

CBIC - GENERAL CONTRACTORS APPLICATION

NEW HOME BUILDERS OR REMODELERS

Contractors Bonding and Insurance Company

1.	Agent/Broker Name and Address:	Agent E-mail:	
		Agent Fax #:	
		Agent Phone #:	
2.	Owner / Spouse Name and Street Address:	Social Security #:	
		Date of Birth:	
		Spouse SS#:	
3.	Additional Owner / Spouse Name and Street Address:	Social Security #:	
		Date of Birth:	
		Spouse SS#:	
4.	Company Name and Mailing Address:	Contractor License #:	
		Business License #:	
		Business Phone #:	
		Business E-mail:	
		Business Fax No.:	
5.	Premises Address (if different from above)		
6.	Form of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
	Years in Business? _____	How many Years Experience? _____	6a. PROPOSED EFFECTIVE DATE:
7.	Check (✓) the following: Liability Occurrence Limit: <input type="checkbox"/> \$150,000 * <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
	Aggregate Limit: <input type="checkbox"/> Same as occurrence limit <input type="checkbox"/> Double occurrence limit		
	Property Damage Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
	*\$150,000 limit available only in Oregon (for all classes) and Washington (classes 92478-electrical & 96816-janitorial only)		
8.	Estimate for the next 12 months:		
	Number of Active Owners	Number of Employees	*Employee Payroll
			**Subcontractor Cost
			Gross Sales
	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners		
	**Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor		
9.	Where does applicant work?	States:	County(ies):
10.	Check (✓) all of the following that describes applicant's operation:		
	<input type="checkbox"/> Construction consultant to owners (you do not perform direct labor or hire employees &/or subcontractors)	<input type="checkbox"/> General contractor (hired by property owner)	
	<input type="checkbox"/> Developer/owner of land/buildings (hires general contractor)	<input type="checkbox"/> General contractor (property owner hires the subcontractors)	
	<input type="checkbox"/> Developer of land only	<input type="checkbox"/> General contractor (speculative builder)	
	<input type="checkbox"/> General contractor (hired by developers)	<input type="checkbox"/> Subcontractor performing one or two trades (hired by general contractor or property owner)	
11.	Check (✓) if any Owner, Officer, Partner, Spouse or Employee have any of the following specialized licenses:		
	<input type="checkbox"/> Architect/Engineer	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Other _____ <input type="checkbox"/> Check if None
	Indicate License Holder(s) <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Employee		
12.	List other businesses owned or affiliated in any way with persons or entities named in the application within the last 10 years:		
	Check if None <input type="checkbox"/>		

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13. a. State the percentage of work performed:
 Residential _____ % Commercial _____ % Industrial _____ % Manufacturing _____ % = 100%

b. State the percentage of type of work performed:
 New Construction _____ % Remodel _____ % Repair _____ % = 100%

14. Describe your operations in detail including trades performed by applicant and employees:

15. Advise prior work experience if applicant in business less than 3 years (please attach resume):

16. Check (✓) the degree of job-site supervision provided:
 Rarely on the job site Visit job site occasionally On the job site majority of the day

17. List the trades of subcontractors you use or plan to use within the next year:

Check if None

18. If subcontractors will or have been used, check (✓) if applicant complies with the following:

Certificates of Insurance with limits of liability for each occurrence equal to or greater than those provided by this policy will be obtained from all subcontractors prior to commencement of any work performed for the insured.

Insured will obtain hold harmless agreements from subcontractors indemnifying against all losses from the work performed for the insured by any and all subcontractors.

Insured will be named as additional insured on all subcontractors general liability policies.

19. List 3 largest jobs in the past 5 years, currently underway or planned:

Year	Description of Work	Gross Receipts

20. For each of the past 4 years, provide:

Year	*Annual Employee Payroll	Gross Annual Receipts (total revenue)	**Subcontracted Costs

**Annual Employee Payroll - do not include payroll for clerical, salespersons or owners*
***Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor*

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21. Estimate the number of jobs performed annually (indicate Zero "0" if none):

<p>_____ Exterior jobs over 3 stories</p> <p>_____ Jobs running at one time</p> <p>_____ Total jobs completed</p> <p>_____ Condo projects</p>	<p>_____ Apartments/townhomes/co-op bldgs over 12 units</p> <p>_____ Jobs on homes valued over \$1 million</p> <p>_____ Total new homes built</p> <p>_____ New homes built in any one tract, subdivision or development</p>
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22. Check (✓) if applicant has been involved with or will perform: **Check if None**

<p><input type="checkbox"/> Demolition (other than tearing down with hand tools)</p> <p><input type="checkbox"/> Environmental cleanup including lead paint, asbestos and mold</p> <p><input type="checkbox"/> Non-masonry fireplaces/stoves/flue piping/commercial kitchen exhausts</p> <p><input type="checkbox"/> Retaining wall construction over three feet, earth stabilization</p> <p><input type="checkbox"/> Swimming pool installation, servicing or repair</p> <p><input type="checkbox"/> Underground tank removal or installation</p> <p><input type="checkbox"/> EIFS or EIFS related products</p>	<p><input type="checkbox"/> Medical facilities, hospitals, clinics or assisted living facilities</p> <p><input type="checkbox"/> Equipment loaned/rented to others</p> <p><input type="checkbox"/> Traffic or street lights</p> <p><input type="checkbox"/> Fire/flood damage restoration work</p> <p><input type="checkbox"/> Construction on hillsides or slopes (greater than 25%) or landfills</p> <p><input type="checkbox"/> Site grading, excavation, trenching (more than three feet) or shoring</p> <p><input type="checkbox"/> Cranes or booms used to perform your work</p>
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Explain all items that have been checked (please indicate if work is subcontracted to others):

23. Estimate the number of jobs where the **only work performed** is one of the following (indicate Zero "0" if none):

<p>_____ Exterior door/window installation</p> <p>_____ Earthquake retrofitting or updating</p> <p>_____ Framing</p>	<p>_____ Foundation</p> <p>_____ Pressure washing</p> <p>_____ Roof repair and installation</p>	<p>_____ Exterior Stucco</p> <p>_____ Siding</p> <p>_____ Waterproofing/caulking</p>
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24. Check (✓) all that apply for persons or entities named in the application: **Check if None**

<p><input type="checkbox"/> Any claims against your insurance in the past 5 years</p> <p><input type="checkbox"/> Had any prior insurance cancelled, declined or non-renewed</p> <p><input type="checkbox"/> Have any lawsuits, arbitrations or disputes pending in which you are being assisted by a lawyer</p> <p><input type="checkbox"/> Purchased property for renovation, resale or rental</p> <p><input type="checkbox"/> Ever been sued or had a demand for arbitration regarding faulty/defective construction</p> <p><input type="checkbox"/> Have knowledge of any existing problem or construction defect on one or more of your jobs that may potentially give rise to any future claim or legal action against such person or entity</p>	<p><input type="checkbox"/> Filed any mechanics liens against customers</p> <p><input type="checkbox"/> Operated for any period without insurance</p> <p><input type="checkbox"/> Have any operations related to any project insured under a Wrap-up insurance program</p> <p><input type="checkbox"/> Managed property for others</p> <p><input type="checkbox"/> Purchased or have plans to purchase land that will be subdivided into 4 or more new building lots</p> <p><input type="checkbox"/> Ever declared bankruptcy</p> <p><input type="checkbox"/> Ever failed in business</p> <p><input type="checkbox"/> Have any pending or prior IRS liens</p>
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Explain all items that have been checked:

