

# **KAIGLER & COMPANY**

7028 Church Street East, Suite 200  
Brentwood, TN 37027

Phone : Toll-Free 888 468-2683  
Phone: 615 376-0798  
Fax: 615 376-0799

## **RE: Custom Home Builder Program – General Liability**

We are pleased to announce a program for custom homebuilders!

For the time being, this program is restricted to general contractors building only custom homes. Later, we may be able to consider custom home subcontractors.

### **Territory:**

Alabama	Illinois	Michigan	N. Mexico	Oregon	Texas	Wyoming
Arkansas	Indiana	Mississippi	N. Carolina	Pennsylvania	Utah	District of Columbia
Georgia	Iowa	Missouri	N. Dakota	S. Carolina	Virginia	
Hawaii	Kentucky	Montana	Ohio	S. Dakota	Washington	
Idaho	Maryland	Nebraska	Oklahoma	Tennessee	Wisconsin	

### **Underwriting Standards**

At least two years in business as a general contractor building custom homes; Builders require all subcontractors to carry Workers Compensation insurance and General Liability insurance with limits no less than on our policy with them; Builders require all subcontractors to hold them harmless, name them as an additional insured on their General Liability policy and waive their rights of subrogation; Builders will carry Builders' Risk insurance on all homes built while insured in our program; No more than 50% of estimated receipts can be subcontracted; No work in subdivisions with more than 50 lots for homes in them; No more than 10 homes built by our insured in any one subdivision; No more than 25 home starts in any year; No work for major developers during our program or in the past; No EIFS work; No condos or townhouses-These are excluded by endorsement; Minimum premium \$6,000.

### **Submission Standards**

1. Currently completed ACORD application-Applicant Information & General Liability sections.
2. Kaigler & Company Custom Home Builders supplemental application.
3. Five years of currently valued loss runs, or one for each year in business, if less than 5 years.
4. Expiring Carrier, Premium and Deductible.

Regards,

Lynn Stem/Dave Kaigler

e-mail: [lynn@kaigler.com](mailto:lynn@kaigler.com)

[dave@kaigler.com](mailto:dave@kaigler.com)

NOTE: You can download the application from our website: [www.kaigler.com](http://www.kaigler.com)  
or call and we will fax it to you.

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**Contractors Supplemental Application  
Custom Home Builders  
All Sections must be completed**

This application is intended for use with a completed Acord application and is not intended as a free-standing application. No proposals of insurance will be considered without a completed Acord application.

Name of Applicant: \_\_\_\_\_

**Part 1: General Information:**

1. Years in business under current name \_\_\_\_\_
2. What states are you licensed to do business in? \_\_\_\_\_
3. What cities or counties do you mainly work in? \_\_\_\_\_
4. On a typical project, what percentage of your work is performed by
 

a) Your employees	_____ %
b) Leased employees	_____ %
c) Sub-contractors – insured	_____ %
d) Sub-contractors – not insured	_____ %

**Part 2: Types of Work Performed:**

1. How many houses do you expect to complete:
 

Next year?	_____	Avg. value	_____
Current year?	_____		_____
1 <sup>st</sup> prior year?	_____		_____
2 <sup>nd</sup> prior year?	_____		_____
3 <sup>rd</sup> prior year?	_____		_____
  2. What percent of your houses are;
 

contracted with owner	_____ %
Contracted with developer	_____ %
Spec homes	_____ %
Housing authorities	_____ %
  3. Does your contract with owners contain a clause requiring them to present any claim to you for rectification prior to bringing any suit or participating in any Homeowners Association (HOA) suit?  
Yes  No
  - Would you be willing to add such a clause? Yes  No
  4. What is the average number of homes in a development where you build? \_\_\_\_\_  
What is the maximum number? \_\_\_\_\_
  5. What is the average number of homes **you build** in a single development? \_\_\_\_\_  
What is the maximum number? \_\_\_\_\_
  6. Do you have an independent inspection performed on your homes prior to release to owner?  
Yes  No
- Would you be willing to have an independent inspection performed on your homes prior to release to owners?  
Yes  No

