

Strickland General Agency, Inc  
Remodeling Contractors Application

Agency Name: \_\_\_\_\_

SGA Broker 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. \_\_\_\_\_

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 & estimate for the next twelve (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	E	S	N/A
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Roofing:**  
 1. Print and complete the Roofing Supplement on SGA web site:  
[www.sgainga.com](http://www.sgainga.com) / (Specialty Programs) / (Roofers)

**Premium Finance Option:** 30% Down Payment \$ \_\_\_\_\_ Payment Options: (3 / 6 / 8 pay) consecutive payments.

I hereby authorize Strickland General Agency, Inc to sign on my behalf premium finance agreements financing the premium for the policy(ies) for which I am applying and to sign premium finance agreements financing the premium for renewals or rewrites of such policy(ies) and I understand said premium finance agreements contain power of attorney enabling the premium finance company to cancel my insurance policy(ies) listed in the agreement.

**Total Premium \$** \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_