

☐ **Scottsdale Insurance Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

## GENERAL CONTRACTORS/DEVELOPERS GENERAL LIABILITY APPLICATION

(Complete in addition to the ACORD application)

Applicant's Name: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Location Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_  
Agent No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Indicate percentage of work applicant performs in each of the following:**

☐ General Contractor ..... %    ☐ Subcontractor ..... %  
☐ Developer ..... %    ☐ Construction/Project Manager/Consultant ..... %  
☐ Owner/Builder ..... %

**2. States/areas of operations:** \_\_\_\_\_

Radius of operations from main location: ..... miles

**3. Describe all operations in detail:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Any change in the named insured in the last year?** ..... ☐ Yes ☐ No

If yes, advise all prior names: \_\_\_\_\_  
\_\_\_\_\_

**5. Any change in operations in the last year?** ..... ☐ Yes ☐ No

If yes, advise: \_\_\_\_\_  
\_\_\_\_\_

**6. Length of time in business:** ..... years.    Years of Experience: \_\_\_\_\_

Is applicant licensed? ..... ☐ Yes ☐ No

If yes, type of license and number: \_\_\_\_\_ Year license issued: \_\_\_\_\_

Length of time in business operating under the name shown above: \_\_\_\_\_ years or ☐ new venture.

Has applicant operated or been licensed under any other name(s) during the past ten (10) years? .. ☐ Yes ☐ No

If yes, provide prior name and describe type of operations:

Prior Name	Operations Description

7. Total number of employees:.....

8. Annual gross receipts:..... \$ \_\_\_\_\_

9. Indicate percent (%) of operations involving:

a. New construction..... %    Remodeling..... %    Demolition ..... %  
 Repair..... %    Other (explain below)..... %    (Must total 100%)

Explain other: \_\_\_\_\_

b. Commercial new construction ..... %    Commercial remodeling ..... %  
 Industrial..... %    Institutional ..... %  
 Residential new construction ..... %    Residential remodeling..... %  
 Apartments..... %    Commercial Condominiums ..... %  
 Prefab/Modular/Kit home construction ..... %    Prefab/Modular/Kit home mfg. .... %

(Must total 100%)

c. Residential new construction:

(1) Condos (including conversions): ..... %  
 (2) Townhouses (including conversions): ..... %  
 (3) Single family or residential dwellings: ..... %

Average cost of new homes built:..... \$ \_\_\_\_\_

d. Residential remodeling:

(1) Interior work only: ..... %  
 (2) Ground-up construction: ..... %

10. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

11. Has applicant been involved as a General Contractor in the building of Residential Homes, Condominiums or Townhouses in the past ten (10) years, including 'conversion' projects? ..... ☐ Yes ☐ No
- If yes, indicate maximum number built during any twelve (12) month period, maximum at any one project/development site and expected maximum number to be built during next twelve (12) months: (For these purposes a duplex is equivalent to two single family residences; a triplex equals three homes, etc.)

	No. Residential Homes	No. Condominiums	No. Townhouses	Total No. At Any One Project/ Development Site
Next twelve (12) months				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				
Prior Year:				

12. Advise the maximum number of residential home sites developed in any one year or at any one project site (past, present, future): \_\_\_\_\_

13. Does applicant have a formal home warranty program? ..... ☐ Yes ☐ No
- If yes, provide details: \_\_\_\_\_

14. Does applicant have model homes? ..... ☐ Yes ☐ No
- If yes, provide number and location(s): \_\_\_\_\_

15. 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): \_\_\_\_\_

16. Operations By Applicant—Indicate percentage of payroll for each type of construction work performed by applicant's employees:

Airports	%	Insulation	%	Sewer	%
Asbestos Removal	%	Maintenance	%	Snow Removal	%
Blasting/Explosives	%	Masonry	%	Soil Stabilization	%
Bridges/Elevated Roads	%	Mechanical	%	Steel (ornamental)	%
Carpentry	%	Mold & Spore Remediation	%	Steel (structural)	%
Communication Lines	%	Oil or Gas Facilities	%	Street/Road/Highway	%
Concrete	%	Painting	%	Supervisory Only	%
Drilling	%	Pipeline/Water Main	%	Swimming Pools	%
Earthquake Reinforcement/ Retrofitting	%	Plastering	%	Tiny House Construction or Manufacturing	%
EIFS	%	Plumbing	%	Tunneling	%

Electrical	%	Power Lines	%	Underpinning	%
Excavating	%	Process Piping	%	Waterproofing	%
Fire Proofing	%	Removal/Installation of Underground Tanks	%	Water Restoration	%
Fire Restoration	%	Roofing	%	Wrecking/Demolition	%
Framing of Buildings	%	Rooftop work (other than roofing)	%	Other (describe)	%
Gas Mains	%	Scaffolding	%		

**17. Subcontractors Operations Performed for Applicant—Indicate percentage of subcontracted work costs for all construction work performed by applicant's subcontractors:**

