

**Submissions email: [application@westcapins.com](mailto:application@westcapins.com)**

1.	Applicant Name:							
2.	Years in Business:		Years of Industry Experience:					
3.	Contractor License #(s):		Licensed State(s):		Tax ID Number:			
4.	Inspection Contact:			Audit Contact:				
5.	The applicant operates as a:							
	General Contractor		%	Developer		%	Construction Consultant	%
	Subcontractor		%	Spec Builder		%	Architect/Engineer	%
6.	Do you or have you worked as a construction manager for a fee?				Yes	No		
7.	Do you or have you ever allowed your license to be used by any other entity?				Yes	No		
8.	States applicant performs work in:			Radius of operations from primary location:				
9.	Do you perform any work in New York, Colorado, or Florida?				Yes	No		
10.	Description of current and prospective operations during the policy year:							
11.	Are there, or will there be during the policy year, any operations, business activities, or revenue sources not described above? If yes, please describe those operations, business activities, or sources of revenue:						Yes	No
12.	Do you have any prior operations or business activities that differ from current operations? If yes, please explain below:						Yes	No
13.	Do you currently own or operate another business, or have you ever operated under a different name? If yes, please explain below and provide the entity name below:						Yes	No
14.	Is there separate insurance for the activities described in question 11. above? If yes, provide the name of the insurance company and the policy number:						Yes	No
	Name of Insurance Company				Policy Number			
15.	Do you or any predecessors have any unpaid insurance premiums or deductibles?						Yes	No
16.	In the past five years, has any insurer canceled or non-renewed similar insurance for any applicant, or has your insurance been canceled for non-payment by any insurer or finance company?						Yes	No
17.	Have you ever been fired or replaced from a job in progress?						Yes	No

18. Have you ever replaced another contractor on a job that was in progress? Yes No

19. Please provide your historical exposure information: **(Please exclude wrap-up or project-specific projects)**

Period:	Gross Receipts	Subcontractor Costs	Payroll
Projected next 12 Months:	\$	\$	\$
Current Period:	\$	\$	\$
2 <sup>nd</sup> Prior Year:	\$	\$	\$
3 <sup>rd</sup> Prior Year:	\$	\$	\$
4 <sup>th</sup> Prior Year:	\$	\$	\$
5 <sup>th</sup> Prior Year:	\$	\$	\$

20. What percentage of your work is:

<b>Residential Construction:</b>	%	<b>Commercial Construction:</b>	%
New Construction	%	New Construction	%
Remodeling – Structural	%	Remodeling – Structural	%
Remodeling – Nonstructural	%	Remodeling – Nonstructural	%
Other:	%	Other:	%

21. What percentage of your work is: Interior Work % Exterior Work %

22. Have you ever, or will you perform any work involving, or related to condominiums or townhouses? Yes No  
(outside of a wrap or similar insurance program) If yes, please answer the following:

- |  |     |    |
|--|-----|----|
| a. Is the work new construction?   | Yes | No |
| b. Is the work non-structural remodel or repair only?                                | Yes | No |
| c. Is the work non-structural remodel or repair work for the homeowners association? | Yes | No |
| d. Apartment to condominium conversions?   | Yes | No |

23. Have you ever, or will you perform any work involving, or related to new tract home construction? Yes No  
(outside of a wrap or similar insurance program) If yes, please answer the following:

- |  |     |    |
|--|-----|----|
| a. Does the entire development consist of more than twenty-five (25) homes or units? | Yes | No |
| b. If yes, what is the maximum number of homes or units in the entire development?   |     |    |

24. Any current work covered under an OCIP, Wrap-up, CCIP, SIP, or similar insurance program? Yes No

If yes, please provide the estimated gross receipts for all wrap-up projects: \$

25. How many new homes will you build as a general contractor in the next year?

26. What is the largest number of new homes you have built in any one year?

27. Do you or will you work on custom homes that exceed 5,000 square feet or that have a market value that exceeds \$3M? If yes, please explain: Yes No

28. Do you use subcontractors? If yes, please complete the following: Yes No

- |  |     |    |
|--|-----|----|
| a. Percentage of subcontracted work:   | %   |    |
| b. Do you always utilize a written contract with all subcontractors that indemnifies you and holds you harmless relative to work performed by the subcontractor? | Yes | No |

