



FOUNDATION REPAIR COMPANY GENERAL LIABILITY APPLICATION

Applicant Name: _____

Individual Partnership Corporation Joint Venture LLC Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Years in Business (Under Current Name): _____ Total Years Experience: _____

Description of Operations: _____

Type of Work Performed over Next 12 Months (each line must equal 100%)

1	Residential	%	Commercial:	%
2	General Contractor	%	Subcontractor:	%
3	New Construction	%	Other: _____	%

Number of Buildings Worked on Over The Next 12 Months

4. Custom Homes	#	6. Apartments	#	8. Town Homes	#
5. Tract Homes	#	7. Condominiums	#	9. Commercial Building	#

Financial Period	Year	# of Projects Completed	# of Projects Worked On	Gross Receipts	Subcontracting Costs	Gross Payroll
10. Next 12 Months				\$	\$	\$
11. Current 12 Months				\$	\$	\$
12. 1st Prior Year				\$	\$	\$
13. 2nd Prior Year				\$	\$	\$

14. Does the Applicant lease equipment to others? YES NO

15. Does the Applicant have any other operations? YES NO If yes, please explain: _____

16. Has the Applicant ever been refused a bond, liability insurance or had insurance non-renewed? YES NO

17. Has Applicant ever been adjudged, bankrupt or insolvent? YES NO

18. Does Applicant always check with local utility authority before digging? YES NO

19. Does Applicant carry workers' compensation on all of its employees? YES NO

20. What is the maximum number of stories of a structure the Applicant will work on in the next year? # _____

21. States in which the Applicant has or will perform services? (Last 3 years & next year) _____

Three Largest Projects in the Last Three Years

	Project Name	Project Type	Nature of Work	Gross Receipts
22.				\$
23.				\$
24.				\$

Three Largest Projects Applicant is Currently Working on Or will Commence in Next 12 Months

	Project Name	Project Type	Nature of Work	Gross Receipts
25.				\$
26.				\$
27.				\$

28. Is applicant aware of any facts, circumstances, incidents, situations, damages or accidents that may give rise to a claim or a lawsuit (whether valid or not or whether covered by insurance or not)? **YES** **NO**

29. Has any local, state or federal government agency or licensing board cited you for violation of any law or regulation or investigated you in the past five years? **YES** **NO**

30. Within the last five years have you been named in litigation regarding faulty construction? **YES** **NO**

31. Within the last five years, has any person or entity demanded that you defend them, or hold them harmless, in any claim or lawsuit? **YES** **NO**

32. Within the last five years has any lawsuit been filed, or claim otherwise been made, against you or your company or any partnership or joint venture of which you have been a member, or your company's predecessors in business or against any person, company or entities on whose behalf your company has assumed liability? For the purposes of this application only, a claim or lawsuit means a receipt of a demand for money, services, arbitration or mediation. **YES** **NO**

PREVIOUS INSURANCE

	Period	Policy Period	Insurance Company	Premium	Limits	Deductible
33.	Current Year			\$		
34.	1st Prior Year			\$		
35.	2nd Prior Year			\$		

REQUESTED INSURANCE

Limits of Liability: _____ Deductible: _____ Effective Date: _____

Blanket Additional Insured Coverage? **YES** **NO** Blanket Waiver of Subrogation Coverage? **YES** **NO**

Name of Applicant: _____ Title: _____

Signature: _____ Date: _____

PLEASE RETURN TO US BY FAX, EMAIL OR MAIL:

RISKPRO INSURANCE AGENCY, LLC

**PO Box 515512
Dallas, TX 75251**

**972-235-3556 FAX
lauren@riskpro.us**