

**STATEWIDE INSURANCE CORP.
MIDTERM AUDIT
GENERAL CONTRACTORS PROGRAM**

If the payroll significantly changes for any specific contractor class during the policy period, we reserve the right to change the rates, terms and conditions mid-policy term.

Insured: _____ Policy No. _____
 Address: _____
 % of Operations General Contractor _____ % Developer _____ %
 Construction Manager _____ % Subcontractor _____ %

List the percentage of work you have done or plan to do by categories.

Commercial New _____% Remodel _____%
 Residential New _____% Remodel _____%

Industrial	%	Apartments	%
Institutional	%	Condominiums/Townhouses	%
Mercantile	%	Custom Homes	%
Office	%	Tract Homes	%
Remodeling – Structural	%	Remodeling – Structural	%
Remodeling – Nonstructural	%	Remodeling - Nonstructural	%
Other:	%	Other:	%

SUBCONTRACTORS

Do you obtain Certificates of Insurance for GL and WC from all subcontractors? Yes No
 What are the minimum General Liability limits you require? _____
 Are written contracts obtained from all subcontractors? Yes No
 Do all contracts contain a Hold Harmless clause in your favor? Yes No
 Are you named as an Additional Insured on all subcontractor policies? Yes No
 Do you normally use the same subcontractors? Yes No

COMPLETE THE FOLLOWING TABLE AS APPLICABLE.

Class	Subbed Cost		Employee Payroll		None
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	
	\$	%	\$	%	

Any person who knowingly and with intent to defraud any insurance company files an application for insurance containing false information, or conceals for the purpose of misleading, concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

 Applicant's Signature Producer's Signature Date