so as not to delay or damage their performance, work or the Project.

**ARTICLE 4**

CHANGES. Contractor without nullifying this Agreement, may direct Subcontractor in writing to make changes to Subcontractor’s Work. Adjustment, if any, in the contract price or contract time resulting from such changes shall be set forth in a Subcontract Changes Order pursuant to the Contract Documents.

**ARTICLE 5**

FAILURE OF PERFORMANCE. Should Subcontractor fail to satisfy contractual deficiencies within three (3) working days from receipt of Contractor’s written notice, then the Contractor, without prejudice to any right or remedies, shall have the right to take whatever steps it deems necessary to correct said deficiencies and charge the cost thereof to Subcontractor, who shall be liable for payment of same, including reasonable overhead, profit and attorneys fees.

**ARTICLE 6**

INSURANCE. Prior to the start of Subcontractor’s Work, Subcontractor shall procure and maintain in force for the duration of the Work, Worker’s Compensation Insurance, Employer’s Liability Insurance, Comprehensive General Liability Insurance and all insurance required of Contractor under the Contract Documents, Contractor, Owner and Architect shall be named as additional insured’s on each of these policies, except for Worker’s Compensation.

**\*\*Minimum Limit Required for Comprehensive General Liability \$ \_\_\_\_\_\*\***

**ARTICLE 7**

INDEMNIFICATION. To the fullest extent permitted by law, Subcontractor shall indemnify and hold harmless Owner, Architect, Architect’s consultants and Contractor from all damages, losses. Or expenses, including attorney fees, from any claims or damages for bodily injury, sickness, disease, or death, or from claims for damage to tangible property other than the Work itself. This indemnification shall extend to claims resulting from performance of this Subcontract and shall apply only to the extent that the claim or loss is caused in whole or in part by any negligent act or omission of Subcontractor or any of its agents, employees, or subcontractors. This indemnity shall be effective regardless of whether the claim or loss is caused in some part by a party to be indemnified. The obligation of Subcontractor under this Article shall not extend to claims or losses that are primarily caused by the Architect, or Architect’s consultant’s performance or failure to perform professional responsibilities.

**ARTICLE 8**

WARRANTY. Subcontractor warrants its work against all deficiencies and defects in materials and/or workmanship and agrees to satisfy same without cost to Owner or Contractor for a period of one (1) year from the date of Substantial Completion of the Project or per Contract Documents, whichever is longer.

**ARTICLE 9**

SPECIAL PROVISIONS. (Insert any special provisions required by Subcontract).

In witness whereof, the parties have executed this Agreement under Seal, the day and year first written above.

\_\_\_\_\_  
Subcontractor (Firm Name)

\_\_\_\_\_  
Contractor (Firm Name)

\_\_\_\_\_  
By (Type or print signer’s name & title)

\_\_\_\_\_  
By (Type or print signer’s name & title)

Subcontractor’s Federal Tax ID Number: \_\_\_\_\_

## Contractors Application

Applicant's Name\* \_\_\_\_\_ Agent \_\_\_\_\_

(\*If more than one entity, attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

Applicant Mailing Address\*\* \_\_\_\_\_ Inspection/Audit Contact \_\_\_\_\_

(\*\*If more than one location attach separate sheet.)

\_\_\_\_\_ Inspection/Audit Phone \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_

Insured is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

### GENERAL INFORMATION

Years in Business? \_\_\_\_\_ Years of Experience in this field? \_\_\_\_\_

Your contractor's license number \_\_\_\_\_ Type of license \_\_\_\_\_

1. Indicate the percent of each type of work performed.

| TYPE                  | COMMERCIAL | RESIDENTIAL | INDUSTRIAL | % OF TOTAL OPERATIONS |
|-----------------------|------------|-------------|------------|-----------------------|
| New Construction      | %          | %           | %          | %                     |
| Renovation            | %          | %           | %          | %                     |
| Real Estate Developer | %          | %           | %          | %                     |

Indicate the percentage of work you perform as a General Contractor or as a Subcontractor:

(a) General Contractor \_\_\_\_\_% (b) Subcontractor \_\_\_\_\_%

Indicate the percentage of work on a typical project performed by:

a) Your Employees \_\_\_\_\_% (b) Subcontractors under your supervision \_\_\_\_\_%

