



P.O. Box 5441 Richmond, VA 23220
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 www.commund.com

General Agent Name _____

Insured: _____ Date: _____

APPLICATION INFORMATION

Owner/Partner (16,000 ea.): \$ _____ Subcontractor Cost: \$ _____ (Prohibited)
 Employee Payroll: \$ _____ Total Payroll: \$ _____ (\$50,000 max)
 Uninsured Subcontractor Payroll: \$ _____ Total Receipts: \$ _____ (\$100,000 max)
 (submit if payroll or receipts are greater than our max amount)
 Leased Employee Payroll: \$ _____ Number of Employees: _____

- Years in business: _____ Years of Experience: _____
- Are you licensed? ___ Yes ___ No Types of Licenses Held: _____
- Have you ever been or are you involved in any new residential construction of tract homes, condos, apartments, town homes or custom homes? _____
- Have you ever been or are you involved in the construction of residential room additions? _____

• Risk is a (% of each): Roofing _____% (if any Roofing, then refer to our Roofers PDQ for guidelines. Incidental roofing requires a separate Roofing code and minimum premium)
 New Construction _____% Residential _____%
 Remodeling/Additions _____% Commercial _____%
 Repair Work _____% Industrial _____%
 (Totals 100%) (Totals 100%)

CONTRACTORS QUESTIONNAIRE

- Describe types of repair work done: _____

- List the last 5 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Explain types of work performed by all insured and uninsured subcontract labor. _____

Are certificates of insurance obtained prior to subcontractors starting work? ___ Yes ___ No

Minimum Limits Required \$ _____

- Maximum number of stories: _____
- Describe any losses: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____