



# Tapco

## GENERAL CONTRACTORS APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286  
**1-800-334-5579 / Fax 336-584-8880**  
GoTAPCO.com

ACCT ID: \_\_\_\_\_

Insured Name (as it should appear on the policy): \_\_\_\_\_  
(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

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

Physical Address (if different from mailing address): \_\_\_\_\_

Website Address: \_\_\_\_\_

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

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

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Deductible	\$

1. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? \_\_\_\_\_  
If so, explain: \_\_\_\_\_

### 2. PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage?  Yes  No

If yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years?  Yes  No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

3. Describe exact operations: \_\_\_\_\_

4. Number of years in business under applicant name? \_\_\_\_\_ List previous business name (if any): \_\_\_\_\_

5. What percentage of work is: Residential \_\_\_\_\_% Industrial \_\_\_\_\_% Commercial \_\_\_\_\_%

6. What percentage of work is: New Construction \_\_\_\_\_% Structural Remodeling / Additions \_\_\_\_\_% Non-Structural Remodeling \_\_\_\_\_%

7. Type of work: General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Construction Manager \_\_\_\_\_%

8. Type of license: General Contractor \_\_\_\_\_ Other: \_\_\_\_\_

9. Do you use subcontractors?  No  Yes **If yes, please complete the following:**

- (a) Percentage of work subcontracted out \_\_\_\_\_%
- (b) Total annual subcontracted cost (labor and materials) \$\_\_\_\_\_
 

(Include cost of materials provided by you, a subcontractor, an owner, or a bank.)
- (c) List the trades of the subcontractors you use and give the percentage of work they perform
 

_____	_____	_____
%	%	%
_____	_____	_____
%	%	%
- (d) Do you collect certificates of insurance from all subcontractors?  Yes  No  
 Minimum GL limits required for subcontractors? \$\_\_\_\_\_
- (e) Do you require all subcontractors to name you as an additional insured?  Yes  No  
 If yes, have you always done so in the past?  Yes  No
- (f) Have you ever performed work as a subcontractor for a general contractor?  Yes  No  
 If yes, what percentage? \_\_\_\_\_%
- (g) Do you have a written hold harmless agreement in your favor in the contract with the subcontractors you use?  Yes  No

10. Provide gross receipts for the past 5 years: Current Year \$\_\_\_\_\_
   
Year 2 \$\_\_\_\_\_ Year 3 \$\_\_\_\_\_ Year 4 \$\_\_\_\_\_ Year 5 \$\_\_\_\_\_

11. Projected gross receipts for the coming year? \$\_\_\_\_\_

- 12. (a) Number of active owners/officers/partners: \_\_\_\_\_ Payroll: \_\_\_\_\_
- (b) Number of active supervisors (if different from number of owners): \_\_\_\_\_
- (c) Employee payroll for the past 5 years: Current Year \$\_\_\_\_\_
   
Year 2 \$\_\_\_\_\_ Year 3 \$\_\_\_\_\_ Year 4 \$\_\_\_\_\_ Year 5 \$\_\_\_\_\_

13. Projected payroll for the coming year? \$\_\_\_\_\_

14. If you have employees, list classification(s) of work performed and payroll:

Employee Job Class	Employee Payroll	Employee Job Class	Employee Payroll
1)		4)	
2)		5)	
3)		6)	

15. Describe your four largest projects for the past 5 years, including values:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_

16. Describe the four largest projects planned for the upcoming year, including values:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_

17. Do you or have you acted in any capacity in the construction of new buildings?  Yes  No  
 If yes, how many do you build or have you built in any one year? Residential \_\_\_\_\_ Commercial \_\_\_\_\_

18. (a) Have you ever been involved in the construction or remodeling of apartments, townhouses, condominiums, tract homes, or unplanned multi unit developments?  Yes  No If yes, number of units: \_\_\_\_\_  
 If yes, please provide type of project, specific location, total values and year built \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Do you plan to do so in the future?  Yes  No If yes, when? \_\_\_\_\_

19. Does any work include earthquake / seismic retrofitting and/or earthquake / earth movement repair? \_\_\_\_\_

20. Do you perform any of the following?

Answer "Yes" – if the activity has or will be performed, subcontracted or supervised by the applicant.

