



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
 2019 E Lamar Blvd, Suite 100
 Arlington, TX 76006
 817-277-6100 Phone
 817-261-7514 Fax

Contractor Application

Applicant's Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Email Address: _____

PROPOSED EFFECTIVE DATE:
 From _____ To _____
 12:01 A.M. Standard Time at the address of the Applicant
 Phone: _____
 Fax: _____

Applicant is: Individual Corporation Other _____ Year(s) in Business: _____
 Partnership Joint Venture Year(s) in Experience: _____

Inspection (Contact/Phone) _____ **Radius Of Operations:** _____ Miles

PREMISES INFORMATION:

#	Address	Interest	Year Built	Part Occupied

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS:

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

Large Losses (Losses Over \$10,000):

Any Suits Under Breach Of Warrant? No Yes (if Yes, explain):

COVERAGES	LIMITS
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional Insured (\$100 each)	General Aggregate \$ Products/Completed Operations Aggregate \$ Personal & Advertising \$ Each Occurrence \$ Fire Damage (Any One Fire) \$ 50,000 Medical Expenses \$ 5,000

Deductible: Per Claim Bodily injury & Property Damage \$500 \$1,000



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SCHEDULE OF HAZARDS

Classification:	Class Code:	Number of Employees: (include Owner and any active Partners as full-time employees) Owners: _____ Employees: _____
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ESTIMATED RECEIPTS: \$ _____ ESTIMATED PAYROLL \$ _____

Past three (3) years	Receipts	Payroll	Number of Employees

CLASSES OF CONTRACTORS LICENSE(S) INSURED HOLDS:
 License # _____ License # _____ License # _____

GENERAL INFORMATION Explain all "Yes" responses below.

Yes	No	
		1) Is applicant a subsidiary of another entity or does the applicant have any subsidiaries?
		2) Any operations outside of contracting?
		3) Any policy or coverage declined, cancelled or not renewed during the past three (3) years?
		4) Has applicant ever been involved in another business venture?
		5) Does applicant sponsor any sporting or social events?
		6) Does applicant own any (check appropriate boxes): <input type="checkbox"/> Real Property <input type="checkbox"/> Mobile Home <input type="checkbox"/> Land for Speculation <input type="checkbox"/> Other
		7) Does applicant have a Safety Program in place?
		8) Has applicant ever been denied a performance bond?
		9) Has a claim ever been filed with the applicant's bonding company on a performance bond for applicant?

GENERAL INFORMATION Explanation of "Yes" Responses:

INDICATE TYPE OF CONSTRUCTION WORK PERFORMED BY INSURED

	%		%		%
Carpentry		Maintenance		Sewer	
Concrete		Masonry		Steel (Ornamental)	
Drilling		Mechanical		Steel (Structural)	
Electrical		Painting		Street/Road	
Excavating		Plastering		Supervisory Only	
Gas Mains		Plumbing		Tunneling	
Insulation		Roofing		Other (describe)	



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INDICATE % OF WORK PERFORMED IN					
New Construction	%	Commercial	%	Inside Building	%
Remodeling	%	Industrial	%	Outside Building	%
Demolition	%	Residential	%	Other:	%
Repair	%	Institutional	%		

LIST ALL CURRENT/PAST PROJECTS FOR LAST 12 MONTHS (Include description of project and its cost):

Yes	No	
		1) Any exposures to flammables, explosives, and/or chemicals?
		2) Any demolition?
		3) Any catastrophe exposure?
		4) Do operations involve storing, treating, discharging, applying or transporting of hazardous materials?
		5) Has applicant ever been involved in and/or will be involved in multiple unit structures (including condos, townhouses, apartments)?
		6) Has applicant ever acted as a and/or will act as a subcontractor on tract home subdivisions?
		7) Does owner supervise daily jobs or operations directly?
		8) Does applicant lease equipment from others?
		9) Is machinery or equipment loaned, rented or leased to others (_____with/ _____without operator)?
		10) Does applicant draw up plans, designs or specifications?
		11) Does applicant perform work above two (2) stories?
		12) Does applicant hold other people's property for service or repair?
		13) Does applicant perform any work below grade (maximum depth = _____feet)?
		14) Does applicant always check with local utilities authority before digging?
		15) Does applicant dig or grade next to existing foundations or other structures?
		16) Does applicant do any tunneling or other underground work?
		17) Does applicant do any spray painting?
		18) Has the applicant done, within the past three (3) years, or will be doing any roofing or any operations associated with roofing?
		19) Has the applicant performed other types of operations not associated with any aforementioned operations?
		20) Does the applicant repair swimming pools or install swimming pool accessories (diving boards, slides, etc.)?
		21) Has the applicant ever worked on any of the following (check appropriate boxes): <input type="checkbox"/> Railroads <input type="checkbox"/> Septic Tanks <input type="checkbox"/> Right of Ways <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Irrigation Projects <input type="checkbox"/> Sewer Mains <input type="checkbox"/> Drainage Projects <input type="checkbox"/> Flood Control <input type="checkbox"/> Bridges <input type="checkbox"/> Gas Lines

Explain all "Yes" Responses:



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SUBCONTRACTOR EXPOSURE:			
Cost of all Subcontractor Work: \$ _____			
List Subcontractor Trades Being Used and % of Each:			
1)	%	5)	%
2)	%	6)	%
3)	%	7)	%
4)	%	8)	%
1) Does applicant require Certificates of Insurance from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2) What limits does applicant require subcontractors carry?			
3) Does applicant require to be named on all subcontractors General Liability policies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REMARKS			
Does applicant have any prior claims and any knowledge of potential claims from their operations prior to policy inception? If yes, explain.			
Applicant's signature warrants authorization to request financial/TRW information on the insured and individual partners.			
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.			
APPLICANT'S SIGNATURE:			



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CONTRACTORS SUPPLEMENTAL APPLICATION

Explain all answers with "explanation" indicated in the explanation section

Insured:	Date:						
BUSINESS INFORMATION							
Describe <u>all</u> of your current business operations conducted under this name:							
Do the principals involved in this business operate in part or entirely under another, different business name? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain and list other names							
List and describe business operations conducted by you at any time in the past:							
Are you a general contractor? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain							
Is this business operated Full-time, year around: <input type="checkbox"/> Yes <input type="checkbox"/> No – Explain							
What percentage of all work is Commercial _____ % Residential _____ % Industrial _____ %							
Gross Sales: Billable services last year to include labor and material \$ _____							
Current Jobsites: _____							
Duties and Jobs at sites: _____							
Is subcontracted labor used? <input type="checkbox"/> No <input type="checkbox"/> Yes, (see below) If yes: Are Certificates of Insurance with limits of insurance either equal to or in excess of your own required? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain Are signed contracts used with ALL subcontracted labor? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain Do contracts include hold harmless agreements to indemnifying you for acts of your subs? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain Is your name on your subcontractor's insurance policy as an additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain							
For uninsured sub-contractors, provide the following information: <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center; border:none;">Type of work Performed</td> <td style="width:50%; text-align:center; border:none;">Payroll</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> </table>		Type of work Performed	Payroll	_____	_____	_____	_____
Type of work Performed	Payroll						
_____	_____						
_____	_____						



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Staffing and Payroll				
Owners and Officers Names	Title	Duties	Yr. exp.	Annual Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part time employees: Annual Payroll \$ _____
 Full time employees: Annual Payroll \$ _____

Is there a labor interchange with any other business/subsidiary? No Yes - Explain

Do you lease employees to or from any other employers? No Yes - Explain

Do you perform background checks on all employees and/or review MVR's for all employees driving company vehicles? No Yes - Explain

Any work performed outside your domicile state? No Yes - Explain

BUSINESS OPERATIONS

If operations listed below are performed, provide the % each is of your total operation.

Classification	You	Work You Subcontract to Others
Mold Removal	_____	_____
<u>EIFS/DEFS Installation Or Repair</u>	_____	_____
<u>Demolition</u>	_____	_____
<u>Excavation</u>	_____	_____
<u>Spray Painting</u>	_____	_____
<u>Blasting & Explosives</u>	_____	_____
<u>Welding</u>	_____	_____
<u>Lead Paint Or Asbestos Removal</u>	_____	_____
<u>Paper Contracting (Subcontract > 75% Of Labor Costs)</u>	_____	_____
<u>Work Above 3 Stories</u>	_____	_____
<u>Power Washing</u>	_____	_____
<u>Clean Up/Restoration Service From Fire, Wind, Flood, Etc</u>	_____	_____
<u>Roofing</u>	_____	_____
<u>Other Hazardous Or Dangerous Work Performed</u>	_____	_____

Complete the following if that trade is applicable to your operations:

Carpentry (% of work performed) Insured _____ Sub _____
 Any roofing done? If "yes" what ____% No Yes - Explain _____

Any shop work done? No Yes - Explain _____

Any remodeling work done? If "yes" what ____% No Yes - Explain _____

Any gutting of load bearing walls? No Yes - Explain _____

Painting (% of work performed) Insured _____ Sub _____
 Inside ____% Outside ____% No Yes - Explain _____

Any painting of bridges, towers, antennas or water/gas tanks? No Yes - Explain _____

Any spray painting done? No Yes - Explain _____



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Plumbing	(% of work performed)	Insured _____	Sub _____
Any installation of high-pressure systems, caustics, flammables, gasses, LPG or chemicals? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain _____			
Any installation of Fire prevention or Sprinkler systems? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain and describe _____			
Any refrigeration systems installed? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain _____			
Electrical wiring	(% of work performed)	Insured _____	Sub _____
Any high voltage wiring done? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain			
What is the voltage range handled?			
Any installation of security or fire alarm systems? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain _____			
Do you do aluminum wiring COPALUM or similar repair? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain			
Landscaping	(% of work performed)	Insured _____	Sub _____
Any grading of land? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain			
Any excavating work performed: <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain			
Any spraying of bushes, lawns, etc. with pesticides, herbicides or fertilizers? <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe what is used _____			
If yes, what license is required to apply chemicals? Handled? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain _____		Do you have a current and valid license to apply the chemicals	
Any tree work done? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain			
What work is done during the "off season" months? Describe all work: _____			
Describe all machinery used in your business:			
What training do employees who are applying chemicals receive (describe):			
Paving and Repaving			
Is pavement sealing performed <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, is spraying of sealants done <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain _____			
Drywall/Wallboard	(% of work performed)	Insured _____	Sub _____
What safety gear is used or provided the employees? Describe: _____			
Are stilts used by employees? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, who provides them to employees? _____			

