

BIAI Contractor Renewal Application

Applicant: _____

FEIN/Social Security #: _____

Mailing Address: _____

Business Phone: _____

Business Fax: _____

Email Address: _____

Does applicant do any asbestos abatement or build houses using EIFS (exterior insulation & finish systems)? _____ (if yes please explain)

Estimated percentages (for upcoming year) of work insured does on their own or through subcontractors to total 100%:

Residential Remodeling:		Number of new lots for coming year: _____ Number of new starts for coming year: _____ (More than two units per building)
Commercial Remodeling:		
Residential Development:		
Residential Construction:		
Commercial Development:		
Commercial Construction:		
Multi-family Construction:		
Construction Manager:		
Total %		(Must equal 100%)

Please complete estimated exposures for the coming year:

Class Code	Description	Exposure

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Estimated Gross Annual Revenue for coming year: \$ _____

Gross Annual Revenue for past year: \$ _____

Does applicant have any operations other than contracting? _____

Has or will applicant allow your license to be used by any other contractor? _____

Will applicant build units over 3 stories in height? _____

List states in which the applicant will perform work: _____

Are you aware of any facts, circumstances, incident, situations, damages or accidents that may give rise to a claim or lawsuit (whether valid or not or whether covered by insurance or not)? _____

In the last 5 years have you been named in litigation regarding faulty construction? _____

Applicant agrees that it will make every reasonable effort, subject to verification at audit, to use insured subs with general liability and workers compensation coverage, and that Applicant will be an Additional Named Insured on all general liability policies for Applicant's subcontractors. The limits on Applicant's subcontractors' general liability policies shall be \$300,000/\$600,000 at a minimum. Applicant further agrees that Applicant will have a written agreement with all subcontractors that will include a hold harmless agreement and binding arbitration clause approved by BIAI.

The undersigned authorized representative of the Applicant warrants that to the best of his/her knowledge the statements and facts set forth in this application are true and completed. This Application in addition to the ACORD application shall be the basis of acceptance into the BIAI program.

Authorized Representative: _____
Title: _____

Signature: _____
Date: _____