7. Have you ever installed PB piping in homes? Yes  No   
 If so, in how many homes? \_\_\_\_\_  
 When was the last time you installed PB piping? \_\_\_\_\_
8. Do you or the owner do soil testing before building each home? Yes  No   
 If no, explain: \_\_\_\_\_  
 Does this include a Radon check? Yes  No
9. What percent of your homes are designed by; you \_\_\_\_\_  
 homeowner \_\_\_\_\_  
 professional architect \_\_\_\_\_
10. Do you have a professional architect on staff? Yes  No   
 If so, is his or her license current? Yes  No   
 How long has he or she been licensed? \_\_\_\_\_
11. Do you ever build on waterfront, other than small lakes? Yes  No  % \_\_\_\_\_  
 If so, do they ever include bulkheads you build or sub out? Yes  No  % \_\_\_\_\_  
 Wharves, piers or boathouses? Yes  No  % \_\_\_\_\_

**Part 3: Subcontracted Work History**

1. If you **NEVER** hire subcontractors check here and move on to part 4. \_\_\_\_\_
2. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes  No
3. Do you utilize a standard contract with all of your subcontractors? Yes  No
4. Do you require your subcontractors to carry General (Public) Liability insurance? Yes  No   
 Does your requirement include Completed Operations coverage? Yes  No   
 Do you require that you are named as an *Additional Insured* on their policies? Yes  No   
 Do you require your subcontractors to carry Workers Compensation insurance? Yes  No   
 Do you request certificates of insurance from your subcontractors to verify compliance with the above? Yes  No   
 What minimum limits of insurance do you require your subcontractors to carry? \_\_\_\_\_

**Part 4: Historical Exposure Basis**

1. Please complete the following chart as accurately as possible

<u>Policy Year</u>	<u>Gross Receipts</u>	<u>Gross Payroll</u>	<u>Subcontracted Costs</u>
Coming year	_____	_____	_____
Current term	_____	_____	_____
1 <sup>st</sup> Prior term	_____	_____	_____
2 <sup>nd</sup> Prior term	_____	_____	_____
3 <sup>rd</sup> Prior term	_____	_____	_____
4 <sup>th</sup> Prior term	_____	_____	_____
5 <sup>th</sup> Prior term	_____	_____	_____

2. Please describe the five largest projects undertaken by you in the last five years.

	<u>Development</u>	<u>Number of Homes</u>	<u>Project Duration</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

3. Please describe the three largest projects planned for the upcoming year.

	<u>Development</u>	<u>Est. Number of Homes</u>	<u>Est. Project Duration</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

**Part 5: Supplemental Information**

1. Are you involved in any other business besides homebuilding? Yes  No   
If yes, describe. \_\_\_\_\_

2. Do you now or have you ever carried either "Professional Liability" or "Errors and Omissions" insurance? Yes  No   
If yes, provide the carrier, policy term and limits of liability and note any losses. \_\_\_\_\_

3. Have you now or ever been involved in or are aware of pending litigation alleging construction defect? Yes  No   
Was any such litigation class action venue? Yes  No   
If either yes, describe. \_\_\_\_\_

4. Do you provide a Homeowners Warranty policy to the homebuyers? Yes  No   
If yes, please describe \_\_\_\_\_

5. Any additional Comments: \_\_\_\_\_

**To the best of my knowledge the information included by me on this supplemental application is correct.**

Applicant's Signature\* \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Please Print)

\*must be the owner, executive officer or partner of the company

**THE FOLLOWING QUESTIONNAIRE(S), AND  
LOSS RECAP ARE REQUIRED TO OBTAIN A  
GENERAL LIABILITY QUOTE  
FOR OTHER THAN CUSTOM HOME  
BUILDER CONTRACTORS**

