



CONTRACTORS SUPPLEMENTAL APPLICATION

Applicants Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
Application must be signed and dated by owner, partner or officer.
PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.
Please include an ACORD application as part of this supplemental application.

THE TERM "WILL YOU" IN A QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

APPLICANT INFORMATION:

Form with fields for: Full name of applicant, Address, Website address, Separately list and describe all operations, List states in which the applicant operates and percentage, List all business names the applicant has used in the past, Number of years in business under current name, Contractors license number, List any industry associations of which you are a member, If you are new in business, please attach your resume, Licensed for business in state(s), Inspection contact name and telephone number.

OPERATIONS:

Table with 5 columns: 1. Percentage of operations as, General Contractor %, Subcontractor %, Owner/Builder %, Construction Manager %.

Please note: Include the contract used by the applicant/insured with all subcontractors as part of this application.

Form with questions 2-8 regarding architectural services, construction management, insurance coverage, project types, and a table for project details (Location, \$ Value, On-Site Employees/# Of Subcontractors, Start Date, End Date).

OPERATIONS – Continued:

9. Provide the following information on your four (4) largest projects in the past five (5) years:										
Location		\$ Value		On-Site Employees/ # Of Subcontractors		Start Date		End Date		
10. Provide the following information on your work over the past four (4) years:										
		Payroll			Subcontracted Costs			Gross Receipts		
Next 12 mos.:		\$			\$			\$		
1 st Prior Year:		\$			\$			\$		
2 nd Prior Year:		\$			\$			\$		
3 rd Prior Year:		\$			\$			\$		
11. In the next twelve (12) months, detail the % of construction work to be performed by you. Total for all classifications (new and renovation combined) must equal 100%. Indicate the number of homes, condos or apartment units.										
Type Of Construction						Number	% New	% Renovation		
Commercial:							%	%		
Apartments – Frame construction and/or garden style:							%	%		
Apartments – High rise – Commercial grade construction – Concrete & steel:							%	%		
Residential:							%	%		
Condos/Townhouses – Frame construction:							%	%		
Condos – High rise – Commercial grade construction – Concrete & steel:							%	%		
Single family homes – Multi-unit tract homes and/or residential developments:							%	%		
Single family homes – Custom homes to customer specifications:							%	%		
12. Using the percentage of payroll (under direct) and percentage of contract costs (under subcontracted), indicate the anticipated percentage of construction work you will perform over the next twelve (12) months:										
Type	Direct	Subbed	Type	Direct	Subbed	Type	Direct	Subbed		
Asbestos removal	%	%	Grading	%	%	Seismic/Retrofitting	%	%		
Blasting	%	%	Insulation	%	%	Sewer	%	%		
Bridge building	%	%	Lead paint/Removal	%	%	Sprinkler or Fire	%	%		
Carpentry	%	%	Maintenance	%	%	Steel (structural)	%	%		
Concrete	%	%	Masonry	%	%	Steel (ornamental)	%	%		
Dams & Levees	%	%	Mechanical	%	%	Street/Road	%	%		
Demolition	%	%	Painting	%	%	Stucco	%	%		
Drilling	%	%	Plastering	%	%	Supervisory only	%	%		
Earthquake repair	%	%	Plumbing	%	%	Water/Gas mains	%	%		
Electrical	%	%	Roofing	%	%	Other:	%	%		
Excavating	%	%								

OPERATIONS – Continued:

13.	Does the applicant do any work over three (3) stories in height from grade (other than interior only)? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<table border="1" style="width:100%"> <tr> <td style="width:30%">If yes, maximum number of stories:</td> <td style="width:20%">stories</td> <td style="width:30%">If yes, percentage of total work:</td> <td style="width:20%">%</td> </tr> </table>		If yes, maximum number of stories:	stories	If yes, percentage of total work:
If yes, maximum number of stories:	stories	If yes, percentage of total work:	%		
14.	When leasing equipment from others, do you do so with operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
15.	If you do not lease equipment from others with operators, what is the experience of your operators?				
16.	Do you own or lease cranes?	<input type="checkbox"/> Own <input type="checkbox"/> Lease			
17.	List heavy equipment that is owned:				
18.	List heavy equipment that is leased from others:				
19.	Have you worked, are you currently, or will any of your employees work under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
20.	Do you have operations other than contracting? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
21.	How many additional insured endorsements do you anticipate needing in the next year?				
22.	Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
23.	Has any licensing authority ever taken any action against you? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
24.	Have you built or will you build on hillside terraces, landfills or subsidence areas? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
25.	Have you been involved or will you be involved with blasting operations or any other hazardous work activity? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
26.	Do you perform or subcontract stucco/synthetic work (EIFS)? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
27.	Will you be doing any demolition work other than remodeling? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
28.	Have you been involved or will you or your subcontractors be involved in any removal or work on fuel tanks or pipelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
29.	Are you a roofing contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
30.	Have you been involved, are you currently, or will you or your subcontractors be involved in any removal or abatement or remediation of asbestos, lead, PCB's, mold or other hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
31.	Have you performed, or will you or your subcontractors perform any work below grade other than basement or garden level work?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
32.	If work is performed below grade what is the maximum depth?				

OPERATIONS – Continued:

33.	Has your work involved or will your work involve on a regular basis systems that provide medical and/or industrial life support piping? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBCONTRACTED EXPOSURES:

1.	If you are a general contractor or a developer or employ subcontractors, do you require a contract for general liability from all subcontractors prior to being allowed on the job site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the contract include the following:	
a.	Hold harmless and indemnification in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Waiver of subrogation in favor of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	You and owner (if applicable) named as additional insured by the subcontractor and any sub-subcontractors on subcontractor's GL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Coverage includes products/completed operations and full contractual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Limits of liability equal to or greater than your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	If your answer to d. above is no, what limits do you require?	
	\$ _____ per occurrence \$ _____ General Aggregate \$ _____ Products/Completed Operations Coverage	
3.	If you are a general contractor or a developer or employ subcontractors, do you require certificates of workers' compensation insurance from subcontractors prior to being on your job site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the subcontractor provide workers' compensation for all their employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you require all subcontractors provide a guarantee of their work, materials, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you require your subcontractors to be in compliance with all federal, state and municipal laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS CONTROL:

1.	Do you have a formal safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does your safety program contain the following written procedures:	
	Safety rules requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Subcontractor responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pre-planning meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Site safety inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Non-compliance notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Non-compliance notice for public safety hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Accident reporting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your accident reporting system include subcontracted employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are training sessions held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	During the past five (5) years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS CONTROL – Continued:

5.	Has any lawsuit ever been filed, or any claim otherwise been made against 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 performed operations or assumed liability? For the purpose of the application only, a claim means a receipt of a demand for money, service or arbitration. If yes, please describe below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed (attach separate sheet if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please describe below, including the name(s) and location(s) of the projects where such operations were performed (attach separate sheet if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you engaged in any "wrap ups" or owner control programs that are separately covered and not to be covered by this application? If yes, please describe situations below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	What company currently writes your general liability coverage:	
Deductible:	Premium: \$	
Willing to renew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

WARRANTY

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of applicant

Title (Officer, Partner, etc.)

Date

SIGNING THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO PRODUCE INSURANCE.