

CBIC - CONTRACTORS RENEWAL APPLICATION

Contractors Bonding and Insurance Company

APPLICATION NEEDS TO BE COMPLETED BY INSURED - PLEASE COMPLETE FULLY FOR PROMPT SERVICE

1.	Policy Number:	Agents Name:
2.	Company Name:	Business License #:
3.	Company Contact:	Business Phone #:
4.	Any change to your company name, ownership, form of business (corporation, LLC, etc.) or addresses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise changes:	
5.	Describe your operations in detail (list all aspects of your work):	
6.	Indicate (✓) all of the following that describes your operation: <input type="checkbox"/> General contractor (hired by homeowner) <input type="checkbox"/> Subcontractor (performs one or two trades) <input type="checkbox"/> General contractor (hired by developers) <input type="checkbox"/> Developer of land only <input type="checkbox"/> General contractor (speculative builder) <input type="checkbox"/> Developer/owner of land/buildings (hires general contractor) <input type="checkbox"/> General contractor (homeowner hires the subcontractors) <input type="checkbox"/> Construction consultant to owners (you do not perform direct labor or hire employees &/or subcontractors)	
7.	List all specialized licenses held by any Owners, Officers, Partners or their Spouses: Check if None <input type="checkbox"/>	
8.	List other businesses owned or affiliated in any way with persons or entities named in the application within the last 10 years: Check if None <input type="checkbox"/>	
9.	What counties and states do you work in?	Counties: _____ States: _____
10.	State the percentage of work performed: a. Residential _____ % Commercial _____ % Industrial _____ % Manufacturing _____ % = 100% b. New Construction _____ % Remodel _____ % Repair _____ % = 100% c. Residential New construction (if any): Houses _____ % Apartments (12 units and under) _____ % Apartments (over 12 units) _____ % Condos, townhouses/co-op buildings _____ % Tract/subdivision or development work _____ % = 100%	
11.	Please advise the maximum number of: a. Jobs completed per year _____ b. Jobs running at the same time _____ c. New homes built per year _____ d. Exterior jobs over 3 stories _____ e. Jobs on homes valued over \$1 million _____ f. New homes worked on in any one tract, subdivision or development _____	
12.	List 3 largest jobs in the past year:	
	Date	Description of Work
		Gross Receipts
13.	Estimate for the next 12 months:	
	*Annual Employee Payroll	Gross Annual Receipts (total revenue)
		**Subcontracted Costs
	# Owners, Partners, Officers or Members: _____	# Active Owners, Partners, Officers or Members: _____
	# Full-time Employees: _____	# Part-time Employees: _____
		Expense for casual labor or leased employees: _____
	*Annual Employee Payroll - do not include payroll for clerical and salespersons **Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor	
14.	List the trades of subcontractors you use or plan to use within the next year:	
15.	Do you sub out all construction work? <input type="checkbox"/> Yes <input type="checkbox"/> No If subcontractors used, advise if:	
	a. Certificates of Insurance indicating limits equal to yours are obtained from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Do you require to be named as Additional Insured on all certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is there a written contract with all subcontractors and does it require that you are indemnified and held harmless for loss and defense cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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16. List construction trades performed by you or your own employees:

17. Please advise (✓) the degree of job-site supervision you provide:
 Rarely on the job site Visit job site occasionally On the job site majority of the day

18. Do you take any jobs where the work performed is primarily **one** of the following? Please check (✓) all that apply.

<input type="checkbox"/> Exterior door/window installation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Exterior Stucco
<input type="checkbox"/> Earthquake retrofitting or updating	<input type="checkbox"/> Pressure washing	<input type="checkbox"/> Siding
<input type="checkbox"/> Framing	<input type="checkbox"/> Roof repair and installation	<input type="checkbox"/> Waterproofing/caulking

19. Will you or have you ever been involved with any of the following? Please Check (✓) all that apply.

<input type="checkbox"/> EIFS or EIFS related products	<input type="checkbox"/> Fire/flood damage restoration work	<input type="checkbox"/> Medical facilities, hospitals, clinics or assisted living facilities
<input type="checkbox"/> Equipment loaned/rented to others	<input type="checkbox"/> Bridges, tunnels, dams or levees	
<input type="checkbox"/> Caisson/cofferdam work	<input type="checkbox"/> Traffic or street lights	<input type="checkbox"/> Construction on hillsides or slopes (greater than 25%) or landfills
<input type="checkbox"/> Public roads/highway construction	<input type="checkbox"/> Tilt-up concrete	

20. Check if you have or will perform or subcontract any of the following:

✓ If Yes	Percent of Total Work	✓ If Sub- Contracted	Description of Work
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Blasting, demolition or wrecking (other than tearing down with hand tools)
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Boilers/propane/natural gas piping & equipment installation, service or repair
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Cranes or booms used to perform your work
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Environmental cleanup including lead paint, asbestos & mold
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Fire suppression, sprinkler or burglar alarm systems installation, service or repair
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Iron work installed for security around windows, doors or railings
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Machinery installation, service or repair
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Non-masonry fireplaces/stoves/flue piping/commercial kitchen exhausts
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Retaining wall construction over three feet; earth stabilization
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Site grading, excavation, or trenching (more than three feet), shoring
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Swimming Pool installation, servicing or repair
<input type="checkbox"/>	_____ %	<input type="checkbox"/>	Underground tank removal or installation

21. Are any persons or entities named in application involved (past or present) in any of the following:

a. Subdivision of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Operations related to any project insured under a Wrap-up insurance program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Property management for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Property purchased for renovation, resale or rental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. List all rental properties owned and provide the annual rental income.		

22. Have any persons or entities named in the application:

a. Ever been sued or had a demand for arbitration regarding faulty/defective construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have knowledge of any existing problem or construction defect on one of your jobs that may potentially give rise to any future claim or legal action against such person or entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Filed any mechanics liens against customers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____		

Please explain all yes responses:

CBIC or its agents may periodically investigate my credit with any reporting agency or any other person or entity, and I authorize the release of any such information to CBIC.

Date: _____ Signature of Named Insured: _____