

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.	Proposed Effective Date:
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 Construction Experience? _____		
7. Advise prior work experience if applicant has been in business less than 3 years:		
GENERAL LIABILITY		
8. 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)		
STOP GAP COVERAGE: (ND, WA & WY only)		BLANKET ADDITIONAL INSURED COVERAGE
9. Stop Gap Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		9. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does applicant work out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate state(s):		
11. Describe your operations in detail including trades performed by applicant and employees:		
12. List other businesses owned within the last 10 years: (indicate for each if business is active or inactive)		
Check if None <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%		
14. List the trades of subcontractors you use or plan to use within the next year:		
Check if None <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.		

CONTRACTORS GENERAL INFORMATION

CBIC - Contractors Bonding and Insurance Company

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 <input type="checkbox"/> Operated for any period without insurance <input type="checkbox"/> Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer <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 <input type="checkbox"/> Prior insurance cancelled, declined or non-renewed due to claims or ineligible operations	<input type="checkbox"/> Any bankruptcies, tax or credit liens against the applicant within past 5 years <input type="checkbox"/> More than 1 mechanics lien filed against others in past 5 years <input type="checkbox"/> Ever been sued or had a demand for arbitration regarding faulty/defective construction <input type="checkbox"/> Ever failed in business <input type="checkbox"/> Have any operations related to any project insured under a Wrap-up insurance program
---	--

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 represents 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)

CONTRACTORS INLAND MARINE COVERAGES

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name: _____	2. Company Name: _____
-----------------------------	------------------------

CONTRACTORS TOOLS AND EQUIPMENT COVERAGE (refer to CBIC if limit over \$50,000)

3. Equipment must be scheduled if total values exceed \$50,000 and/or any one piece of equipment exceeds \$2,500

<input type="checkbox"/> Blanket (Unscheduled) Coverage Limit: _____ Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	<input type="checkbox"/> **Scheduled Coverage Limit: _____ Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
--	--

****Attach equipment schedule including: Year, Description (Type, Manufacturer, Model, Capacity, etc.), ID No. / Serial No., Date Purchased and Value per item.**

Is Equipment used underground? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is any Equipment rented, loaned to or from others with or without operators? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any work done afloat? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Explain all yes answers:

CONTRACTORS INSTALLATION COVERAGE

4. Per Job Site Limit / All Job Sites Limit

\$5,000 / \$15,000 \$10,000 / \$30,000 \$15,000 / \$45,000 \$20,000 / \$60,000 \$25,000 / \$75,000

Deductible: \$500 \$1,000 \$2,500

Describe job site security for installation material:

Are any temporary structures (i.e., cribbing, scaffolding, construction forms) assembled or built on site? Yes No

If yes, provide details:

EMPLOYEE TOOLS COVERAGE (refer to CBIC if limit over \$5,000)

5. Tools subject to a maximum of \$500 per employee and \$100 limit for any one tool

Employee Tools Limit: _____ Deductible: \$500 \$1,000 \$2,500

NON-OWNED (LEASED OR RENTED) TOOLS AND EQUIPMENT COVERAGE (refer to CBIC if limit over \$50,000)

6. Non-Owned Tools and Equipment Limit: _____ Deductible: \$500 \$1,000 \$2,500

RENTAL COST REIMBURSEMENT COVERAGE (refer to CBIC if limit over \$5,000)

7. The limit of recovery under this extension is 80% of the rental fee for substitute equipment after a 72-hour waiting period from time of loss

Rental Cost Reimbursement Limit: _____ Deductible: \$500 \$1,000 \$2,500

COMPUTER (ELECTRONIC DATA PROCESSING) EQUIPMENT COVERAGE (refer to CBIC if limit over \$5,000)

8. Electronic Data Processing Equipment Limit: _____ Deductible: \$500 \$1,000 \$2,500

NOTE: Electronic Data Processing Media and Records are included @ 25% of EDP Limit

MISCELLANEOUS COVERAGE (MANUAL PREMIUM)

9. Description: _____ Limit: _____

Deductible: \$500 \$1,000 \$2,500 Premium: _____

CONTRACTORS PROPERTY COVERAGES

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name: _____	2. Company Name: _____
-----------------------------	------------------------

