



THE GENERAL'S PROGRAM APPLICATION

ALL QUESTIONS MUST BE ANSWERED & APPLICATION MUST BE SIGNED BY APPLICANT

Applicant			
Business Address _____ _____		Mailing Address (if different) _____ _____	
Inspection Contact	Name _____ Phone # _____	Does Insured have a website? <input type="checkbox"/> No <input type="checkbox"/> Yes Website Address: _____	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			
Applicant's years or experience in business _____ Years in current business _____ <i>(Attach resume if current business formed within last three years)</i>			
Policy Period: From _____ To _____		<u>Optional Coverages Desired</u>	
Limits of Insurance – Commercial General Liability General Aggregate \$ _____ Products/Comp Ops Aggregate \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence \$ _____ Fire Damage Legal Liability \$ _____ Medical Expense Limit \$ _____		<input type="checkbox"/> Additional Insured – Automatic Status When Required in Construction Agreement <input type="checkbox"/> Additional Insured (<i>List on Page 5</i>) <input type="checkbox"/> City of Chicago as Additional Insured <input type="checkbox"/> Primary, Non-Contributory Basis <input type="checkbox"/> Other _____	

HISTORY

20__/20__ 20__/20__ 20__/20__ 20__/20__

General Liability Carrier			
\$ Amount Annualized Premium			
\$ Amount Losses Paid or Reserved			
Claim Details <i>(Attach separate sheet if necessary)</i>			

Any pending litigation against any Named Insured concerning construction defect or fungus/mold claims? No Yes

Has any carrier cancelled or non-renewed coverage within the past 5 years? No Yes

If yes, please explain _____

Current loss runs attached? No Yes (*Required within 30 days of binding*)

PLEASE ANSWER COMPLETELY ALL OF THE FOLLOWING QUESTIONS

1) Type and percentage of artisan work to be performed directly by you during the next 12 months (include estimated payroll by ISO Classification Description, Class Code, and Payroll):

Class Description	ISO GL Class Code	Payroll \$

N/A – 100% of work is sub-contracted.

2) Do you hire casual labor? No Yes If yes, please describe:

3) Type and percentage of work performed by subcontractors, hired by you during the next 12 months:

4) Do you ever act as a subcontractor? No Yes If yes, please explain:

5) Check the % of your operations listed as follows:

- | | | |
|---|---|---|
| <input type="checkbox"/> Residential Construction (new) | <input type="checkbox"/> Residential Remodeling | <input type="checkbox"/> Apartments |
| <input type="checkbox"/> Office Construction (New) | <input type="checkbox"/> Office Remodeling | <input type="checkbox"/> Heavy Commercial |
| <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> Light Commercial | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Other _____ | | |

6) Have you ever done any of the following work directly or ever subcontracted such work in the past or are you likely to do so within the next 12 months?

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Bridges | <input type="checkbox"/> EIFS/Synthetic Stucco | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Airports |
| <input type="checkbox"/> Tunneling | <input type="checkbox"/> Nuclear Facilities | <input type="checkbox"/> Heating Boilers | <input type="checkbox"/> Blasting |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Demolition | <input type="checkbox"/> Process Piping | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Railroads | <input type="checkbox"/> Over 6 Stories | <input type="checkbox"/> Pollution/Superfund | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Fire Restoration | <input type="checkbox"/> Condominium Projects | <input type="checkbox"/> Water Remediation | <input type="checkbox"/> Power Plants |
| <input type="checkbox"/> Mine Projects | <input type="checkbox"/> Petrochemical/Refineries | <input type="checkbox"/> Landfills/Industrial Waste Treatment | |
| <input type="checkbox"/> Dams | <input type="checkbox"/> Residential Construction Projects/Tracts | <input type="checkbox"/> Sewer Systems | |
| <input type="checkbox"/> Other _____ | | | |

Explain any work noted above:

7) Please show independent contractor costs and receipts history for the past 3 years (if New Venture, please provide estimate for the next 12 months):

	Total Cost**	Gross Sales***		
20__	_____	_____		
20__	_____	_____		
20__	_____	_____		
Next 12 Months (Estimated)	<table border="1"> <tr> <td> </td> </tr> </table>		<table border="1"> <tr> <td> </td> </tr> </table>	

** "Total Cost" means the total cost of all work let or sublet in connection with each specific project including:

- (a) The cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work, including the cost of furnished equipment installed whether or not furnished by the contractor, or subcontractor, or by you; and
- (b) All fees, bonuses or commissions made, paid or due.

