

CONTRACTORS SUPPLEMENTAL APPLICATION

Note: This application must be completed in addition to the ACORD Applicant Information Section and the Commercial General Liability Application. The signature of an owner, partner or officer is required for underwriting acceptance.

A. GENERAL INFORMATION				
1. Applicant Name:		2. Years operating under this name:		
3. Website:	www.			
4. Contractor's License(s) Number(s):	State:	License No:		
	State:	License No:		
	State:	License No:		
5. Percentage of Operations:				
5a. General Contractor:	%	5b. Owner/Builder:	%	
5c. Subcontractor:	%	5d. Other:	%	
5e. If Subcontractor – Trade:		5f. If Other, please explain:		
6. Estimates for next 12 months: Direct Payroll				
General Liability Class Description				Payroll
				\$
				\$
				\$
				\$
				\$
				\$
7. Total Number of Non-clerical Employees:			8. Number of Active Owners:	
9. Active Owner's(s) Payroll:		\$	10. Number of Part Time Employees:	
11. Policy Period Estimates:	Direct/W2 Payroll:	Temporary/1099 Payroll:	Subcontract Costs:	Gross Receipts:
Next 12 Months	\$	\$	\$	\$
First Prior	\$	\$	\$	\$
Second Prior	\$	\$	\$	\$
Third Prior	\$	\$	\$	\$
Fourth Prior	\$	\$	\$	\$

CONTRACTORS SUPPLEMENTAL APPLICATION

12. Please provide details of your industrial, commercial and residential work (note the vertical columns must equal 100%):				
	Industrial	Commercial	Residential	
12a. New Construction:	%	%	%	
12b. Remodeling:	%	%	%	
12c. Additions:	%	%	%	
12d. Repairs:	%	%	%	
12e. Other:	%	%	%	
12f. Describe "Other" category of work from 12e :				
12g. What is the average value of new construction jobs? \$_____			12h. Repair/Replacement job? \$_____	
13. Do you have operations other than contracting?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," please explain:				
13a. Are those operations covered by other insurance?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Do you carry Workers Compensation Insurance?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. What is your Workers Compensation experience modification factor?			____.____ ____	
16. If subcontractors are used, do you require them to carry Workers Compensation on their employees as verified by certificates of insurance?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. WORK PERFORMED				
1. Do you do any EIFS (exterior insulation and finish system) or similar work or installation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you perform or subcontract to others any roofing operations?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES" and you are performing the roofing operation, attach the Roofing Supplemental module.				
2a. Performed by Employees:		%	2b. Performed by Subcontractors:	
			%	
3. Have you performed seismic retrofitting in the last 5 years?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you, or will you, work as a construction manager?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you, or will you, supervise subcontractors whose payments are paid through another entity?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you performed, or will you or your subcontractors perform, any boiler work of any type?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
6a. If "YES," please explain and provide PSI information:			Maximum PSI: _____	Average PSI: _____
7. Have you ever performed, or do you plan to perform, or have any subcontractors perform(ed) on your behalf:				
7a. Blasting	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7b. Hazardous waste removal	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7c. Remediation work	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %

CONTRACTORS SUPPLEMENTAL APPLICATION

7d. Fuel storage tanks (installation/removal)	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7e. Fuel pipelines/plumbing	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7f. Chemical storage tanks	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7g. Chemical pipelines	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7h. Medical and/or industrial life support	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7i. Process piping	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7j. Airport runways	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
7k. House jacking or lifting	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	Subcontracted: %
8. Do you work on dams/ levees?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," please explain:				
C. RESIDENTIAL WORK				
"Tract home" means: A house that is constructed in a housing development of ten or more units; <u>and</u> was not architecturally designed for the initial owner-occupant.				
1. What are the total receipts from <u>all</u> residential work for the last three years:				
	Current Policy Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year
1a. Tract homes (10 or more units)	%	%	%	%
1b. Condominiums	%	%	%	%
1c. Townhomes	%	%	%	%
1d. Time Shares	%	%	%	%
1e. Senior Living Facilities	%	%	%	%
1f. If you have indicated tract homes, what is the maximum number of homes in a tract?				
2. Have you ever, do you currently, or do you intend to be involved in new construction (including site preparation) on the following?				
Apartments < 26 units	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Spec Homes > 10 units	YES <input type="checkbox"/> NO <input type="checkbox"/>
Apartments > 26 units	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Townhomes < 10 units	YES <input type="checkbox"/> NO <input type="checkbox"/>
Condos < 10 units	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Townhomes > 10 units	YES <input type="checkbox"/> NO <input type="checkbox"/>
Condos > 10 units	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tracts – Single family > 10 units	YES <input type="checkbox"/> NO <input type="checkbox"/>
Custom Homes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Condo/Townhome/Apartment Repair Only	YES <input type="checkbox"/> NO <input type="checkbox"/>

