



5949 Sherry Lane, Suite 1175  
 Dallas, Texas 75225  
 Phone: 214-884-1800  
 Fax: 214-884-1801  
 constructioninsuranceservices.com

## General Liability Application

### I. Applicant

Proposed Effective Date \_\_\_\_\_

1. Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Tele #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website: \_\_\_\_\_ Cell # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Please include all DBA's, company subsidiaries and/or affiliates that are applying for coverage:

Please list all additional named insured's and other locations:

- a) \_\_\_\_\_ b) \_\_\_\_\_

Describe Nature of Applicant's Business:

Geographic area in which you conduct business: \_\_\_\_\_

2. Applicant operates as an:  Individual  Partnership  Corp  LLC  Other: \_\_\_\_\_
3. How many years has the applicant been in business? \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
 Yrs. of Experience of current management: \_\_\_\_\_ Annual Payroll \_\_\_\_\_

### II. Prior Insurance and Loss History

Policy Period	Insurance Carrier	Premium	Deductible	Revenues

1. Are you aware of any current claims pending?  Yes  No (If yes, please give details below)

Date of Loss	Description of Loss	Amnt. Paid	Amnt. Reserved

2. Current Limits of Liability: \_\_\_\_\_ Requested Limits: \_\_\_\_\_

### III. Loss Control

1. Does Applicant have a **written safety policy statement**?  Yes  No
2. Does rental contract contain “**hold harmless**” agreement or “**indemnification**” clauses?  Yes  No
3. Are written instructions for the safe use of equipment given to each customer?  Yes  No
4. Do Applicant’s customers acknowledge receipt of safety instructions by signing an appropriate agreement (e.g. rental contract which includes acknowledgment)?  Yes  No
5. When a customer refuses safety equipment, is their signature obtained on the rental contract or other agreement?  Yes  No
6. Does Applicant have a formal “**Red Tag**” procedure for identifying damaged equipment and eliminating if not repairable?  Yes  No
7. Is damaged Scaffolding and Planking kept separate from good equipment and either repaired or destroyed and discarded?  Yes  No
8. If Applicant does erection work, is a **sign-off sheet** used in which the customer can acknowledge the correctness of the job?  Yes  No
9. Please describe briefly the current **Paper Trail** that is in force covering equipment that is rented out and returned.  

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10. Does Applicant conduct **Safety Meetings** as required by OSHA?  Yes  No
11. How long does Applicant maintain records (e.g. rental agreements, sales receipts, erection checklists)? \_\_\_\_\_
12. Does the Applicant require and obtain **Certificates of Insurance** from customers and suppliers?  
 Yes  No                      If yes, is application named as Additional Insured  Yes  No
13. Upon notice of an accident, what procedures are followed by the Applicant?  

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14. If Applicant rents, sells or erects products manufactured outside the United States, please answer the following:

1. Does the foreign manufacturer have insurance for the products in question?  Yes  No
  2. If the carrier is foreign-based carrier, will the coverage for the manufacturer extend to occurrences within the continental U.S.?  Yes  No
  3. Are you insured by a Vendors Endorsement for the sale of products?  Yes  No  
Certificates  Yes  No Vendors Endorsement  Yes  No
15. Do you lease any employees?  Yes  No Percentage Leased \_\_\_\_\_
  16. What is the company’s Workers Compensation mod? \_\_\_\_\_
  17. Do you do work on any residential buildings?  Yes  No If yes, what percentage? \_\_\_\_\_

18. Do you hire Sub-Contractors? Yes No Do you obtain certificates of insurance from all sub-contractors? Yes No
19. Please list your four largest jobs in the last year and description of work performed (include customer, location, size & type of work performed):
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
20. What industries does your company service? \_\_\_\_\_

#### IV. Erection/Dismantling

1. Are you involved in any erection or dismantling of any kind?  Yes  No  
If yes, explain: \_\_\_\_\_
2. Do you erect or install the following types of equipment?
- |                              |           |          |
|------------------------------|-----------|----------|
| Bleachers – Permanent        | _____ Yes | _____ No |
| Bleachers – Temporary        | _____ Yes | _____ No |
| Swing Staging                | _____ Yes | _____ No |
| Equipment Hoists – Personnel | _____ Yes | _____ No |
| Equipment Hoists – Material  | _____ Yes | _____ No |
| Construction Elevators       | _____ Yes | _____ No |
| Trash or Debris Chutes       | _____ Yes | _____ No |
| Elevating Work Platforms     | _____ Yes | _____ No |
| Mast Climbers                | _____ Yes | _____ No |
3. Average Height of erection work: \_\_\_\_\_ Max Height of erection work \_\_\_\_\_
4. Upon completion of erection job, is checklist completed by project foreman?  Yes  No  
If yes, is it signed by customer?  Yes  No
5. Are completed jobs videotaped?  Yes  No

