

# CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE

**GENERAL INFORMATION:**

1. Applicant: \_\_\_\_\_ Years under this name: \_\_\_\_\_

List all business names in which applicant has owned in the past: \_\_\_\_\_

2. Contractor's License No.: \_\_\_\_\_ State(s) in which you do business: \_\_\_\_\_

3. Percentage of operations:  
 General Contractor: \_\_\_\_\_% Subcontractor: \_\_\_\_\_%  
 Owner/Builder: \_\_\_\_\_% Other (explain): \_\_\_\_\_%  
 If Subcontractor – Specific Trade: \_\_\_\_\_

**OLLIS RICKEY HARRIS  
 806 HWY 78 WEST  
 JASPER, AL 35501  
 AL LICENSE #051136  
 AL SURPLUS LICENSE #051136**

4. Estimates for next 12 months:

Direct Payroll: \$ _____	Sub-contract Costs: \$ _____	Gross Receipts: \$ _____
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Prior Years:

	Direct Payroll:	Sub-Contract Costs:	Gross Receipts:
First Prior	\$ _____	\$ _____	\$ _____
Second Prior	\$ _____	\$ _____	\$ _____
Third Prior	\$ _____	\$ _____	\$ _____

5. Do you have operations other than contracting?  YES  NO  
 Covered by other insurance?  YES  NO  
 If "YES" please explain: \_\_\_\_\_

6. If you are a general contractor or developer, are adequate records kept of certificates of insurance and contractual agreements with subcontractors?  YES  NO

7. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act?  YES  NO

**WORK PERFORMED:**

8. Indicate the anticipated payroll and costs of construction work you will perform and that which will be subbed over the next 12 months:

Type of Work	% Direct	% Subbed	Uninsd Subs Costs	Type of Work	% Direct	% Subbed	Type of work	% Direct	% Subbed	Uninsd Subs Costs
Blasting				Grading			Roofing			
Bridge Bldg				Insulation			Sewer			
Carpentry				Maintenance			Steel/Structural			
Concrete				Masonry			Steel/Ornamental			
Demolition				Mechanical			Street/Road			
Drilling				Painting			Supervisory Only			
Quake Repair				Plastering			Constr Mgmt			
Electrical				Plumbing			Water/Gas Mains			
Excavation				Other (Describe):						

9. Roofing Operations?  YES  NO

If YES, attach the Roofing Questionnaire CSL \_\_\_\_\_

10. Indicate the percentage of construction work performed by you:

New Construction	%	Commercial	%	Inside Building	%
Remodeling	%	Residential	%	Outside Building	%
Other	%				

11. Have you or will you work as a construction manager on a fee basis?  YES  NO

Have you or will you supervise subcontractors whose payments are run through another entity?

YES  NO

Please describe: \_\_\_\_\_

12. Have you ever been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity?  YES  NO

If "YES" please explain: \_\_\_\_\_

13. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous material?  YES  NO

Removal or work on fuel tanks or pipelines?  YES  NO

14. Has or will any of your work involve the construction of, or be for, condominiums or townhouses?

YES  NO

If YES, is the work new construction?

YES  NO

Or Repair only?

YES  NO

Has or will any of your work involve the construction of, or be for, apartments?

YES  NO

If YES, is the work new construction?

YES  NO

Type: Senior % \_\_\_\_\_ HUD % \_\_\_\_\_ Low Income % \_\_\_\_\_ Standard % \_\_\_\_\_

Any tract homes?

YES  NO

(If YES, maximum number of homes in tract: \_\_\_\_\_)

15. Are these operations to be covered by this insurance?  YES  NO

16. Have you performed or will you or your subcontractors perform any work below grade?  YES  NO

Maximum depth: \_\_\_\_\_ % of Operations: \_\_\_\_\_

17. Has your work involved or will it involve systems that provide:

Medical and/or industrial life support; process piping?

YES  NO

Do you work on dams/levees?

YES  NO

If "YES" please explain: \_\_\_\_\_

**PREVIOUS WORK**

18. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years: \_\_\_\_\_

19. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas?  YES  NO

If "YES" please explain: \_\_\_\_\_

20. Have you built or will you build/construct buildings or other structures in excess of four (4) stories?  YES  NO

If "YES" please explain: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

21. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  YES  NO

22. Do you require subcontractors to name you as an additional insured and provide endorsement of same?  YES  NO

Limit Required: \_\_\_\_\_ Written Contract?  YES  NO

If NO, during the pendency of the policy to which this application is attached, do you warrant that adequate records of certificate of insurance/additional insured endorsement and contractual agreements with subcontractors will be kept?  YES  NO

If YES, do you warrant that during the pendency of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance/additional insured endorsement and contractual agreements with subcontractors?  YES  NO

**SAFETY**

23. Indicate the type of security used on a project:  Fencing  Lighting  Watchman

24. Do you or will you have a formal safety program in place?  YES  NO

**PRIOR CARRIER**

25. List expiring carrier information for the past 3 years:

	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Special Exclusions</u>	<u>Form OCC or Claims Made</u>
EXPIRING	_____	\$ _____	\$ _____	\$ _____	_____	_____
1 <sup>ST</sup> PRIOR	_____	\$ _____	\$ _____	\$ _____	_____	_____
2 <sup>ND</sup> PRIOR	_____	\$ _____	\$ _____	\$ _____	_____	_____

**LOSS INFORMATION**

26. Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

I \_\_\_\_\_ hereby attest under penalty of perjury I have had no General Liability losses in the past five (5) years. In the event losses are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

27. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?

YES  NO

If YES, please explain: \_\_\_\_\_

28. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant?

YES  NO

If YES, please explain: \_\_\_\_\_

29. Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

YES  NO

If YES, please explain: \_\_\_\_\_

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title (Officer, Partner): \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.**

**ROOFING CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE**  
(Complete in Addition to Acord Application)

1. Name of Applicant: \_\_\_\_\_  
(Complete one questionnaire for each named insured / for each risk.)
  
2. Percentage of Work Performed on:
 

Apartments _____%	Industrial Buildings _____%	Office Buildings _____%
Condominiums _____%	One/Two Family Dwellings _____%	Other _____%

 Explain other: \_\_\_\_\_  
  
 Maximum percentage of work per year applicant has done in past ten years on  
 Condominiums/Townhouse: \_\_\_\_\_%      Largest Complex (# of units): \_\_\_\_\_
  
3. Percentage of work which is:
 

a. Reroofs _____%	Repair/Patch Work _____%	New Roofs _____%
b. 1 to 3 Story _____%	4 to 5 Story _____%	Over 5 Story _____%
c. Slate/Tile _____%	Wood shake/shingle _____%	Composition _____%
Hot/Composition _____%	Polyurethane Foam _____%	Metal/Aluminum _____%
Other _____%	Explain Other: _____	
d. Flat _____%	Pitched _____%	
  
4. Does applicant use "Hot Tar"?  Yes  No If yes, what percentage is "Hot Tar" work \_\_\_\_\_%  
 Does applicant sub out "Hot Tar" work?  Yes  No If yes, what estimated annual cost of subs for "Hot Tar" work? \$ \_\_\_\_\_
  
5. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials?  Yes  No If Yes, describe process and percentage of work involving this? \_\_\_\_\_
  


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6. Does applicant use any spray method for applying roofing materials?  Yes  No If yes, are flammable liquids or catalysts used?  Yes  No
  
7. Does applicant install any type of elastomer roof coverings requiring spraying or use of flammable liquid or open fires?  Yes  No
  
8. Are all jobs inspected by a foreman or the contractor at completion before leaving job site?  
 Yes  No
  
9. Which of the following does applicant use?  
 Cranes  Yes  No      Kettles  Yes  No      Roof cleaning Tractors  Yes  No  
 Hoists  Yes  No      Forklifts  Yes  No      Scaffolding  Yes  No  
 a. If risk involves heating kettles, are they equipped with automatic shut off valves?  Yes  No
  
10. Does applicant sub out any work?  Yes  No, If yes, describe type of work subbed and total annual cost: \_\_\_\_\_
  


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- Does applicant obtain certificates of liability insurance from sub-contractors?  Yes  No  
 If yes, what limits are required? \_\_\_\_\_
  
11. Property damage resulting from water, rain, snow, sleet or ice is excluded. However, this exclusion does not apply to the Products - Completed Operations hazard (coverage available only after job is completed). Work on buildings over five (5) stories is also excluded.  
 Do you wish to buy back water damage (while job is in progress)?  Yes  No

12. Coverage also is excluded for the following: *(indicate whether applicant wishes to buy back any of the following coverages.)*

Use of "Hot Tar"  Yes  No      Medical Coverage  Yes  No  
Use of subcontractors  Yes  No      Work over 3 stories  Yes  No

13. Do you have knowledge of any occurrence which might give rise to a claim?  Yes  No

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

14. Remarks: \_\_\_\_\_

If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not limited to the following:

- A. Absolute bodily injury exclusion to applicant's employees
- B. Broad Form Contractual (Limited and Intermediate form is provided)
- C. Medical Payments Coverage (an optional coverage can be purchased for an additional premium).
- D. Pollution (Absolute)
- E. Pre-existing Injury or Damage
- F. Punitive Damages
- G. Use of "Hot Tar" (can be deleted for additional premium charge)
- H. Use of subs unless subs provide Certificate, prior to entering jobsite, showing evidence of liability coverage equal to applicants and Worker's Compensation Coverage.
- I. Water damage while the job is in progress (can be deleted for an additional premium).
- J. Work over three (3) stories (can be changed for an additional premium).
- K. Work on Condominiums, Townhomes, Townhouses or Apartments (can be deleted for an additional premium).

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

**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**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Producer Signature: \_\_\_\_\_

# ACORD™ COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): 205-221-5570 FAX (A/C, No.): 205-221-5570	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
O. RICKEY HARRIS INSURANCE 806 HWY 78 WEST JASPER, AL 35501	POLICIES OR PROGRAM REQUESTED		POLICY NUMBER	
CODE: SUB CODE:	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
AGENCY CUSTOMER ID:	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
	GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
	TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
QUOTE	ISSUE POLICY	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
BOUND (Give Date and/or Attach Copy):	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE DATE TIME AM PM			DIRECT BILL		
CANCEL			AGENCY BILL		

APPLICANT INFORMATION		NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext):		MAILING ADDRESS (INCL ZIP+4 (of First Named Insured))	
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):		INDIVIDUAL		CORPORATION		SUBCHAPTER "S" CORPORATION	
PARTNERSHIP		JOINT VENTURE		LLC		CR BUREAU NAME		ID NUMBER	
INSPECTION CONTACT		PHONE (A/C, No, Ext):		ACCOUNTING RECORDS CONTACT		PHONE (A/C, No, Ext):		DATE BUS STARTED	

PREMISES INFORMATION										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	PART OCCUPIED	
					INSIDE	OWNER				
					OUTSIDE	TENANT				
					INSIDE	OWNER				
					OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
4. ANY CATASTROPHE EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			

REMARKS/PROCESSING INSTRUCTIONS
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS (3 YEARS IN KS & NY)											CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS			
									OPEN			
									CLOSED			
									OPEN			
									CLOSED			
REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY										ATTACHMENTS	
										STATE SUPPLEMENT(S) (if applicable)		

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.