CONTRACTORS SUPPLEMENTAL APPLICATION

3. Have you performed or will you or your subcontractors perform any work below grade?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3a. Maximum depth: _____ Feet			
D. PRIOR WORK			
1. Have you ever been involved in experimental or untested methods of construction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "YES," please explain:			
2. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years:			
3. Have you built, or will you build, on hillsides, terraces, landfills, or subsidence areas?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "YES," please explain:			
4. Have you ever or do you plan to engage in any type of underpinning or foundation stabilization operations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. Does your organization perform any design or engineering services as part of your activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5a. If "YES," is this work performed by your employees?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5b. Is this work done by subcontractors?	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>
5c. If (b) is "Always" or "Occasionally," do you require and maintain evidence of professional liability insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6. Any construction of retaining walls?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6a. Maximum height of retaining walls: _____ Feet			
E. SUBCONTRACTOR CONTROLS			
1. Have you allowed or will you allow your license to be used by any other contractor for projects on which you have or will work?	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>
2. Do you have a standard hold harmless clause that you implement in contracts with suppliers and service providers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2a. Does the hold harmless provision vary for different types of suppliers or service providers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "YES," please explain:			
2b. Has this clause been periodically reviewed by:	Legal counsel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Risk management advisors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do you maintain records of contractual agreements with all subcontractors?	Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>

CONTRACTORS SUPPLEMENTAL APPLICATION

3a. How long are subcontractor agreements (paper or electronic image) kept on file?	<input type="checkbox"/> 2 years or less	<input type="checkbox"/> 3-5 years			
	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> more than 10 years			
4. Do you obtain a certificate of insurance from your subcontractors before you allow them to enter your jobsite?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
4a. If certificates are required, which type of system is used to monitor compliance?	<input type="checkbox"/> Manual system (tickler file)				
	<input type="checkbox"/> Automated software				
	<input type="checkbox"/> Outsourced to certificate management service provider				
4b. How long are certificates (paper or electronic image) kept on file?	<input type="checkbox"/> 2 years or less	<input type="checkbox"/> 3-5 years			
	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> more than 10 years			
5. Are subcontractors required to name you as an additional insured and provide endorsement of same?		Always <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>	
5a. GL Limit Required: _____					
F. SAFETY					
1. Indicate the type of security used on a project:		Guard Dogs <input type="checkbox"/>	Fencing <input type="checkbox"/>	Lighting <input type="checkbox"/>	Watchman/ Video <input type="checkbox"/>
2. Do you now, or will you during the upcoming policy term, have regular safety meetings?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
G. PRIOR CARRIER					
1. List expiring carrier information for the past 4 years:					
	Carrier	Limit	Deductible	Premium	Form OCC or Claims Made
Expiring		\$	\$	\$	
1st Prior		\$	\$	\$	
2nd Prior		\$	\$	\$	
3rd Prior		\$	\$	\$	
H. LOSS INFORMATION					
1. 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 of your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "YES," please explain:					
2. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "YES," please explain:					

CONTRACTORS SUPPLEMENTAL APPLICATION

FRAUD WARNING AND SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company 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 the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, 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.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant:			
Title of Applicant (Officer/Partner):		Date	