



BUILDERS / INSPECTORS / PRODUCT MANUFACTURERS

General Information

Name of Insured (as it should appear on policy): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website Address: _____

Locations (if other than above): _____

Years in Business: _____ Total experience in this type of business: _____ years

Describe Your Operation (This should include a complete list of all named insureds and a description of their operation.)

States in which you will do or have done business: _____

Liability Coverage Requested

Commercial General Liability including Products and Completed Operations

Desired Limits of Coverage \$1,000,000/1,000,000 \$1,000,000/2,000,000 Other: _____

Desired Deductible \$10,000 per occurrence \$15,000 per occurrence \$25,000 per occurrence

Present Coverage Limits _____ Deductible _____

Carrier _____ Premium _____ Effective Date: _____

Has any carrier canceled or refused to issue similar insurance during the past 5 years? Yes No

Describe _____

Merger and Acquisition activity within the past 5 years

Entity	Location/Product/Service	Date Acquired/Merged

Did you assume any liability? Yes No

Are you planning a merger or acquisition during the next year? Yes No

If "Yes," please explain: _____

Future Business Plans (please describe any new contracting and business plans)

Discontinued Operations

Operation	Date Discontinued	Life Span

What percentage of your work is:

Ropes Courses	Aerial Parks	Zip Tours	Other
_____ %	_____ %	_____ %	_____ %

Please provide the gross billings for services listed below that were performed by the applicant:

	Last 12 Months		Projected 12 Months	
	Gross Revenues	Construction Values	Gross Revenues	Construction Values
Design	\$	\$	\$	\$
Actual construction/ Fabrication/erection	\$	\$	\$	\$
Construction management	\$	\$	\$	\$
Training	\$	\$	\$	\$
Product Sales	\$	\$	\$	\$
Inspections	\$	\$	\$	\$
Consulting	\$	\$	\$	\$

Do you perform any work for residential clients?

Yes No

If "yes," please explain: _____

Do you operate any of the courses built by you?

Yes No

If "yes," are they insured separately? _____

Once a build is complete, does a 3rd party perform an inspection?

Yes No

Describe the three largest projects currently underway or planned for the next 12 months:

Start Date	Est. End Date	Value	Description

Describe your five largest projects over the past five years:

Year Completed	Value	Description

Subcontractors - Please complete this section if you use subcontractors

Work Performed	Subcontractor Costs	% of Work Performed

Check the following which apply to your subcontracted work:

- | | |
|---|--|
| <input type="checkbox"/> General Liability certificates of insurance required. 1M/2M minimum limit of liability | <input type="checkbox"/> Workers' Compensation certificates of insurance required |
| <input type="checkbox"/> You are named as an additional insured on GL policy. | <input type="checkbox"/> Professional Liability certificates of insurance required |
| <input type="checkbox"/> Hold harmless agreement in your favor. | <input type="checkbox"/> Retains contracts and certificates of insurance. Length |
| <input type="checkbox"/> Standard formal written contract | <input type="checkbox"/> Has a contract and certificate verification process. |

Please provide a sample copy of subcontractor agreement.

Safety and Quality Assurance Management

Person responsible for your safety and quality assurance program: _____

- Full Time Part Time

Is quality program in writing? Yes No Indicate most recent revision date: _____

Are audits conducted? Yes No Indicate the last date conducted: _____

Are your quality records and reports maintained? Yes No If "yes," for how long? _____

What regulations and standards apply to your work? _____

Check the following which apply:

- | | |
|--|---|
| <input type="checkbox"/> Safety training for all employees | <input type="checkbox"/> Procedure to notify customers of problems after your work has been completed |
| <input type="checkbox"/> Safety Manual | <input type="checkbox"/> Customer complaint files available for anyone's review |
| <input type="checkbox"/> Work designed to customers' specifications | <input type="checkbox"/> Plans and designs reviews by an outside firm |
| <input type="checkbox"/> Warranty of your Work – Describe: _____

_____ | <input type="checkbox"/> Certificates of insurance from all contractors, vendors, and subcontractors – 100% |
| <input type="checkbox"/> Written customer acceptance procedure | <input type="checkbox"/> Retains all contracts and certificates of insurance. Length _____ |

Field Performance

Have you been cited by OSHA in the past 5 years? Yes No

If "yes," please explain: _____

Have you defaulted on a performance and/or payment bond in the last 5 years? Yes No

If "yes," please explain: _____

Have you had a request for a return of payment or a refusal to pay from any of your customers in the past 3 years? Yes No

If "yes," please explain: _____

In the past 5 years, have you been fired or replaced on a job in progress? Yes No

If "yes," please explain: _____

Have you been accused of faulty construction in the past 5 years, regardless of whether you were at fault? Yes No

If "yes," please explain: _____

Have you been accused of breaching a contract in the past 5 years, regardless of whether you were at fault? Yes No

If "yes," please explain: _____

Contract Information

Person responsible for reviewing all customer contracts, products brochures, warning labels, and promotional materials prior to release:

Contracts initiated by: You Jointly with Customer Customer's Contract

Do your contracts contain:

- Statement of work and specifications: Yes No Disclaimer of Warranties? Yes No
 Limitation of Liabilities? Yes No Exclusive Remedies? Yes No
 Limitation of Liabilities for Consequential Damages? Yes No Dispute Resolution? Yes No
 Force Majeure? Yes No Conditions of work acceptance? Yes No

Product Liability

Check if this section does not apply

Products (Specific Category)	Applicant Acts As A/An:					No. of Years	% Gross Sales	Does Applicant		Products Sold To				
	W	M	R	I	MR			Install	Repair/Service	W	R	MC	C	D

M = MANUFACTURER R = RETAILER MR = MANUFACTURER'S REP OTHER (SPECIFY) W = WHOLESALE I = IMPORTER C = CONSUMER DIRECT

Have you discontinued or are you considering discontinuing any product covered by this insurance? Yes No

If yes, please describe: _____

Are any new products planned for sale during the next 12 months? Yes No

Do you import component parts? Yes No

Do you export products or have foreign operations? Yes No

If you manufacture or distribute component parts, in what types of products are they typically used?

Do others manufacture, assemble, package or install products under your name or label? Yes No

Do you manufacture, assemble, package or install products for others under their name or label? Yes No

Please explain any "YES" answers: _____

Products – continued

Can you identify your product from those of competitors? Yes No

How? _____

Please explain "NO" answers: _____

Claims Summary

Please attach a minimum of 5 years currently valued insurance carrier loss runs (longer if available)

Explanation for Losses over \$25,000

Date of Loss	Amount	Open/Closed

Explanation: _____

Date of Loss	Amount	Open/Closed

Explanation: _____

Do you have any knowledge of any prior incidents that could result in a claim? Yes No

If "yes," please explain: _____

Name Title Phone Number

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signing this application shall not be constituted a binder or obligate the company to complete this insurance, but is agreed this application shall be the basis upon which a policy may be issued.

Signature and Title of Insured Date