# CONTRACTORS QUESTIONNAIRE

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Location: \_\_\_\_\_  
 \_\_\_\_\_

**KAIGLER & COMPANY**  
**7028 CHURCH STREET EAST, SUITE 202**  
**BRENTWOOD, TN 37027**  
**Phone: 615 376-0798; Toll Free: 888 468-2683**  
**Fax: 615 376-0799**

Proposed Effective Date:  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 12:01 A.M. Standard Time at the address of the Applicant

Applicant Is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_

**SPECIFIC DESCRIPTION OF APPLICANT'S OPERATIONS:** \_\_\_\_\_

1. Years in business under current name: \_\_\_\_\_ (Attach list of other names under which you have conducted business)
2. Contractor's license # \_\_\_\_\_ States in which you will do or have done business \_\_\_\_\_
3. Percentage of operations: General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Owner/Builder \_\_\_\_\_%
4. Direct Payroll, Subcontractor Cost and Gross Sales:

YEAR	DIRECT PAYROLL	SUBCONTRACTOR COST	GROSS SALES
Next 12 Months			
Current Year			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			
3 <sup>rd</sup> Prior Year			
4 <sup>th</sup> Prior Year			

**Note: RESIDENTIAL means single-family dwellings, multi-family dwellings, condominiums, townhomes, townhouses, apartments and cooperatives.**

5. Indicate the percentage of construction work to be performed by you or on your behalf by subcontractors during the next twelve months:

**Residential** \_\_\_\_\_% + **Commercial/Industrial** \_\_\_\_\_% = 100%

**Residential:**

New Construction \_\_\_\_\_% + Remodeling \_\_\_\_\_% = 100%

Inside Building \_\_\_\_\_% + Outside Building \_\_\_\_\_% = 100%

What % of NEW residential exposure is: \_\_\_\_\_ Custom Built Single-Family; \_\_\_\_\_ Tract Work (5 or more structures at 1 location);  
 \_\_\_\_\_ Apartments (over 12 units) \_\_\_\_\_ Condominiums, townhouses or co-op building; \_\_\_\_\_ Other \_\_\_\_\_ = 100%  
 (Describe)

**Commercial/Industrial:**

New Construction \_\_\_\_\_% + Remodeling \_\_\_\_\_% = 100%

Inside Building \_\_\_\_\_% + Outside Building \_\_\_\_\_% = 100%

6. Indicate the percentage of construction work performed by you or on your behalf by subcontractors during the past five years:

**Residential:**

New Construction \_\_\_\_\_ % + Remodeling \_\_\_\_\_ % = 100%  
 Inside Building \_\_\_\_\_ % + Outside Building \_\_\_\_\_ % = 100%

**Commercial/Industrial:**

New Construction \_\_\_\_\_ % + Remodeling \_\_\_\_\_ % = 100%  
 Inside Building \_\_\_\_\_ % + Outside Building \_\_\_\_\_ % = 100%

What percentage of your total work is subcontracted to others? \_\_\_\_\_

7. If any of your work involves, or has at any time involved, the construction of or for tract homes, custom homes, condominiums, townhomes, townhouses, duplexes, triplexes, apartments or cooperatives, please attach a detailed explanation of past, current and planned projects including whether your work was new construction or repair/remodel only.