- |           |  |     |    |
|-----------|--|-----|----|
| <b>c.</b> | Do you collect certificates of insurance from all subcontractors before they commence work?  | Yes | No |
| <b>d.</b> | Do you always require all subcontractors to name you as an Additional Insured, including for Completed Operations, and is this part of the written contract? | Yes | No |
| <b>e.</b> | Do you require your subcontractors to maintain limits of liability of at least \$1,000,000 per occurrence?   | Yes | No |
| <b>f.</b> | Do you maintain these records for a minimum of 10 years?   | Yes | No |
| <b>g.</b> | Do you or have you ever used uninsured subcontractors?   | Yes | No |
| <b>h.</b> | Do you use any temporary, volunteer or casual labor?   | Yes | No |

**29.** Enter the percentage of work or operations (performed by you or your subs) involving the following:

	Direct	Sub		Direct	Sub
Airports/Aerospace			Oil or Gas		
Amusement parks			Public Utilities		
Assisted living facilities			Railroads		
Chemical Plants			Refineries		
Correctional or Detention Centers			School Districts		
Hospitals or Medical Centers					
Please explain any "Yes" responses:					

**30.** Enter the percentage of work (performed by you or your subs) involving the following:

	Direct	Sub		Direct	Sub
Alarm Systems			Foundation Repair/Stabilization		
Asbestos, Lead or PCBs			Gas Mains or Gas Pumps		
Blasting, Explosives			Life Support Equipment		
Bleachers			Millwright work		
Brush Abatement or Defensible Space work			Mining or Tunneling		
Bridges, Highways, Roads, Overpasses			Mold Remediation		
Building Structure - Raising or Moving			Nuclear		
Chemical Spraying			Playground Equipment installation		
Cranes Operations			Sewer or Water Mains		
Dams/Levees/Reservoirs			Snowplows/Snow removal		
Earthquake/Seismic Retrofitting			Torch or Open Flame work		
Elevators or Escalators			Traffic Control or Traffic Signals		
EIFS			Underground Tanks		
Extermination or Pest Control Work			USL&H and/or Jones Act		
Equipment Rental or Leasing to Others			Waste/Reclamation		
Fire Sprinklers or Fire Suppression			Waterproofing		
Please explain any "Yes" responses:					

31. Describe your three largest jobs completed over the past five years:

Project name, location, and work description	Project gross receipts
1.	\$
2.	\$
3.	\$

32. Describe your three largest projects currently underway or plan to commence during the policy year:

Project name, location, and work description	Project gross receipts
1.	\$
2.	\$
3.	\$

33. Have you performed or will you or your subcontractors perform any roofing work?

Yes No

If yes, please answer the following:

Method of Roofing	Percentage		Slope	Percentage	
Torch Down?	Yes	No	Pitched	Yes	No
Hot Tar?	Yes	No	Low Slope	Yes	No
Hot Air Welding?	Yes	No	Flat	Yes	No
Modified Bitumen?	Yes	No			

34. Have you performed or will you or your subcontractors perform any work over three stories in height?

Yes No

If yes, please provide the following:

Maximum Height: Percent of Operations:

35. Have you performed or will you or your subcontractors perform any work below grade?

Yes No

If yes, please provide the following:

Maximum Depth: Percent of Operations:

- a. Is a utility locating service always contacted prior to any underground work?

Yes No

36. Do you or your subcontractors perform any wrecking, demolition, or dismantling operations? If "Yes", please answer questions a. – e.

Yes No

- a. Interior, soft demolition tear-outs only?

Yes No

- b. Use explosives, wrecking balls, or heavy equipment?

Yes No

- c. Work on buildings or structures with abutting walls?

Yes No

- d. Wrecking, demolition, or dismantling operations on buildings or structures that exceed two stories?

Yes No

- e. Do you receive written confirmation that all utilities are disconnected before commencing any work?

Yes No

37. Do you or anyone working on your behalf perform work involving or related to caissons, cantilevers, piers, retaining walls, shoring, underpinning, pile driving or other heavy structural engineering techniques?

Yes No

If yes, please explain/describe below:

38. Have you performed or will you or your subcontractors build or perform work on hillsides, landfills, slopes, or other terrains prone to subsidence?

Yes No

39. Have you performed or will you or your subcontractors engage in welding on natural gas lines, oil lines, trailer hitches, autos or trucks, refineries, bridges, or pressurized vessels?