*** "Gross Sales" means the gross amount charged by you, your concessionaires or by others trading under your name for:

- (a) All goods or products, sold or distributed;
- (b) Operations performed during the policy period; and
- (c) Rentals; or
- (d) Dues or fees

- 8) Please describe your five largest jobs in the past five years:
- 9) Please describe representative jobs currently in progress:
- 10) Please describe work in detail on projects within the last 5 years that involved condominiums, other attached housing of any kind, or tract housing. Be sure to include maximum number of units any one building and the maximum number of units any one contracted project.
- 11) Do you or have you ever used dri-vite or EIFS (Exterior Insulation & Finish Systems)?
 No Yes If yes, to what extent?
- 12) Please indicate where you perform your work:
 _____ % Chicago/ Cook County _____ % Remainder of Illinois
 _____ % Other States (please specify) _____
- 13) List states (other than Illinois) and estimated annual gross receipts for work performed in each during the last five (5) years: Indiana Wisconsin Other _____
- 14) Please describe any other non-construction operations or business activities conducted by you under the same name as the entity requesting insurance on this application. If insured elsewhere, provide the name of entity, insuring carrier, policy limits and term:
- 15) Do you have a labor interchange with any other businesses or subsidiaries? No Yes
- 16) Are you involved in any respect with any other entity not requesting insurance on this application?
 No Yes If Yes, explain fully, providing the entity name, insuring carrier, policy limits, type(s) of insurance and term.
- 17) Do you ever work as a construction manager when not acting as a General Contractor for any projects?
 No Yes If yes, describe activities and complete Construction Manager section below:
- 18) Are any owners or employees Architects or Engineers? No Yes
 If yes, describe and provide proof of Professional Liability.

FOR CONSTRUCTION/PROJECT MANAGERS ONLY:

- 1) Does Applicant carry Professional Liability? No Yes
 Limits: _____
 Carrier: _____
 Policy Dates: _____
- 2) List all staff personnel, including any architects, engineers, surveyors, managers, administrative/clerical, or other (please describe):
- 3) Attach copy of typical contract for services with a client.
- 4) If Insured acts as a Project Manager, please attach a current resume, including project types and state(s) worked within.

JOB SAFETY AND LOSS PREVENTION PRACTICES QUESTIONNAIRE

(Must be completed in full. Blank answers are not acceptable)

1. IMPORTANT! A WRITTEN CONTRACT WITH ALL SUBCONTRACTORS IS REQUIRED PLEASE ATTACH - CONTRACT MUST BE APPROVED BEFORE ANY COVERAGE CAN GO INTO EFFECT.

Do you currently have a written contract in place with ALL subcontractors? No Yes

The contract used must contain the following:

- General Contractor requires being named as an addl insured in ALL contracts with subcontractors: No Yes
- A Hold Harmless wording is contained in the contract: No Yes
- Subcontractors are required to carry equal limits to General's specific limits indicated in contract: No Yes
- Certificates of Insurance are required from all subcontractors and are kept on file: No Yes

2. Do you have any employees? No Yes # full time _____ # part time _____

3. Do you carry Workers Compensation insurance? No Yes Limits: _____
Employers Liability? No Yes Limits: _____

4. If you do not elect to maintain Worker's Compensation throughout the policy term, will you warrant that you will not hire, lease or use any person(s) other than those that are exempt under Worker's Compensation Act requirements? No Yes

5. Do you have a written quality control plan in place? No Yes (Please provide a copy with this application)
Note: New Ventures must submit a written Quality Control Plan within 30 days of binding.

6. You must familiarize yourself with pollution and water intrusion procedures at www.epa.gov.
Click on *Browse EPA Topics*; click on *Pollutants/Toxins*; then choose *Biological Contaminants* for guidelines. Please initial upon completion _____

7. Do you own, rent or erect any scaffolding? No Yes

8. What is the average height/stories for your exterior work? _____
What is the maximum height? _____

9. Do you have any model homes? No Yes How many? _____

10. Do you have any Real Estate Development Property? No Yes # Acres _____

11. Do you own, lease or rent any mobile equipment or cranes? No Yes (Attach list)

ADDITIONAL INSURED

Name	Address	Insurable Interest

If you have any questions on the above, please contact your agent.

If you have any additional information regarding any matter that might influence the underwriting of your operations, please feel free to attach the additional information to this application or explain in the space provided below:

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO. COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTE: SIGNED APPLICATION REQUIRED WITHIN 30 DAYS OF BINDING OR COVERAGE SHALL BE VOIDED

APPLICANT'S WARRANTY STATEMENT. I HAVE READ THIS APPLICATION, AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS IN THIS APPLICATION ARE TRUE AND ACCURATE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I ALSO AGREE THAT THIS APPLICATION WILL BE MADE A PART OF THE POLICY, SHOULD THE COMPANY EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY.

SIGNATURE OF PERSON COMPLETING APP (IF NOT APPLICANT) _____

PRINTED NAME _____

APPLICANT'S SIGNATURE _____

TITLE _____ DATE _____

NAME OF INSURED'S PRODUCER (PRINTED) _____

BROKER'S SIGNATURE _____ DATE _____

AGENCY NAME
ADDRESS
CITY, STATE ZIP



THE JACK NEBEL COMPANIES

The last piece of the puzzle

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