8. Indicate the anticipated percentage of construction work over the next twelve months to be performed by you using percentage of Direct Payroll under "Direct" and percentage of Subcontractor cost under "Subbed" as the basis:

	DIRECT	SUBBED		DIRECT	SUBBED		DIRECT	SUBBED
BLASTING	%	%	EXCAVATION	%	%	PLUMBING	%	%
BOILER	%	%	FIRE SUPPRESSION	%	%	ROOFING	%	%
BRIDGE BLDG	%	%	GAS MAIN	%	%	SEISMIC RETRO-FITTING	%	%
CARPENTRY	%	%	GRADING	%	%	SEWER/WATER	%	%
CONCRETE	%	%	HAZARDOUS MATERIAL	%	%	STEEL (STRUCTURAL)	%	%
CRANE RENTAL	%	%	HVAC	%	%	STEEL (ORNAMENTAL)	%	%
DEMOLITION	%	%	INSULATION	%	%	STREET/ROAD	%	%
DRILLING	%	%	MAINTENANCE	%	%	STUCCO	%	%
DRYWALL	%	%	MASONRY	%	%	SUPERVISORY ONLY	%	%
EARTHQUAKE REPAIR	%	%	MECHANICAL	%	%	TANKS	%	%
EIFS/SYNTHETIC STUCCO	%	%	PAINING	%	%	WATER-PROOFING	%	%
ELECTRICAL	%	%	PLASTERING	%	%	OTHER (DESCRIBE)	%	%

9. Have you been cited or fined by OSHA in the past five years?  Yes  No If yes, please attach copies of all related correspondence.

10. Do you currently furnish a performance and/or payment bond to any person or organization?  Yes  No

If yes, name of Surety/Insurance Company \_\_\_\_\_

11. Have you defaulted on a performance and/or payment bond in the last three years?  Yes  No If yes, please provide details.

12. Indicate the type of security used at job sites and at your premises:  Fencing  Lighting  Watchman  Canine  Other

13. Have you allowed, are you currently or will you ever allow your license to be used by any other contractor for a project on which you have not worked?  Yes  No Has any licensing authority taken any action against you?  Yes  No  
If yes to either question, please attach an explanation.
14. Do you operate your business from a private residence?  Yes  No If yes, please provide the name of your Homeowners Insurance carrier and your Liability Limits: \_\_\_\_\_
15. Have you built, are you currently or will you build on hillsides, terraces, landfills, or subsidence areas?  Yes  No  
If yes, explain: \_\_\_\_\_
16. Have you built, are you currently, or will you construct buildings in excess of two (2) stories or any structure in excess of thirty feet in height?  Yes  No If yes, provide details on the work performed including whether scaffolding or aerial lifts are used: \_\_\_\_\_
17. Have you performed, are you currently or will you or your subcontractors perform any work below grade?  Yes  No  
Maximum depth: \_\_\_\_\_ Percentage of operations: \_\_\_\_\_
18. Have you worked, are you currently or will any of your employees work under U.S. Longshore and Harbor Workers' Compensation Act or Jones Act?  Yes  No
19. Do you have operations other than construction?  Yes  No Covered by other insurance?  Yes  No If yes to either question, explain: \_\_\_\_\_
20. Do you execute written contracts including indemnification clauses in your favor with all independent contractors performing work for you?  Yes  No If no, please explain exceptions: \_\_\_\_\_
21. Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance including you as an Additional Insured?  Yes  No If yes, minimum limits of insurance required? \_\_\_\_\_  
If no, please explain exceptions: \_\_\_\_\_
22. Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance that is primary to and non-contributing with your insurance?  Yes  No
23. Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance?  Yes  No If no, please explain exceptions: \_\_\_\_\_
24. Do you subscribe to a Certificate of Insurance management service or have a written procedure for obtaining and maintaining current Certificates of Insurance from your independent contractors?  Yes  No If yes, please provide details including the vendor name and when the service or procedure was first established \_\_\_\_\_
25. Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years?  Yes  No If no, how long? \_\_\_\_\_
26. Do you contractually agree to defend or indemnify or provide Additional Insured coverage for property owners, property managers or general contractors for whom you are performing work?  Yes  No If yes, approximately how many persons or organizations will require Additional Insured coverage during the upcoming year? \_\_\_\_\_ If yes, are your contracts reviewed by outside counsel prior to execution of the contract?  Yes  No
27. Are you responsible for job-site safety on your projects?  Yes  No
28. Do you employ a full time safety director and have a formal written safety program?  Yes  No
29. Is your job supervisor's remuneration dependent upon job-site safety results?  Yes  No If yes, what percentage? \_\_\_\_\_
30. Do you maintain Workers Compensation insurance?  Yes  No If yes, please attach your current Experience Modification worksheet.
31. Do you automatically provide a warranty program for your customers?  Yes  No If yes, please explain: \_\_\_\_\_  
Is your warranty program insured?  Yes  No If yes, please explain: \_\_\_\_\_
32. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant?  Yes  No



