

# CONTRACTORS GENERAL INFORMATION

## CBIC - Contractors Bonding and Insurance Company

**Attach Specific Applications Needed for Classification and Coverages**

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. Company Name and Mailing Address:	Contractor License #:	
	Business License #:	
	Business Phone #:	
	Business E-mail:	
4. Premises Address (if different from above)		
5. 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? _____		<b>5a. PROPOSED EFFECTIVE DATE:</b>
6. Advise prior work experience if company established less than 3 years ago (attach resume):		

**GENERAL LIABILITY**

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)
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**STOP GAP COVERAGE: (WA & WY only)**

**BLANKET ADDITIONAL INSURED COVERAGE**

8. Stop Gap Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	9. <input type="checkbox"/> Yes <input type="checkbox"/> No
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10. Where does applicant work?	States:	County(ies):
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11. Describe your operations in detail including trades performed by applicant and employees:
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12. List other businesses owned within the last 10 years: (indicate for each if business is active or inactive)
<b>Check if None</b> <input type="checkbox"/>

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 _____ %   Maintenance / Repair _____ %   = 100%
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14. List the trades of subcontractors you use or plan to use within the next year:
<b>Check if None</b> <input type="checkbox"/>

15. If subcontractors will or have been used, check (✓) if applicant complies with the following:
<input type="checkbox"/> 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. <input type="checkbox"/> Insured will obtain hold harmless agreements from subcontractors indemnifying against all losses from the work performed for the insured by any and all subcontractors. <input type="checkbox"/> Insured will be named as additional insured on all subcontractors general liability policies.

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16. Check (✓) all that apply for persons or entities named in the application:  Check if None
- |  |  |
|--|--|
| <input type="checkbox"/> Any claims against your insurance in the past 5 years<br><input type="checkbox"/> Prior insurance cancelled, declined or non-renewed<br><input type="checkbox"/> Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer<br><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<br><input type="checkbox"/> Operated for any period without insurance | <input type="checkbox"/> Any bankruptcies, tax or credit liens against the applicant<br><input type="checkbox"/> Any mechanics liens filed against customers<br><input type="checkbox"/> Ever been sued or had a demand for arbitration regarding faulty/defective construction<br><input type="checkbox"/> Ever failed in business<br><input type="checkbox"/> Have any operations related to any project insured under a Wrap-up insurance program |
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Explain all items that have been checked:

### PRIOR CARRIER INFORMATION:

1.		Year	Year	Year	Year	Year
	Policy Period:					
	Carrier:					
	Policy Number:					

### BOND INFORMATION: COMPLETE ONLY IF YOU ARE REQUESTING CBIC BOND

1.	Type of Bond:		2.	Bond Amount:
3.	Bond Term: <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years			
4.	Residence Information: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Current Market Value:	Loan Balance:	
5.	Any prior Bond Losses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			

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.

### IMPORTANT: THIS AFFECTS THE VALIDITY OF YOUR POLICY - PLEASE READ BEFORE SIGNING

The undersigned, as a condition precedent to issuance of an insurance policy, hereby states that within the last 5 (five) years the Company listed below has made no claims against their insurance, has had no claims made against their insurance, has had no lawsuits or counter-claims filed against them, and has had no claims made against them which were tendered to, adjusted by, received by any insurance carrier, except as described below in "Exceptions/Claims History".

The undersigned acknowledges that this Certification is being relied upon by CBIC and is submitted to induce CBIC to issue insurance for the undersigned, and that if an undisclosed claim has occurred within the last 5 years, the submission of this Certification by the undersigned constitutes a material misrepresentation that will void or rescind their policy and eliminate insurance coverage (both for defense and indemnity), that they might otherwise have. In the event that CBIC were to make any payments under these circumstances, CBIC will seek reimbursement for such payments from the undersigned to the fullest extent allowed by law.

By signing this Certification the representative of the undersigned Company warrants that they have the knowledge and authority to bind the Company and to truthfully make the representation herein, and that for any claim or matter for which they are uncertain, they will not omit the matter but will instead state "unknown" the appropriate line below.

Exceptions/Claims History (attach additional sheet if necessary):

Year	Nature of Loss or Claim	Outcome

CBIC or its agents may periodically investigate my credit with any credit reporting agency or any other person or entity, and I authorize the release of any such information to CBIC. This application, including all supplements, attachments and responses to underwriter inquiries are incorporated into and become part of the insurance policy to the same extent as if physically attached.

Company: \_\_\_\_\_ By: \_\_\_\_\_  
(Print or type Full Business Name) (Print Name)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Named Insured)