



General Liability Insurance Application

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Business Name: _____ Contact: _____

(If more than one entity is to be insured under this policy, please complete attached supplement.)

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Warranty Registration #: _____ FEIN #: _____

Phone: _____ Email: _____

Description of Operations

CURRENT POLICY PERIOD

Total Number of Homes (all subdivisions): _____ Maximum Number of Homes (any one subdivision): _____

Average cost per home (excluding land & profit): \$ _____ Total cost of all homes constructed (excluding land & profit): \$ _____

PROJECTIONS FOR UPCOMING POLICY PERIOD

Total Number of Homes (all subdivisions): _____ Maximum Number of Homes (any one subdivision): _____

Average cost per home (excluding land & profit): \$ _____ Total cost of all homes constructed (excluding land & profit): \$ _____

OWNERS

Below please list the **officers/owners/members** of your company and a brief explanation of their responsibilities in your organization. Example would be: administrative only, supervise job site thru foreman or actively involved in construction.

NAME	JOB DUTIES

EMPLOYEES

of Non-Clerical Employees _____

Do you have employees that perform construction work? Yes No If yes, please complete below.

If yes, please provide job description and payroll.	Annual payroll
	\$
	\$
	\$
	\$
	\$

SUBCONTRACTORS

If all of your subcontractors are adequately insured, please provide your estimated total costs for the next policy period below. (Including all labor and materials purchased by you or the subcontractor.) Do you have uninsured or underinsured subcontractors? Yes No

If yes, please complete Uninsured/Underinsured Subcontractors Supplement. An uninsured/underinsured subcontractor is one with less limits than yours.

Insured Contractors Subcontracted Work	\$
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OTHER

Please advise of the following exposures owned by your company:

Model Homes	Number:
Real Estate Development Property	Number of Acres:
Vacant Land	Number of Acres:

Insurance Application (continued)

Please answer the following questions for all past, present or discontinued operations:

Please provide details in the comments section at the end of this application to any questions below to which you responded "yes" except those noted.

1	Have you ever been named in a class action suit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does your work include any non-residential construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does your work include any construction of <input type="checkbox"/> condominiums <input type="checkbox"/> apartments <input type="checkbox"/> townhome type construction including but not limited to townhomes <input type="checkbox"/> patio homes <input type="checkbox"/> duplexes <input type="checkbox"/> other multi-family dwellings? If yes, please provide description including number of stories, families and total units.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you own and/or manage any rentals? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you own/manage any homeowners associations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do your operations include debris removal for other than a residential construction project on which you are acting as the general contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Do your operations include renovation work? If yes, Please indicate percentage of total gross receipts from renovations _____%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Do your operations include any of the following: (if not performed by an insured subcontractor)		
	a) Automatic Fire Suppression Systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Security Alarm Systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Chemical or Gas Pipes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d) Blasting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e) Excavation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	f) Demolition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	g) Structural Alterations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	h) Insulation Work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	i) Lawn Chemical Spraying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	j) Tree Service or Removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	k) Exterior work over 3 stories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Do you draw plans, designs, or specifications for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Do you loan, lease, or rent machinery or equipment to others (with or without operators)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Do your subcontractors carry coverages or limits less than yours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Are subcontractors allowed to work without providing you with a certificate of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Do you require all subcontractors to name you as an additional insured for General Liability Coverage? <i>If no please explain:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Do you require all subcontractors for any New York Operation to provide you with a written indemnification agreement including waiver of subrogation holding you harmless for loss due to negligence of subcontractor or subcontractor's subcontractors and including requirement that subcontractor will purchase and maintain General Liability and Workers Compensation insurance coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Are you currently active or have you been active in any joint ventures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Have any operations been sold, acquired, or discontinued in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Are you a subsidiary of another Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Do you own any subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	Does the applicant own, operate, or lease, aircraft/watercraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Do / have past, present, or discontinued operations involve(d) storage, treating, discharging, applying disposing, or transporting of hazardous material including radioactive materials (e.g. landfills, wastes, fuel tanks, etc.) or Environmental Impairment Work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Any operations owned (50% or more) or operated by the insured but not listed herein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	In the last three years, has your general liability coverage been cancelled, nonrenewed or declined? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GENERAL OPERATIONS QUESTIONS

1	Do you provide any medical facilities or employ or contract with any medical professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Do you provide any Parking Facilities requiring a fee for parking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do you provide any recreation facilities? Including a swimming pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you sponsor any sporting or social events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are day care facilities operated or controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Does Businesses' promotional literature make any representations about the safety/security of premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Have any crimes occurred or been attempted on your premises in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Is there a formal safety and security policy in effect? (Please describe.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Do you lease employees to or from other employers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Is there a labor interchange with any other business/subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Has any product, work-accident, location, jobsite been excluded, uninsured or self-insured from any previous coverage? <i>If yes, please provide details in the comments section on page 3 of this application.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insurance Application (continued)

GENERAL LIABILITY COVERAGE

LIMITS	YOUR CURRENT	REQUESTED LIMITS
Coverage Form (Claims Made)	<input type="checkbox"/> Claims - Made <input type="checkbox"/> Occurrence	Claims - Made
Occurrence (Other than Products Completed Operations) 1 mil.	\$	\$
General Aggregate 2 mil.	\$	\$
Occurrence (Products Completed Operations) 1 mil.	\$	\$
Products Completed Operations Aggregate 2 mil.	\$	\$
Medical Payments 5k	\$	\$
Fire Legal 100k	\$	\$

CLAIMS-MADE COVERAGE - If available, please attach a copy of your declaration page from expiring policy.

PRIOR CARRIER INFORMATION

NAME OF CARRIER	GENERAL LIABILITY COVERAGE	RETROACTIVE DATE IF CLAIMS-MADE	PERIOD OF COVERAGE	EXPIRING PREMIUM
	<input type="checkbox"/> Claims - Made <input type="checkbox"/> Occurrence			\$

LOSS EXPERIENCE

Please describe below any General Liability losses experienced in the past four (4) years. <input type="checkbox"/> No Losses		
DATE OF LOSS	DESCRIPTION OF LOSS	TOTAL \$ AMOUNT INCURRED
Please describe below any General Liability occurrences reported in the past four (4) years that have not yet resulted in a claim. <input type="checkbox"/> None		
DATE OF OCCURRENCE	DESCRIPTION OF OCCURRENCE	
NOTE: A COPY OF YOUR INSURANCE COMPANY LOSS RUNS MAY BE REQUIRED		

COMMENTS

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 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 statement as part of, or in support of, an application for the issuance 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 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.

Business Name (First Name Insured)

Signature (Name & Title)

Date

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