If yes, explain: \_\_\_\_\_

33. Has any lawsuit ever been filed or any claim otherwise been made against your company, or any partnership, joint venture or limited liability company of which you have been a member, or your predecessor(s) in business, or against any person, company or entities on whose behalf your company has assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, services or arbitration.  Yes  No If yes, please attach a detailed explanation.

34. Are you or is your company aware of any facts, circumstances, incidents, situation, damages or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  Yes  No If yes, please attach a detailed explanation.

35. Number of employees: \_\_\_\_\_ Owners/Officers/Partners; \_\_\_\_\_ Full-Time Employees; \_\_\_\_\_ Part-Time Employees

36. Five year loss summary

Carrier	Valuation Date	Policy Period	No. of Claims	Paid	Reserved	Total Incurred
		Current Year				
		1 <sup>st</sup> Prior Year				
		2 <sup>nd</sup> Prior Year				
		3 <sup>rd</sup> Prior Year				
		4 <sup>th</sup> Prior Year				

37. Five largest projects completed during the past year:

Name/City/State	Start/End Date	Cost	Type of Project/Details on Work Performed

38. Ongoing projects and projects scheduled for the upcoming year:

Name/City/State	Start/End Date	Cost	Type of Project/Details on Work Performed

39. Will any of your work during the next twelve months be insured under a Wrap Up (or Owner-Controlled) Insurance Program?

Yes  No If yes, please attach a detailed explanation.

40. Current CGL Insurance Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Deductible/Retention: \_\_\_\_\_ Premium: \_\_\_\_\_

41. Desired Limits: \_\_\_\_\_ Deductible/Retention: \_\_\_\_\_

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts.

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SIGNATURE OF APPLICANT

TITLE

DATE

---

PRINTED NAME OF APPLICANT

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER, THE BROKER OR THE AGENT TO COMPLETE THE INSURANCE.**

Please note the following documents **must also** be attached to this application:

- Resumes for principals and key employees if you have been in business under the current name for fewer than three years.
- Statement of qualifications, brochure or other advertising material.
- Copies of OSHA citations and related correspondence.
- Owned equipment schedule.



**Roofers Questionnaire**  
(COMPLETE IN ADDITION TO GL APPLICATION)

**DESCRIPTION OF OPERATIONS**

1. What percent of your work is residential (homes, apartments, condominiums, etc) \_\_\_\_\_ %

What percent of your work is commercial (office buildings, schools retail establishments)? \_\_\_\_\_ %

What percent of your work is industrial (plants, warehouses, etc)? \_\_\_\_\_ %

Maximum Height or # stories on each: \_\_\_\_ Residential; \_\_\_\_ Commercial; \_\_\_\_ Industrial

**TOTAL** 100 %

2. For Residential Roofing Work Done, Complete the following:

What percentage of work is new construction? \_\_\_\_\_ %

What percentage of work is repair/patching? \_\_\_\_\_ %

What percentage of work is replacement? \_\_\_\_\_ %

**TOTAL** 100 %

What percentage of work is on pitched roofs? \_\_\_\_\_ %

What percentage of work is on flat roofs? \_\_\_\_\_ %

**TOTAL** 100 %

Check type of roof work and give percentages: Hot Tar \_\_\_\_% Tile \_\_\_\_% Shingles \_\_\_\_%  
Slate \_\_\_\_% Metal \_\_\_\_% Single-Ply \_\_\_\_% Other (describe) \_\_\_\_\_