2. If residential construction, how many homes per year? \_\_\_\_\_ Total # of homes in project \_\_\_\_\_

**Yes      No**

3. Do you have a written safety program? .....

Describe what safety precautions are in place \_\_\_\_\_

How do you protect the general public from potential injury? \_\_\_\_\_

4. Is jobsite security provided at night? .....

If yes, please describe \_\_\_\_\_

5. What is the maximum height of buildings you work on? \_\_\_\_\_ (# of stories)

6. Does a foreman or qualified individual inspect all jobs upon completion? .....

**GENERAL INFORMATION (CONTINUED)**

**Yes No**

7. Do you perform any out of state work? .....    
 If yes, in what states and provide details of work performed \_\_\_\_\_
- 
8. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA?
9. Have you ever used, sold, installed or removed asbestos? .....    
 If yes explain in detail \_\_\_\_\_
- 
10. Do you draw plans, designs or specifications? .....    
 If yes, describe \_\_\_\_\_
- 
11. Do you lease equipment to others with or without operators? .....    
 If yes, describe equipment and forward copy of lease agreement \_\_\_\_\_
- 
12. Do you employ a soil engineer? .....    
 If no, do you hire an independent soil engineer? .....    
 If yes, does he name you as an Additional Insured? .....
13. Do you offer warranties? If yes, attach copies of warranty .....
14. Do you have Mobile Equipment that travels over public roads? .....
15. Do you perform or subcontract fire restoration and/or water remediation work? .....
16. Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)? .....
17. Do you lease employees to or from other employers? .....
18. Do you have a labor interchange with any other business or subsidiaries? .....
19. Have you operated under any other name(s)? .....    
 If yes, list name, address, years in operation and exposures \_\_\_\_\_
- 
20. Do you perform work below grade? .....    
 If yes, \_\_\_\_\_% of work, \_\_\_\_\_ Depth
21. Do you now or have you ever built on hillsides, slopes, landfills or other terrain susceptible to subsidence? .....    
 Describe \_\_\_\_\_
- 
22. Are you involved in any operations outside of the construction industry? .....    
 Describe \_\_\_\_\_
- 
23. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims? .....    
 Describe \_\_\_\_\_
- 
24. Number of executive supervisors \_\_\_\_\_ Estimated Payroll \_\_\_\_\_

Indicate below the construction experience of your executive supervisors:

| NAME | YEARS OF EXPERIENCE | ESTIMATED PAYROLL | LARGEST JOB SUPERVISED | YEARS WITH COMPANY |
|------|---------------------|-------------------|------------------------|--------------------|
|      |                     |                   |                        |                    |
|      |                     |                   |                        |                    |

25. Complete the following, if applicable:

Number of Model Homes \_\_\_\_\_ Development Property \_\_\_\_\_ acres Vacant Land \_\_\_\_\_ acres

**SPECIAL HAZARDS** – Do any of your operations involve the following?

| Explain all "Yes" responses                    | Yes                      | No                       | Explain all "Yes" responses | Yes                      | No                       |
|--|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
|  | Use of cranes            | <input type="checkbox"/> |                             | <input type="checkbox"/> | Blasting                 |
| Use of tower cranes                            | <input type="checkbox"/> | <input type="checkbox"/> | Foundation Repair           | <input type="checkbox"/> | <input type="checkbox"/> |
| Length of booms: _____ (# of ft.)              |                          |                          | Shoring or underpinning     | <input type="checkbox"/> | <input type="checkbox"/> |
| EIFS (Exterior Insulation and Finish Systems)  | <input type="checkbox"/> | <input type="checkbox"/> | Pile driving                | <input type="checkbox"/> | <input type="checkbox"/> |
| Demolition of structures (other than interior) | <input type="checkbox"/> | <input type="checkbox"/> | Caisson or cofferdam work   | <input type="checkbox"/> | <input type="checkbox"/> |
| Structural alterations                         | <input type="checkbox"/> | <input type="checkbox"/> | Other Special Hazards       | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain all yes responses _____                |                          |                          |                             |                          |                          |

**CONTROLLING THE SUBCONTRACTORS EXPOSURE**

| If you NEVER hire subcontractors please check here <input type="checkbox"/>   |   |                                   | Yes                            | No                       |
|---|---|-----------------------------------|--------------------------------|--------------------------|
| 1. Are certificates of insurance required from subcontractors? .....  | <input type="checkbox"/>                | <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/> |
| 2. Do your subcontractors carry coverage or limits less than yours? .....   | <input type="checkbox"/>                | <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/> |
| If yes, what are the minimum limits you accept? _____   |   |                                   |                                |                          |
| 3. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) ..... | <input type="checkbox"/>                | <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/> |
| 4. Are you named as an additional insured on the subcontractors' policy? .....  | <input type="checkbox"/>                | <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/> |
| 5. How long are Certificates of Insurance kept?   | <input type="checkbox"/> Until job ends | <input type="checkbox"/> One year | <input type="checkbox"/> Other |                          |
| If other is checked, provide details _____  |   |                                   |                                |                          |
| Explain all yes responses _____   |   |                                   |                                |                          |