LOCATION SCHEDULE

3.	Loc. No.	Bld. No.	Street Address, City, County, State and Zip Code
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

BUSINESS PERSONAL PROPERTY COVERAGE (INLAND MARINE COV) (refer to CBIC if total contents limits are over \$100,000)

4.	Loc. No.	Bld. No.	Office Contents Limit	Shop/Storage Contents Limit	Yard Contents Limit	Deductible
	_____	_____	_____	_____	_____	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
	_____	_____	_____	_____	_____	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
	_____	_____	_____	_____	_____	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

BUILDING COVERAGE (refer to CBIC if total building limits are over \$200,000)

5. This coverage does NOT apply to the personal dwelling.

Loc. No.	Bld. No.	Building Limit	Building Coinsurance			Building Deductible			Business Income Limit	Business Income Coinsurance or Monthly Limitation					
			80%	90%	100%	\$500	\$1,000	\$2,500		50%	80%	100%	1/3	1/4	1/6
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loc. No.	Bld. No.	Construction							Occupancy		Protection Class	Total Square Footage
		Frame	Joisted Masonry	Noncombustible	Masonry Noncomb	Mod Fire Resistive	Fire Resistive	Shop / Storage	Office			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Loc. No.	Bld. No.	Year Built	Number of Stories	Sprinklered		Other Occupancies
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

MISCELLANEOUS COVERAGE (MANUAL PREMIUM)

6.	Description: _____	Limit: _____
	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	Premium: _____

CONTRACTORS MISCELLANEOUS COVERAGES

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name:	2. Company Name:
-----------------------	------------------

IDENTITY RECOVERY COVERAGE:

3. Identity Recovery Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------	------------------------------	-----------------------------

HIRED AND NON OWNED AUTO LIABILITY COVERAGE: (COVERAGE NOT AVAILABLE IN CALIFORNIA AND TEXAS)

4. Hired Auto Liability Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non Owned Auto Liability Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------	------------------------------	-----------------------------	------------------------------------	------------------------------	-----------------------------

(1) Are any vehicles corporately owned or insured on a business auto policy? Yes No

(2) Do any employees use their own vehicles for company business on a daily basis (this includes travel between job-site locations during the day)? Yes No

Please answer questions (3) through (7) if question (2) above is yes

(3) Advise the number of employees using their own vehicles for company business? _____
Please describe use: _____

(4) Are these employees required to provide proof of insurance? Yes No

(5) What minimum limit of insurance are employees required to carry? _____

(6) Do you obtain a copy of their insurance annually? Yes No

(7) Please list these drivers and owners, including their drivers license number and date of birth.

MISCELLANEOUS COVERAGE (MANUAL PREMIUM)

5. Description: _____	Limit: _____
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	Premium: _____

WINDOW CLEANING CONTRACTORS

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name:	2. Company Name:				
3. Estimate for the next 12 months:					
Number of Active Owners	Number of Employees	*Employee Payroll	**Subcontractor Cost	Gross Sales	
<i>* Annual Employee Payroll - do not include payroll for clerical, salespersons or owners</i> <i>** Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor</i>					
4. List 3 largest jobs in the past 5 years or currently underway or planned:					
Year	Description of Work			Gross Receipts	
5. For each of the past 4 years, provide:					
Year	*Annual Employee Payroll	Gross Annual Receipts (total revenue)	**Subcontracted Costs		
<i>* Annual Employee Payroll - do not include payroll for clerical, salespersons or owners</i> <i>** Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor</i>					
6. Estimate the number of jobs performed annually (indicate Zero "0" if none):					
_____	Total jobs completed annually	_____	Jobs on homes valued over \$1.5 million		
_____	New homes worked on in any one tract, subdivision or development	_____	Townhomes, co-op buildings, condos or condo conversion projects		
_____	Exterior work over 2 stories				
7. List all other services provided that are unrelated to window cleaning:					
Check if None <input type="checkbox"/>					
8.	Are records and/or invoices kept for each job?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9.	Any specialty glass restoration operations? If yes, explain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.	Any cleaning performed with chemicals or abrasives? If yes, explain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No