3. For Commercial Roofing Work Done, Complete the following:

What percentage of work is new construction? \_\_\_\_\_ %

What percentage of work is repair/patching? \_\_\_\_\_ %

What percentage of work is replacement? \_\_\_\_\_ %

**TOTAL** 100 %

What percentage of work is on pitched roofs? \_\_\_\_\_ %

What percentage of work is on flat roofs? \_\_\_\_\_ %

**TOTAL** 100 %

Check type of roof work and give percentages: Hot Tar \_\_\_\_% Tile \_\_\_\_% Shingles \_\_\_\_%  
Slate \_\_\_\_% Metal \_\_\_\_% Single-Ply \_\_\_\_% Other (describe) \_\_\_\_\_

# KAIGLER & COMPANY

7028 Church St. East, Suite 202  
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Phone Toll Free: 888-468-2683  
Phone: (615) 376-0798  
Fax: (615) 376-0799

## CRANE AND EQUIPMENT RENTAL SUPPLEMENTAL APPLICATION

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Location: \_\_\_\_\_  
\_\_\_\_\_

Proposed Effective Date:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

Applicant Is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_

1. Years in business under current name: \_\_\_\_\_
2. Geographic area of operations: \_\_\_\_\_
3. Estimated breakdown of payroll and gross receipts for the following classes:

	PAYROLL	RECEIPTS
A. CRANE RENTAL WITH OPERATOR	_____	_____
B. STEEL ERECTION	_____	_____
C. MILLWRIGHT WORK INCLUDING MACHINERY INSTALLATION AND REPAIR	_____	_____
D. RIGGING, IF DONE AS A SEPARATE OPERATION	_____	_____
E. HEAVY HAULING	_____	_____
F. OTHER EQUIPMENT RENTAL (DESCRIBE _____ _____ _____	_____	_____
G. MISCELLANEOUS DESCRIBE _____ _____ _____	_____	_____
	TOTAL:	TOTAL:
	_____	_____

4. Please provide names and industries of your three largest clients:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

5. Do you rent equipment other than cranes?  Yes  No If so, what types of equipment? \_\_\_\_\_

Revenues with operators: \_\_\_\_\_

Revenues without operators: \_\_\_\_\_

6. Operators and Oilers are:  Union  Non-Union

7. Number of Operators: \_\_\_\_\_ Oilers: \_\_\_\_\_ All other employees: \_\_\_\_\_

8. Do you have:

- A. A formal loss control/safety program?  Yes  No
- B. One employee responsible for the program?  Yes  No
- C. Regular safety meetings with all employees?  Yes  No
- D. Screening process for new operators?  Yes  No Minimum age for operators: \_\_\_\_\_
- E. Scheduled maintenance program?  Yes  No
- F. Written form for crane inspections?  Yes  No
- G. Do you use an accident report form?  Yes  No
- H. Are cranes certified?  Yes  No If so: By whom? \_\_\_\_\_ How often? \_\_\_\_\_
- I. Are certificates of insurance required from lessees on all bare rentals?  Yes  No
- J. Do you order MVR's on all drivers  Yes  No

9. Please provide payroll/receipts information for past five years:

YEAR	PAYROLL	RECEIPTS
2001-2002	_____	_____
2000-2001	_____	_____
1999-2000	_____	_____
1998-1999	_____	_____
1997-1998	_____	_____

10. Please attach:

- A. List of equipment with size and values
- B. Financial statement
- C. Copy of rental agreements and / or contracts

**RIGGER'S LIABILITY:**

- 11. Annual number of jobs: \_\_\_\_\_
- 12. Average duration of jobs: \_\_\_\_\_
- 13. Number of jobs in progress: \_\_\_\_\_ Maximum: \_\_\_\_\_ Average: \_\_\_\_\_

- 14. Cost or value of each (on hook) installation:
  - A. Minimum value: \_\_\_\_\_
  - B. Maximum value: \_\_\_\_\_
  - C. Average value: \_\_\_\_\_

15. Provide details of all general liability losses paid or reserved in excess of \$5,000:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Give details of inland marine losses paid or reserved in excess of \$5,000:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. General Liability carriers for past five years:

CARRIER	PREMIUM
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts.