**LIMITS – GENERAL LIABILITY (OCCURRENCE FORM)**

General Aggregate \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertising Injury \$ \_\_\_\_\_

Each Occurrence \$ \_\_\_\_\_

Damage to Premises Rented to You \$ \_\_\_\_\_

Medical Expense (any one person) \$ \_\_\_\_\_

**TYPE OF WORK PERFORMED**

Please indicate whether the following trades are:

**E** – performed by your employees or **S** – performed by subcontractors

| DESCRIPTION             | E                        | ANNUAL PAYROLL | S                        | ANNUAL COST | DESCRIPTION         | E                        | ANNUAL PAYROLL | S                        | ANNUAL COST |
|-------------------------|--------------------------|----------------|--------------------------|-------------|---------------------|--------------------------|----------------|--------------------------|-------------|
| Bridge construction     | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Insulation          | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Carpentry               | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Interior demolition | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Concrete                | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Landscaping         | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Debris removal          | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Masonry             | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Drilling                | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Painting            | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Drywall                 | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Parking lot paving  | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Electrical              | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Plumbing            | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Excavation              | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Roofing             | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Framing                 | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Street paving       | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Grading                 | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Stucco              | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| Guard rail installation | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Other _____         | <input type="checkbox"/> |                | <input type="checkbox"/> |             |
| HVAC                    | <input type="checkbox"/> |                | <input type="checkbox"/> |             | Other _____         | <input type="checkbox"/> |                | <input type="checkbox"/> |             |

**EXPERIENCE**

1. List sales for the last three years:

Year 20 \_\_\_\_\_ Gross sales \$ \_\_\_\_\_  
 Year 20 \_\_\_\_\_ Gross sales \$ \_\_\_\_\_  
 Year 20 \_\_\_\_\_ Gross sales \$ \_\_\_\_\_

2. Anticipated Gross sales for this term \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

| NAME & ADDRESS | RELATIONSHIP TO APPLICANT | ADDITIONAL INSURED       | CERTIFICATE              |
|----------------|---------------------------|--------------------------|--------------------------|
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                           | <input type="checkbox"/> | <input type="checkbox"/> |

**LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:**

| LOCATION | DESCRIPTION OF JOB | JOB COST | PROJECT DURATION | PROJECT COMPLETION DATE |
|----------|--------------------|----------|------------------|-------------------------|
|          |                    |          |                  |                         |
|          |                    |          |                  |                         |
|          |                    |          |                  |                         |
|          |                    |          |                  |                         |

**LIST FIVE (5) OF YOUR LARGEST PROJECTS PLANNED FOR THE COMING YEAR:**

| DESCRIPTION | ESTIMATED JOB COST | ESTIMATED PROJECT DURATION |
|-------------|--------------------|----------------------------|
|             |                    |                            |
|             |                    |                            |
|             |                    |                            |
|             |                    |                            |
|             |                    |                            |

**ADDITIONAL INFORMATION OR COMMENTS:**

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**PRIOR CARRIER HISTORY**

| YEAR | CARRIER | POLICY NUMBER | LIMITS | PREMIUM |
|------|---------|---------------|--------|---------|
|      |         |               |        |         |
|      |         |               |        |         |
|      |         |               |        |         |
|      |         |               |        |         |

**LOSS INFORMATION**

- Obtain hard copy Company loss runs with a valued date within the last 90 days.
  - 3 year loss runs for risks with up to \$2,500,000 in sales.
  - 5 year loss runs for risks with more than \$2,500,000 in sales.

**LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)**

| DATE OF LOSS | TYPE OF LOSS | DESCRIPTION OF LOSS | AMOUNT PAID | RESERVE |
|--------------|--------------|---------------------|-------------|---------|
|              |              |                     |             |         |
|              |              |                     |             |         |
|              |              |                     |             |         |
|              |              |                     |             |         |
|              |              |                     |             |         |

| EXPLAIN ALL "YES" RESPONSES   | YES                      | NO                       | EXPLAIN ALL "YES" RESPONSES  | YES                      | NO                       |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Are you a subsidiary of another entity or do you have any subsidiaries?   | <input type="checkbox"/> | <input type="checkbox"/> | Any exposure to flammables, explosives, chemicals?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Any operations sold, acquired, or discontinued in last 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> | Have you been active in or are you currently active in joint ventures? | <input type="checkbox"/> | <input type="checkbox"/> |
| During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to you? | <input type="checkbox"/> | <input type="checkbox"/> | Any bankruptcies, tax or credit liens against you in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain all yes answers: \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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Producer's Signature

Date

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Applicant'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.