Airports	%	Insulation	%	Sewer	%
Asbestos Removal	%	Maintenance	%	Snow Removal	%
Blasting/Explosives	%	Masonry	%	Soil Stabilization	%
Bridges/Elevated Roads	%	Mechanical	%	Steel (ornamental)	%
Carpentry	%	Mold & Spore Remediation	%	Steel (structural)	%
Communication Lines	%	Oil or Gas Facilities	%	Street/Road/Highway	%
Concrete	%	Painting	%	Supervisory Only	%
Drilling	%	Pipeline/Water Main	%	Swimming Pools	%
Earthquake Reinforcement/Retrofitting	%	Plastering	%	Tiny House Construction or Manufacturing	%
EIFS	%	Plumbing	%	Tunneling	%
Electrical	%	Power Lines	%	Underpinning	%
Excavating	%	Process Piping	%	Waterproofing	%
Fire Proofing	%	Removal/Installation of Underground Tanks	%	Water Restoration	%
Fire Restoration	%	Roofing	%	Wrecking/Demolition	%
Framing of Buildings	%	Rooftop work (other than roofing)	%	Other (describe):	%
Gas Mains	%	Scaffolding	%		

**18. Account history for prior five years and projected current year:**

Year	Payroll	Total Revenue	Subcontracted Cost		
			Cost of Labor, Fees, Commissions +	Cost of Materials and Equipment Rental =	Total Subcontracted Cost
Current	\$	\$	\$	\$	\$
1st Prior	\$	\$	\$	\$	\$
2nd Prior	\$	\$	\$	\$	\$
3rd Prior	\$	\$	\$	\$	\$
4th Prior	\$	\$	\$	\$	\$
5th Prior	\$	\$	\$	\$	\$

**19. Dollar value of average job completed:** ..... \$ \_\_\_\_\_

**20. Subcontractor Questions:**

**Does applicant use subcontractors?** ..... ☐ Yes ☐ No

If yes:

Type of work subcontracted: \_\_\_\_\_

Annual subcontract cost: \_\_\_\_\_

Are Certificates of Insurance naming insured as additional insured obtained? ..... ☐ Yes ☐ No

Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured? ..... ☐ Yes ☐ No

Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? ..... ☐ Yes ☐ No

Does applicant normally use the same subcontractors? ..... ☐ Yes ☐ No

    If no, is subcontracted work put out for bids? ..... ☐ Yes ☐ No

Does applicant own or operate a salvage yard and/or act as a secondhand building materials dealer? ..... ☐ Yes ☐ No

**21. Any past, present or future work using Exterior Insulation and Finish Systems (EIFS)?** ..... ☐ Yes ☐ No

**22. Any exterior stucco and/or plastering work by insured or subcontractor?** ..... ☐ Yes ☐ No

**23. Indicate if any work done involving systems that provide:**

☐ Medical and/or industrial life support      ☐ Process piping      ☐ Dams/levees

**24. Indicate if work requires monitoring by:**

☐ Certified inspectors      ☐ Resident inspectors      ☐ Part-time      ☐ When called

**25. Any work performed above two stories in height from grade?** ..... ☐ Yes ☐ No

    If yes, maximum number of stories: ..... \_\_\_\_\_

**26. Any work performed below grade?** ..... ☐ Yes ☐ No

    If yes, maximum depth: \_\_\_\_\_ ft. .... % of total work

**27. Is scaffolding owned, rented or erected?** \_\_\_\_\_

    Are other contractors at job site allowed to use it? ..... ☐ Yes ☐ No

**28. Does applicant have a formal safety program in operation?** ..... ☐ Yes ☐ No

    Explain and/or provide a copy: \_\_\_\_\_

**29. Has applicant ever built or 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 does applicant use? \_\_\_\_\_

    Underpinning? ..... ☐ Yes ☐ No

    Any past subsidence losses? ..... ☐ Yes ☐ No

    If yes, explain: \_\_\_\_\_

**30. Any mobile equipment leased from others?** ..... ☐ Yes ☐ No

    If yes, from whom? \_\_\_\_\_

    Lease basis? \_\_\_\_\_

    Operators provided? ..... ☐ Yes ☐ No

    Type of equipment leased? \_\_\_\_\_

31. **Does applicant 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, property is zoned: ☐ Residential ☐ Commercial/Retail/Industrial ☐ Other: \_\_\_\_\_

No. of Acres	No. of Lots	Location Description

32. **Does applicant own any Real Estate Development Property?** (Land with improvements—streets, roads, utilities, etc. completed or under construction) ..... ☐ Yes ☐ No

If yes, property is zoned: ☐ Residential ☐ Commercial/Retail/Industrial

If zoned residential, provide location descriptions and number of lots at each development.

No. of Acres	No. of Lots	Location Description

33. **Does applicant or any of applicant employees hold a Real Estate Agent's license?** ..... ☐ Yes ☐ No

If yes, has Professional Liability Coverage been obtained? ..... ☐ Yes ☐ No

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

34. **Does applicant hold other persons' property for service, storage or repair?** ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

35. **Any underground storage tanks?** ..... ☐ Yes ☐ No

If yes, when inspected and by whom? \_\_\_\_\_

36. **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: \_\_\_\_\_

37. **Does applicant have Workers' Compensation coverage in force?** ..... ☐ Yes ☐ No

38. **Does applicant lease employees from others?** ..... ☐ Yes ☐ No

Does applicant lease employees to others? ..... ☐ Yes ☐ No

39. **Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?** ..... ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

40. **List all active owners, partners and executive officers and their job duties/responsibilities:** \_\_\_\_\_

41. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_

42. Has applicant ever had a Construction Defect loss/claim or been involved in a class action Construction Defect suit? ..... ☐ Yes ☐ No  
If yes, provide details of losses or suits older than five years:

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

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 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK 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 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_