

Strickland General Agency of TN, Inc
Contractor's Application

Agency Name: _____
SGA Producer Number: _____

Quote
 Bind

Effective Date: _____

Name of Applicant: _____ Phone #: _____
Applicant Address: _____
Individual _____ Corporation _____ Legal Liability LLC _____
Partnership _____ Sub "S" _____ Joint Venture _____
Complete Description of **ALL OPERATIONS** you perform: _____

Limit of Liability:
Each Occurrence _____ Personal Advertising & Injury _____
General Aggregate _____ Damage to Rented Premises _____
Products and Completed Operation _____ Medical Expense (any 1 person) _____

Owners/Partners/Officers: Number _____ Location Address: _____

Current payroll of employees (other than owners): Full Time: _____ Part Time: _____

Total Annual Payroll: _____ Total Cost of Sub-Contractor work: _____

Previous Carrier: _____ Prior policy dates: _____

Losses last three years, must give amount and full description. If more than one (1) attach company loss runs.

Do you or any of your employees or sub contractors perform **ANY SPRAY PAINTING**? _____

1. Contractor's License Number: _____ Name on License: _____

2. What state are you licensed in? _____

3. How many years has this specific business entity operated under current name? _____

4. How many total years experience in current contracting business does current management have? _____

5. Is written contract developed with each and every customer? Y / N _____ If yes, attach a sample.

6. What percent of your revenues over the past 5 years have been derived from your work as:

- | | |
|-----------------------------------|-------------------------------------|
| a. General Contractor _____ % | d. Artisan or Subcontractor _____ % |
| b. Residential Contractor _____ % | e. Commercial Contractor _____ % |
| c. Project Manager _____ % | f. Real Estate Developer _____ % |

7. If the applicant is a Residential Builder, how many homes are scheduled to be built this year? _____

Are the homes indicated above in the same subdivision? Y / N _____

8. What percent of your revenues over the past 5 years have been derived from: (Totaling 100%)

New Construction _____ % Remodeling _____ % Repair/Maintenance _____ %

Equipment Used: _____

9. During the past 5 years, have you or your subs performed any work over two (2) stories tall? Y / N _____

If Yes, describe: _____

10. Any cranes owned or rented? Y / N _____

If Yes, describe: _____

11. During the past 5 years, have you or your subs performed any work below 4' in depth? Y / N _____

If Yes, describe: _____

12. Are there written contracts between you and every sub-contractor used? Y / N _____

13. Provide employee payrolls, sub contract costs and company sales for past three (3) years.

Est. Sales for the next 12 months: _____

Year	Employee Payroll	Sub-Contractor's Costs	Company Gross Sales
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

14. Do you obtain certificates of insurance from subs for General Liability insurance? Y / N _____
 If yes, what Limits do you require? \$ _____

15. Are certificates obtained from subs before you let them on to job site? Y / N _____

16. Do you have knowledge of any occurrence which might give rise to a claim? Y / N _____
 If Yes, explain: _____

17. Do you have a formal safety program? Y / N _____

a. Is it in writing? Y / N _____

b. Who is responsible for safety within the company? _____

c. Are all accidents investigated to establish the cause of loss? Y / N _____

d. Have you been inspected by OSHA in the past three (3) years? Y / N _____

1. If yes, were these inspections in response to complaints? Y / N _____

2. Were you cited as a result of these inspections? Y / N _____

Explain any yes answer: _____

18. Have you ever been involved in or are you aware of any pending litigation against you? Y / N _____

If yes, please explain. _____

19. Have you ever, do you currently, or do you intend to be involved in new construction (including site preparation) on the following?

	Yes	No		Yes	No
Nursing Homes	<input type="checkbox"/>	<input type="checkbox"/>	Apartments	<input type="checkbox"/>	<input type="checkbox"/>
Condominiums	<input type="checkbox"/>	<input type="checkbox"/>	Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/Motels	<input type="checkbox"/>	<input type="checkbox"/>	Multi Family Habitational	<input type="checkbox"/>	<input type="checkbox"/>
Day Care	<input type="checkbox"/>	<input type="checkbox"/>	Single Family Construction	<input type="checkbox"/>	<input type="checkbox"/>

20. Indicate the following types of work performed by your employees and by your sub-contractors:

E - Employees S - Sub-contractors N/A - Not Applicable

	E	S	N/A		E	S	N/A
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock-inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile or wood flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (describe) _____							

Roofing:

1. Print and complete the Roofing Supplement on SGA web site:
www.sgaintn.com / (Specialty Programs) / (Roofers)

Tennessee Fraud Warning: Notice- 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.

Signature of Applicant: _____

Date: _____

Producer Signature: _____

Date: _____