



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

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:

Number of years experience:

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):

Contractors license number:

Inspection contact name and telephone number:

OPERATIONS

1.	Percentage of operations as:	General Contractor %	Subcontractor %	Owner/Builder %	Construction Manager %
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Please note: Include the contract used by the applicant/insured with all subcontractors as part of this application.

2.	Describe the types of projects in which the applicant specializes:			
3.	Will any work you do include adding additional stories to an existing structure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Describe any other projects the applicant has performed:			
5.	Provide the following information on your four (4) largest current projects:			
	Location/Description	\$ Value	On-Site Employees/ # Of Subcontractors	Start/End Date
6.	Does the insured perform any operation in the state of New York?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please break out all payrolls by code and by state on the GL application.			
	If "Yes," does the insured perform any operations in the five boroughs of New York City?			<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIONS – Continued:

7.	Provide the following information on your four (4) largest projects in the past five (5) years:			
	Location/Description	\$ Value	On-Site Employees/ # Of Subcontractors	Start/End Date

8.	Provide the following information on your work over the past three (3) years:			
		Payroll	Subcontracted Costs	Gross Receipts
	Next 12 mos.:	\$	\$	\$
	1 st Prior Year:	\$	\$	\$
	2 nd Prior Year:	\$	\$	\$
	3 rd Prior Year:	\$	\$	\$

9.	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	% New	% Renovation
	Commercial	%	%
	Industrial	%	%
	Office/Retail	%	%
	Apartment – Frame construction and/or garden style	%	%
	Apartment – High Rise – Commercial grade construction – Concrete & steel	%	%
	Other – Describe	%	%
	Residential	%	%
	Townhouses – Frame construction	%	%
	Co-ops – Frame construction	%	%
	Co-ops – High rise – Commercial grade construction – Concrete & steel	%	%
	Condos – Frame construction	%	%
	Condos – High rise – Commercial grade construction – Concrete & steel	%	%
	Single family homes or duplexes	%	%
	Single family homes – Custom homes to customer specifications	%	%

10.	Have you at any time been involved in the construction or development of more than 10 single family new homes or duplexes, tract homes and/or residential developments in the course of one year in your existence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
	More than 25?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	

11.	Does the applicant do any work over two (2) stories in height from grade (other than interior only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
	If "Yes," maximum number of stories:	If "Yes," percentage of total work: %

OPERATIONS – Continued:

12.	Using the percentage of payroll (under direct) and percentage of contract costs (under subcontracted), indicate the percentage of construction work you will perform over the next twelve (12) months:								
	Type	Direct	Subbed	Type	Direct	Subbed	Type	Direct	Subbed
	Asbestos Removal	%	%	Exterior Restoration	%	%	Seismic/Retrofitting	%	%
	Blasting	%	%	Façade Work	%	%	Sewer	%	%
	Bridge Building/ Repair/Painting	%	%	Grading	%	%	Shoring/Underpinning	%	%
	Carpentry	%	%	HVAC	%	%	Siding/Windows	%	%
	Concrete	%	%	Insulation	%	%	Sprinkler or Fire	%	%
	Dams & Levees	%	%	Lead Paint/Removal	%	%	Steel (Structural)	%	%
	Demolition (Exterior and/or Building)	%	%	Maintenance	%	%	Steel (Ornamental)	%	%
	Demolition (Interior Non-Structural)	%	%	Masonry	%	%	Street/Road	%	%
	Drilling	%	%	Mechanical	%	%	Stucco	%	%
	Drywall	%	%	Painting	%	%	Supervisory	%	%
	Earthquake Repair	%	%	Plastering	%	%	Water/Gas Mains	%	%
	Electrical	%	%	Plumbing	%	%	Waterproofing	%	%
	Excavating	%	%	Roofing	%	%	Other:	%	%
13.	When leasing equipment from others, do you do so with operators?						<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
14.	Do you own or lease cranes or other aerial lifts?						<input type="checkbox"/> N/A <input type="checkbox"/> Own <input type="checkbox"/> Lease		
15.	If owned or leased, describe type of equipment.								
16.	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		
17.	Do you have operations other than contracting?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," please describe:								
18.	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		
19.	Have you built or will you build on hillside terraces, landfills or subsidence areas?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," please describe:								
20.	Have you been involved or will you be involved with blasting operations or any other hazardous work activity?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," please describe:								
21.	Do you perform or subcontract stucco/synthetic work (EIFS)?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," please describe:								
22.	Will you be doing any demolition work other than remodeling?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," please describe:								
23.	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		
24.	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		
25.	Have you performed, or will you or your subcontractors perform any work below grade?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," please describe:								
	What is the maximum depth?								

SUBCONTRACTED EXPOSURES

1.	If you employ subcontractors, do you require a written contract 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 favor of you and owner?	<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.	Do you require excess limits from subcontractors hired by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Limit: _____ Type of work performed by Sub: _____	
g.	Do you obtain current certificates of insurance from each sub-contractor prior to them starting work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you ever hire subcontractors without a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you ever employ temporary or day laborers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	

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?	<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
	Accident reporting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
4.	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
5.	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

LOSS CONTROL – Continued:

6.	Are you engaged in any “wrap ups” or owner control programs that are separately covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Are you or have you ever been involved in a Designated Project which is/was separately covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If “Yes,” please list all (attach separate sheet if necessary):		
8.	What company currently writes your general liability coverage:		
	Deductible:	Premium: \$	
	Willing to renew?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) 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 attach a detailed explanation.

☐ Yes ☐ No

FRAUD WARNINGS

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CO – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FL, OK – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL only)

KY, PA – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

ME, TN, VA, WA – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OR – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

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

Printed Name of Applicant

Title (Officer, Partner, etc.)

Date Signed

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