

PRODUCING AGENT'S # _____

LOGIC UNDERWRITERS, INC
Contractor General Liability Application
 Incomplete applications are subject to rejection of coverage and/or risk. Do not leave any questions blank or unanswered

| | | |
|--------------|---------------------|--|
| Name | | Producer |
| D/b/a | | Effective Dates: 12:01 AM |
| Mail Address | | From: _____ To: _____ |
| City | State | Type: Individual _____ Corporation _____ |
| Zip | County | Partnership _____ Joint Venture _____ |
| Ph.# | Inspection Contact: | Web Address: |

Business address(s):
 Description of business:

| | | |
|----------------------|---------------------|-------------------------|
| # Years in Business: | # Years Experience: | Classification Code (s) |
|----------------------|---------------------|-------------------------|

Limits of Liability include - Occurrence, General Aggregate, Products/Completed Operations, Personal and Advertising Injury. Certain classes include the Products / Completed Operations Hazard within the General Aggregate Limit.

| | | | | | | |
|---|--|------------|--------------------|-----|-------|----------------------------|
| Double Aggregate | Single Aggregate | Circle one | Deductible: | 500 | 1,000 | Other _____ |
| <input type="checkbox"/> 100/200/200 | <input type="checkbox"/> 100/100/100 | | | | | |
| <input type="checkbox"/> 300/600/600 | <input type="checkbox"/> 300/300/300 | | | | | |
| <input type="checkbox"/> 500/1,000/1,000 | <input type="checkbox"/> 500/500/500 | | | | | |
| <input type="checkbox"/> 1,000/2,000/2,000 | <input type="checkbox"/> 1,000/1,000/1,000 | | | | | |
| <input checked="" type="checkbox"/> 100,000 Fire Damage limit <input checked="" type="checkbox"/> 5,000 Medical Payments | | | | | | |
| | | | | | | Total Risk Payroll= |

% of your work is: _____%Industrial _____%Residential _____%Commercial
 _____%Remodeling _____%New Construction _____%Repair and Service _____%Room Additions

Type of License: _____ Current License Number: _____

What operations do you perform?

Do you perform under written contract? **Yes No**

Do you subcontract any work? **Yes No** If yes, % subcontracted _____ %

Types of work subcontracted:

Do you require certificates for General liability equal to or greater than your own? **Yes No (if No, Submit)**

Do you require certificates for Workers Compensation? **Yes No**

Types of jobs performed in the last 12 months:

| Past and anticipated projects detail: | Payroll | Subcontracted Costs | Gross Receipts |
|---------------------------------------|---------|---------------------|----------------|
| Prior 24 Months: | | | |
| Next 12 Months: | | | |

Do you now or have you ever acted as a GENERAL CONTRACTOR? **Yes No (if Yes, Submit)**

Any Prior Losses in the last 5 years? **Yes No** If yes, list all losses below & Submit

Do you have any knowledge of an occurrence that could result in a claim? **Yes No**

Prior Carrier / Loss History:

| Date | Carrier | Premium | Losses |
|------|---------|---------|--------|
| | | | |
| | | | |
| | | | |

| Answer the following questions. Do you or have you ever performed any of the following work: | | | | | | | | |
|---|-----|----|---|-----|---------------------------------------|--|-----|----|
| Excavation Tunneling | Yes | No | Pile Driving | Yes | No | Exposure to Radioactive or Nuclear Material | Yes | No |
| Blasting demolition or any explosive materials used | Yes | No | Caisson or Cofferdam Work | Yes | No | Any Herbicides or Pesticides Work | Yes | No |
| Tree or Limb Removal | Yes | No | Any oil, gas or related work | Yes | No | Have you ever been named in a construction defect unit | Yes | No |
| EIFS Work | Yes | No | Any aircraft, railroad, watercraft or auto work | Yes | No | Does applicant draw plans, designs or specifications | Yes | No |
| Asbestos Abatement | Yes | No | Any bridges, dams or sewer construction work | Yes | No | Any Cell Phone, Water, Gas, Oil Tank, or Tower Work | Yes | No |
| Rent, Lease or Repair Equipment | Yes | No | Exterior work over 3 stories | Yes | No | Waxing Floors in Commercial buildings or stores | Yes | No |
| Chemical Spraying / Fumigating | Yes | No | Any prior losses in the last 5 years | Yes | No | Underpinning/Foundation Repair | Yes | No |
| Any out-of-state Operations | Yes | No | Concrete Pumping | Yes | No | Digging more than 3 feet underground | Yes | No |
| Ops. involving discharge of fumes, acids or waste | Yes | No | Elevators, Escalators, Boilers | Yes | No | Coal, Wood, Waste or Oil Burning Stoves | Yes | No |
| Work involving medical and/or industrial equipment | Yes | No | Fiber Optic Cable Work | Yes | No | Any work with LPG | Yes | No |
| Mobile Home or related work | Yes | No | Mold / Fungus / Lead Paint remediation work | Yes | No | Any Roofing or Root Related Work | Yes | No |
| Operated as an inspection or appraisal company | Yes | No | Alarm Systems | Yes | No | Any work with cranes of any height, owned or leased | Yes | No |
| Any new building construction operations performed on single-family units including residential condominiums, multi-unit homes, tract housing, subdivisions, townhouses, or apartment buildings within subdivisions or projects where there are ten (10) or more total units? Yes No | | | | | | | | |
| Any ground up construction custom home work? | | | Yes | No | If Yes, maximum of homes per project: | | | |
| Do you desire to purchase coverage for certified acts of terrorism? | | | Yes | No | | | | |

Explain ALL "Yes" answers:

| Name and Address of Additional Insureds | | |
|---|----|----|
| 1. | 2. | 3. |
| | | |

SUBMIT completed and signed application for approval

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

Any person who knowingly and with intent to defraud 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 such person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledge by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

Applicant Signature _____
Date

Licensed Agent / Producer Signature _____ _____
Date _____ **License#**