Answer "No" – if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

- |                                   |                              |                             |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|
| a) Asbestos or lead abatement     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | m) Rental of equipment to         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Boiler installation / repair   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | others                            |                              |                             |
| c) Concrete tilt-up construction  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | n) Retaining walls                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Dam work                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | o) Road / highway / bridge /      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Demolition                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | overpass construction             |                              |                             |
| f) Environmental cleanup          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | p) Roofing                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Industrial machinery repair or | <input type="checkbox"/> Yes | <input type="checkbox"/> No | q) Swimming pool construction     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| installation (millwright work)    |                              |                             | r) Traffic signals / control work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) LPG work                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | s) Underground tank removal,      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Medical &/or industrial life   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | repair or installation            |                              |                             |
| support                           |                              |                             | t) Use of cranes                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j) Process piping                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | u) Work on gas lines or pumps     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k) Blasting                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | v) Mold remediation               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l) Fire or water restoration      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | w) Synthetic stucco (EIFS)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain any "YES" answers to question 20, and state whether performed by insured or subcontractor: \_\_\_\_\_

21. Is any work performed below grade? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Average depth: \_\_\_\_\_ Maximum depth: \_\_\_\_\_

22. Are you involved in exterior painting? \_\_\_\_\_ What precautions are taken to prevent property damage from overspray? \_\_\_\_\_

23. Do you perform any concrete work involving room additions, structural alterations or foundations? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

24. Is any equipment leased from others? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

25. Are you or your subcontractors involved in any removal of asbestos, PCB's or other hazardous materials? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

26. Do you draw any plans or blueprints used in your construction work?  Yes  No

If yes, describe: \_\_\_\_\_

27. Do you now or have you ever performed work on hillsides, slopes, landfills, or other subsidence areas, or do you plan to in the future?  Yes  No If yes, describe (include degree of slope): \_\_\_\_\_

28. Do you perform work above 4 stories in height other than interior remodeling?  Yes  No

If yes, what percentage \_\_\_\_\_% Maximum height \_\_\_\_\_ft.

Describe work: \_\_\_\_\_

29. Do you use scaffolding? \_\_\_\_\_

30. Have you ever been named in litigation regarding faulty construction or construction defect?  Yes  No

If yes, describe: \_\_\_\_\_

31. Are there any claims or legal actions pending against any of the entities named in the application?  Yes  No

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

32. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action against any such entity? [ ] Yes [ ] No

If yes, describe: \_\_\_\_\_

33. Are you involved in any business other than contracting? [ ] Yes [ ] No

If yes, describe: \_\_\_\_\_

34. List the state(s) in which you operate: \_\_\_\_\_

35. With respects to **CALIFORNIA** and **NEVADA**, have you done, are you doing, or do you plan to do any work in these state(s)? [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

36. Additional Insured: \_\_\_\_\_

Additional Insured Address: \_\_\_\_\_

What is the additional insured's interest? \_\_\_\_\_

Room for additional explanation (list question number): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In making this application, the Applicant agrees the insurer or their agent may as part of their underwriting procedure order investigative reports, conduct interviews, inspect premises, business or operations, review payroll and receipts, and obtain information about my character, general reputation, and personal and business characteristics. By my signature below I authorize any previous insurer listed herein to provide a full release of claims information for use in reviewing my application. This information will be held in strict confidence, and the Applicant may make a request for copies of this information. The Applicant agrees this application is not binding on any insurer, and the insurer or the agent of the insurer must first accept coverage requests. The applicant agrees the broker is not an agent of the insurer but a representative of the Applicant. The Applicant agrees this application may become a part of the contract of Insurance. The Applicant agrees any misrepresentation in this application may void coverage or coverage may be recinded. The Applicant agrees incorrect or incomplete information may cause premium adjustments. By my signature below, I affirm that the statements in this application are true to the best of my knowledge.

POLICY PREMIUM	
<b>Base</b>	\$ _____
<b>Fee</b>	\$ _____
<b>Tax</b>	\$ _____
<b>Total</b>	\$ _____

**APPLICANT'S STATEMENT:** I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a company underwriter at TAPCO Underwriters, Inc.

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

Applicant's Signature \_\_\_\_\_

Name and Title \_\_\_\_\_

Applicant's Phone # \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Agent's License Number \_\_\_\_\_

Agent's Phone # \_\_\_\_\_ Agent's Fax # \_\_\_\_\_

Agent's Email Address \_\_\_\_\_

**FLORIDA FRAUD STATEMENT:**  
 Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**TENNESSEE / VIRGINIA FRAUD STATEMENT:**  
 It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.