

# General Liability Audit Form



Name of Insured:

Policy #:

Policy Period:

## BUSINESS INFORMATION

Did any business information change during the audit reporting period? Please select and update below.

|  |  |
|--|--|
| <input type="checkbox"/> Business Name: <input type="text"/>       | <input type="checkbox"/> Type of Entity: <input type="text"/>              |
| <input type="checkbox"/> DBA (if applicable): <input type="text"/> | <input type="checkbox"/> FEIN (Tax ID): <input type="text"/>               |
| <input type="checkbox"/> Phone Number: <input type="text"/>        | <input type="checkbox"/> License Number: <input type="text"/>              |
| <input type="checkbox"/> Email Address: <input type="text"/>       |  |
| <input type="checkbox"/> Mailing Address: <input type="text"/>     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Primary Address: <input type="text"/>     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

## POLICY INFORMATION

### CLASSIFICATIONS

| Code                 | Description          | % of Work            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I affirm my operations fall within the class descriptions and the percentage of work as noted above.

### PERCENTAGE OF WORK

Please tell us how much you perform in each area. Both must total 100%.

**New Construction** – The portion of your residential work completed on structures before they receive occupancy approval.  % of Work  
*Example: Ground-up construction, brand-new custom homes*

**Remodeling Construction** – The portion of your residential work performed on existing structures prior to occupancy approval.  % of Work  
*Example: Home renovations, additions, or major remodels*

Total:

## LICENSE INFORMATION

Do you have a contractor or tradesperson license?  Y  N  License Number:

Is a contractor license required in your state? (Answer No if not sure.)  Y  N

## DESCRIPTION OF OPERATIONS

Describe the operations of the business. Include information about the type of work performed, products sold, and any other relevant details:

Have there been any changes to business operations during the audit reporting period? If yes, please provide details of all changes.

Y  N

## PAYROLL INFORMATION

How many owners are actively working on your job sites?

Employee Payroll (Do not include Owner Payroll):

Subcontractor costs:

What were your receipts during the policy period?

## REQUIRED DOCUMENTS

To verify payroll and subcontractor costs, or confirm you had none, **one of the listed documents is required**. Please make sure the document is attached when you email your completed audit PDF.

- **P&L Statement**
- **Income Statement**
- **General Ledger**
- **940 & 941 Forms**

## ELIGIBILITY STATEMENT

- The applicant's gross receipts will not exceed \$1,500,000 (\$1,650,000 if a renewal) in the next 12 months and the applicant has no past or current planned residential jobs exceeding \$500,000 in value.
- The applicant is not currently performing, and has not completed any work involving apartment conversions, new construction work involving apartments, condominiums, town homes or time shares in the prior 4 years , nor does the applicant plan to begin or complete such work in the future.
- In the past 2 years the applicant has not built any structures as a general contractor or developer, or performed work as a construction or project manager, and has no plans to do so.
- The applicant does not perform: (1) repair or remediation work as a contractor for fire damage, water damage as a result of fire or flood, mold damage or termite damage; or (2) any work related to railroads, gas stations, refineries, chemical plants, airports, public utilities, medical facilities or nursing homes.
- The applicant does not perform work in AK, the District of Columbia, HI, KY, MD, or NY.
- The applicant is not a subsidiary or affiliate of another entity, and the applicant does not have any other subsidiaries or affiliates.
- In the past 4 years, the applicant has not had any claims or legal actions exceeding \$20,000 (including expenses), more than 2 claims (including paid and open claims), or any construction defect, workmanship, action over, uninsured/underinsured subcontractor, or water damage claims, nor is the applicant aware of any such claims pending against it.
- The applicant has at least 2 years or more of experience in their discipline.
- The applicant has not, in the past 4 years, performed work prior to approval for occupancy in tract developments of more than 10 units or any work in mobile home parks and has no plans to do such work in the future.
- If the applicant hires sub-contractors, it verifies that it will obtain certificates of insurance from all sub-contractors providing evidence of general liability insurance with limits at least equal to this policy. The applicant must be named as an additional insured under each sub-contractor's policy and require a hold harmless agreement indemnifying the applicant against all losses from work performed for the applicant by all sub-contractors where to the fullest extent permitted by applicable law.
- The applicant does not perform any roofing, framing or window jobs except for incidental work performed as part of eligible operations (e.g. Residential Remodeling).
- The applicant has and maintains a license in good standing in the jurisdiction(s) where work is performed, that permits the person or organization to perform the type of work they are performing, regardless of whether the license is mandatory or optional. If a license is not available in the jurisdiction(s) where the work is performed, please answer 'yes'.

## SIGN & SUBMIT

### COMPLETED BY

Name:

Title:

Signature:

Date:

Please complete and sign the audit worksheet, attach all required supporting documents, and return the completed materials via email.

*Email to: [glaudits@btisinc.com](mailto:glaudits@btisinc.com)*