Yes No

If yes, please explain or describe below:

40.	Do you use, erect, own, or lease scaffolding? If yes, please answer the following:	Yes	No									
a.	Is the scaffolding left on the jobsite for use by others?	Yes	No									
41.	Have you or do you design, produce, or fabricate any product, part, machine, or device? If yes, please explain below:	Yes	No									
42.	Do you now, or have you ever, sold building materials or products or have a retail or wholesale location where you sell building materials or products without installation? If yes, please explain below:	Yes	No									
43.	Do you have a written formal safety program that includes any of the following procedures? <b>Check all that are applicable:</b>	Yes	No									
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Safety Rules and Regulations</td> <td style="width: 33%;">Safety Meetings</td> <td style="width: 33%;">Subcontractor Safety Requirements</td> </tr> <tr> <td>Accident Reporting</td> <td>Fall Protection</td> <td>Fire Prevention/Protection Training</td> </tr> <tr> <td>Mandated use of PPE</td> <td></td> <td></td> </tr> </table>	Safety Rules and Regulations	Safety Meetings	Subcontractor Safety Requirements	Accident Reporting	Fall Protection	Fire Prevention/Protection Training	Mandated use of PPE				
Safety Rules and Regulations	Safety Meetings	Subcontractor Safety Requirements										
Accident Reporting	Fall Protection	Fire Prevention/Protection Training										
Mandated use of PPE												
44.	Have you ever been cited for any OSHA violations?	Yes	No									
45.	Are jobsites marked with signs, barricades, or fencing to protect against unauthorized entry and use?	Yes	No									
46.	Do you have a quality control program that documents jobsites before, during and upon completion of work?	Yes	No									
47.	Is there now, or will there be animals on your premises or at job sites?	Yes	No									
48.	Do you or will you, during the policy period, provide professional design services?	Yes	No									
49.	Any other exposures/operations not otherwise covered by this questionnaire? If yes, please explain:	Yes	No									
50.	Have there been any losses, claims, legal actions, or suits brought against you in the past eight years? If yes, please explain:	Yes	No									
51.	Are you aware of any facts, circumstances, incidents, situations, damages, or accidents that may give rise to a claim or lawsuit (whether or not such claim is valid or covered by insurance)? If yes, please explain/describe:	Yes	No									
52.	In the past five years, have you or any predecessors or principals been investigated or cited for any law or regulation violation?	Yes	No									
53.	In the past five years, has any person or entity demanded that applicant, or any predecessors or principals of applicant, defend them, or hold them harmless, in any claim or lawsuit?	Yes	No									

## **WARRANTY AND REPRESENTATIONS:**

The Applicant warrants to Westcap Insurance Services (Westcap) and the Company that the statements and particulars in this questionnaire, together with any attached or appended documents or materials, are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant understands that Westcap and the Company relied upon the information provided herein as essential for determining the Applicant's insurability. The Applicant understands that Westcap and the Company are not obligated nor under any duty to issue a policy of insurance based upon this application. The applicant authorizes Westcap and the Company to make any investigation and inquiry in connection with this application as it may deem necessary.

The undersigned, being authorized by and acting on behalf of the prospective insureds, represents that the answers given are true and correct. Any misrepresentation, misstatements, inaccuracies or omissions can constitute grounds for the Company to cancel, reform and/or rescind the policy at any time during its term, accompanied by the return of any unearned premium.

It is understood that for the purpose of determining the premium due for any policy issued pursuant to this questionnaire, "gross receipts" are the named insured's total receipts during the policy period, with no deduction for the cost of goods or property sold, labor costs, interest expense, discounts paid, delivery costs, state or federal taxes, or any other expenses. Gross receipts will be deemed to include any and all payments made through a voucher service, lender or similar organization or service that distributes funds to subcontractors, independent contractors, material suppliers, equipment suppliers or the like with respect to any project for which an insured is serving as a general contractor or remodeling contractor, or in a similar role.

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Signature of Applicant

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Title\*

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Date

**\* Must be Owner, Partner, Executive Officer, or Member of the Applicant.**

## **FRAUD WARNINGS:**

### **NOTICE TO ALASKA, ARIZONA, IDAHO, MINNESOTA, NEVADA, NEW MEXICO, OREGON, TEXAS, AND UTAH APPLICANTS:**

In some states, any person who knowingly, and with intent to injure, defraud or deceive 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 insurance act, which is a crime and subjects the person to criminal and civil penalties and is guilty of a felony in many states.

### **CALIFORNIA FRAUD STATEMENT**

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

### **OREGON RESIDENTS:**

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.

### **WASHINGTON RESIDENTS:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.