\_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF APPLICANT TITLE DATE

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER, THE BROKER OR THE AGENT TO COMPLETE THE INSURANCE.**

# CONTRACTOR'S PROJECT SUPPLEMENT

Applicant: \_\_\_\_\_

We need to know exactly what the applicant does. In plain, detailed English, please provide information regarding:

1. Two CURRENT projects, including the location of the job, exactly what operations the applicant is performing and contract value.

2. Two COMPLETED projects, including the location of the job, exactly what operations the applicant performed and contract value.



INSURED: \_\_\_\_\_ Coverage \_\_\_\_\_

Loss review done by: \_\_\_\_\_ DATE \_\_\_\_\_

CLOSED / PAID      OPEN      ITEMIZE AND EXPLAIN EACH LOSS OVER \$10,000

	CLOSED / PAID	OPEN	ITEMIZE AND EXPLAIN EACH LOSS OVER \$10,000
Current Year	<u>2004/2005</u>	_____	_____
First Prior	<u>2003/2004</u>	_____	_____
Second Prior	<u>2002/2003</u>	_____	_____
Third Prior	<u>2001/2002</u>	_____	_____
Fourth Prior	<u>2000/2001</u>	_____	_____
Fifth Prior	<u>1999/2000</u>	_____	_____

This loss exhibit is to be done on a first dollar, ground up basis.

**KAIGLER & COMPANY Large Loss Explanation Sheet (losses \$10,000 or more)**

Insured:

Date of Loss:

Claimant:

Full description of loss

Status: \_\_\_\_\_ Closed; Loss Paid \_\_\_\_\_ LAE Paid \_\_\_\_\_  
\_\_\_\_\_ Open; Loss Reserve \_\_\_\_\_ LAE Reserve \_\_\_\_\_

What has been done to control or eliminate this type of incident in the future?

Claims Adjuster or Defense Attorney comments and prognosis:

**THE FOLLOWING QUESTIONNAIRE AND  
LOSS RECAP ARE REQUIRED TO OBTAIN  
AN UMBRELLA/EXCESS LIABILITY QUOTE**

# UMBRELLA/EXCESS LIABILITY CONTRACTORS QUESTIONNAIRE

(Supplement to ACORD Umbrella/Excess Liability Application)

