ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker
CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States
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California Certified Disabled Veteran Business Enterprise & Small Business #2045250

CONTRACTOR GENERAL LIABILITY SUPPLEMENTAL

This form asks for confidential information. Send the completed form only to support@semperfiservicesolutions.com. We keep your information confidential and use it only to quote and place your insurance.

BUSINESS

Business Name: DBA:

Contact Name: Title:

Mailing Address:

City: State: ZIP: Phone:

Email: Website:

Entity: ☐ Individual / Sole Prop ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

FEIN: SSN (sole proprietors only): State of Formation:

Years in Business: CSLB / Professional License # (if any): Desired Effective Date:

CSLB License Classification(s): Owner(s) Years in the Trade:

Describe your work in detail (what you build, install or repair):

OPERATIONS

Percentage of work (each column should total 100%)

%	Residential New	Residential Remodel / Repair	Commercial New	Commercial Remodel / Repair	Tract / Multi-Family Housing	Public / Government
1						

Gross receipts - last 12 months $: Next 12 months (estimate) $:

Payroll (excluding owners) $: Number of employees: Owners working in the field:

Largest single job last 3 years $: Typical job size $:

Maximum height worked (stories / feet): Maximum depth worked (feet):

Do you do any of the following? (check all that apply - explain in Remarks)

☐ Roofing ☐ Demolition ☐ Excavation / grading
☐ Structural / foundation ☐ Waterproofing ☐ Mold / asbestos / lead
☐ Crane or hoist work ☐ Blasting ☐ Welding / hot work
☐ Solar installation ☐ Pool construction ☐ Condo / HOA projects
☐ Wildfire hardening ☐ Work over 3 stories ☐ Work outside California

SUBCONTRACTORS

Cost of subcontracted work - last 12 months $: Percent of revenue subcontracted:

Do you collect certificates of insurance from every subcontractor before they start? ☐ Yes ☐ No

Do subcontractors carry general liability limits at least equal to yours? ☐ Yes ☐ No

Are you named as an additional insured on your subcontractors' policies? ☐ Yes ☐ No

Do you use written subcontract agreements with hold-harmless / indemnity wording? ☐ Yes ☐ No

CONTRACTS AND RISK MANAGEMENT

Do you use written contracts with your customers? ☐ Yes ☐ No

Are you regularly asked to name others as additional insured or give waivers of subrogation? ☐ Yes ☐ No

Typical contract requirements (limits, AI forms, primary & noncontributory):

Do you have a written safety program and hold regular safety meetings? ☐ Yes ☐ No

Have you ever been sued, or received a demand letter, about your work? ☐ Yes ☐ No

If yes, explain:

Has your contractor's license ever been suspended or revoked? ☐ Yes ☐ No

CURRENT INSURANCE AND LOSSES

Current Insurance Company: Policy Expires:

Has any insurance company canceled, non-renewed or declined this general liability policy in the last 3 years? ☐ Yes ☐ No

If yes, company, date and reason:

Has coverage lapsed (gone without insurance) at any time in the last 3 years? ☐ Yes ☐ No

Attach your current declarations page if you have one; it is the fastest way for us to match or beat your coverage.

General liability claims, last 5 years (or attach loss runs)

#	Date	Description	Amount Paid	Open / Closed
1				
2				
3				
4				

COVERAGE REQUESTED

Limits (each occurrence / aggregate) ☐ $1M / $2M ☐ $2M / $4M ☐ Other / per contract

Also quote:

☐ Workers' compensation ☐ Commercial auto ☐ Tools & equipment

☐ Contractor bond ☐ Excess / umbrella ☐ Builder's risk

Remarks (explain any checked or 'Yes' answers above):

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining quotations. Submitting this form does not bind coverage; coverage begins only when confirmed in writing by the agency or the insurance company.

Printed Name: Title (if business):

Signature: Date:

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to support@semperfiservicesolutions.com or call 650-489-2592.