#### V. Revenues

1. Are there any revenues the applicant would like to exclude from coverage and from gross receipts?  
 Yes  No  
If yes, please provide the amount and brief description of gross receipts to be excluded from coverage:  
\_\_\_\_\_
- The applicant understands and agrees that the Classification endorsement still applies to classifications for which no revenues are shown.
2. Wrap-Ups/OCIP/CCIP Contracts: Does applicant participate in Wrap-Up/OCIP/CCIP projects?  
 Yes  No  
If yes, please note that applicant is responsible for notifying CIS of any OCIP/CCIP projects before the start of the job. In order to have these revenues excluded, at time of final audit calculation, applicant must submit a copy of the certificate of insurance and the revenues from the specific job at the time of service. Any other form of proof of coverage submitted to CIS will not be acceptable.

## RATING INFORMATION

OPERATION	CLASS CODE	GROSS ESTIMATED ANNUAL RECEIPTS
<b>Manufacturing</b>		
• Scaffold	34904	
• Shoring or forming	34904	
• Rolling Scaffold Tower	34904	
• Ladder	34904	
• Swing Stages, Hoists, Suspended Platforms	35992	
• Mast Climbing Equipment (Mobile) Work Platforms	35402	
• Mobile Work Platforms (Scissor Lifts, Aerial Lifts, Boomlifts)	35302	
<b>Sales/Distribution</b>		
• Scaffold	52512	
• Shoring or forming	52512	
• Rolling Scaffold Tower	52512	
• Ladder	52512	
• Plank	52512	
• Temporary Swing Stages, Hoists, Suspended Platforms	52411	
• Permanent Swing Stages, Hoists, Suspended Platforms	52411	
• Mobile Work Platforms (Scissor Lifts, Aerial Lifts, Boomlifts)	35520	
• Mast Climbing Equipment (Mobile)	36620	
• Contractors Equipment (Electrical Tools, etc.)	52511	
• Hardware Supplies (Paints, Clothes, Nails, etc.)	59993	
<b>Pure Rental with no erection involved</b>		
• Scaffold	73915	
• Shoring or forming	73915A	
• Rolling Scaffold Tower	73915	
• Ladder	73915	
• Plank	73915	
• Temporary Swing Stages, Hoists, Suspended Platforms	73914	
• Mobile Work Platforms (Scissor Lifts, Aerial Lifts, Boomlifts)	73913	
• Mast Climbing Equipment (Mobile)	73923	
• Contractors Equipment	73913A	
• Other Equipment (Tools – appliances)	73908	
<b>Repair</b>		
• Scaffold	80011	
• Shoring or forming	80012	
• Other – Please describe-	80013	
<b>Pure Erection/Dismantling</b>		
• Scaffold	90011	
• Shoring or forming	90012	
• Temporary Swing Stages	90014	
• Permanent Swing Stages, Hoists, Suspended Platforms Operator	90015	
• Mast Climbing Equipment (Mobile)	90016	
<b>Crane Rental with or without operator</b>	11201	
<b>Any other operations to be insured</b>		
<b>TOTAL ESTIMATED RECIEPTS:</b>		

**Please attach copies of:**

- **Rental Contract**
- **Current Financial Statement**
- **Loss Runs for previous 5 years**

**CUSTOMER SATISFACTION QUESTIONNAIRE**

a. How can Construction Insurance Services LLC improve client services to you?

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b. When shopping for liability insurance, is price the only consideration for you?  Yes  No

**\*IMPORTANT NOTICE CONCERNING COVERAGE:**

OUR STANDARD POLICY INCLUDES A CLASSIFICATION LIMITATION ENDORSEMENT WHICH REQUIRES ALL OPERATIONS BE NAMED ON THE APPLICATION IN ORDER TO BE COVERED ON OUR POLICY. PLEASE BE THOROUGH AND INCLUDE ALL EXPOSURES YOU WOULD LIKE COVERAGE FOR SO WE MAY ACCURATELY RATE YOUR ACCOUNT AND INCLUDE ALL NECESSARY CLASSIFICATIONS.

\*ALL LEGAL EXPENSES INCURRED BY CIS TO COLLECT ANY ADDITIONAL PREMIUM OR FEES EMANATING FROM THE INSURED'S FINAL AUDIT, ARE THE SOLE RESPONSIBILITY OF THE INSURED.

\* THE APPLICANT UNDERSTANDS AND AGREES THAT THE CLASSIFICATION ENDORSEMENT STILL APPLIES TO CLASSIFICATIONS FOR WHICH NO REVENUES ARE SHOWN.

THE APPLICANT WARRANTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

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**DATE**

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**SIGNATURE**