APPLICANT'S NAME: \_\_\_\_\_

1. DESCRIBE THE TYPE OF CONTRACTOR: \_\_\_\_\_

2. PROVIDE A DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. PERCENTAGE OF WORK AS:

- a. GENERAL CONTRACTOR? \_\_\_\_\_ %
- b. PRIME CONTRACTOR? \_\_\_\_\_ %
- c. SUB CONTRACTOR? \_\_\_\_\_ %

4. PERCENTAGE OF TOTAL WORK IS:

- a. RESIDENTIAL? \_\_\_\_\_ %
- b. COMMERCIAL? \_\_\_\_\_ %
- c. INDUSTRIAL? \_\_\_\_\_ %

5. DOES THE INSURED USE SUBCONTRACTORS? \_\_\_\_ Yes \_\_\_\_ No

IF YES, WHAT PERCENTAGE OF WORK IS SUB-CONTRACTED? \_\_\_\_\_ %

PLEASE PROVIDE A DESCRIPTION OF THE TYPE OF WORK SUBBED TO OTHERS:  
 \_\_\_\_\_

ARE CERTIFICATES REQUIRED FROM ALL SUBCONTRACTORS? \_\_\_\_ Yes \_\_\_\_ No

WHAT LIMITS ARE REQUIRED: GL \_\_\_\_\_  
 AL \_\_\_\_\_  
 EL \_\_\_\_\_

5. PAYROLL AND GROSS RECEIPTS INFORMATION:

	PAYROLL	GROSS RECEIPTS
COMING YEAR	_____	_____
CURRENT YEAR	_____	_____
1 <sup>ST</sup> PRIOR YEAR	_____	_____
2 <sup>ND</sup> PRIOR YEAR	_____	_____
3 <sup>RD</sup> PRIOR YEAR	_____	_____

6. DESCRIPTION OF THE PREVIOUS 3 LARGEST JOBS – BE SPECIFIC – TYPE OF WORK PERFORMED, INCLUDING NUMBER OF STORIES (IF APPLICABLE) AND RECEIPTS FOR EACH:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

7. ANY CRANE RENTAL BY APPLICANT **FROM** OTHERS?  YES  NO  
 IF YES,  WITH OPERATORS  WITHOUT OPERATORS?

8. ANY CRANE RENTAL BY APPLICANT **TO** OTHERS?  YES  NO  
 IF YES,  WITH OPERATORS  WITHOUT OPERATORS?

9. ANY **BLASTING** OR **EXPLOSIVES**?  YES  NO  
 IF YES, PLEASE GIVE COMPLETE DESCRIPTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. DOES THE GL POLICY PROVIDE COVERAGE FOR XCU?  YES  NO

11. DOES APPLICANT HAVE CURRENT **UMBRELLA/EXCESS LIABILITY** COVERAGE? \_\_\_\_\_  
 IF YES:  
 WHO IS CURRENT CARRIER? \_\_\_\_\_  
 WHAT IS CURRENT LIMIT? \_\_\_\_\_  
 WHAT IS CURRENT PREMIUM \_\_\_\_\_

12. INDICATE IF THE APPLICANT'S WORK CURRENTLY OR HAS EVER INCLUDED THE FOLLOWING. IF SO, PERCENTAGE, RECEIPTS AND PAYROLL FOR EACH:

	% OF WORK DONE	RECEIPTS	PAYROLL
AIRPORT RUNWAYS OR APRONS			
DEMOLITION TUNNELS			
BRIDGES			
DAMS OR DIKES			
PILE DRIVING			
HIGH RISE OVER 4 STORIES			
DEMOLITION			

The above statements given are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance on this Questionnaire.

\_\_\_\_\_  
 (Named Insured)

\_\_\_\_\_  
 (Applicant's Signature & Title)

\_\_\_\_\_  
 (Date)

# UMBRELLA RECAP

## FIVE YEAR AGGREGATE LOSS SUMMARY

INSURED'S NAME: \_\_\_\_\_

POLICY TERM	GENERAL LIAB. LOSSES	PRODUCTS LOSSES	AUTO LIABILITY LOSSES
Current year (_____) Valued As Of			
First Prior (_____) Valued As Of			
Second Prior (_____) Valued As Of			
Third Prior (_____) Valued As Of			
Fourth Prior (_____) Valued As Of			

This loss exhibit is to be done on a first dollar, ground up basis. Attach loss runs to support these recap figures.

Itemize and explain each loss over \$10,000 below:

The above statements of Loss History given are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning Loss History.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**KAIGLER & COMPANY Large Loss Explanation Sheet (losses \$10,000 or more)**

Insured:

Date of Loss:

Claimant:

Full description of loss

Status: \_\_\_\_\_ Closed; Loss Paid \_\_\_\_\_ LAE Paid \_\_\_\_\_  
\_\_\_\_\_ Open; Loss Reserve \_\_\_\_\_ LAE Reserve \_\_\_\_\_

What has been done to control or eliminate this type of incident in the future?

Claims Adjuster or Defense Attorney comments and prognosis: