

## CONTRACTOR SUPPLEMENTAL APPLICATION

(please complete all questions)

Agency Name:
Agent:
Address: _____
E-mail Address:
Phone Number:

### Section 1 - Applicant Information

Applicant (First Named Insured): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company Website: \_\_\_\_\_

States where you operate: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_

Additional Named insureds and description of operations (if coverage requested): \_\_\_\_\_  
 \_\_\_\_\_

Years in business under current name: \_\_\_\_\_

How many years of experience do you have in your field? \_\_\_\_\_

Has the applicant operated under a different business name in the past? (If Yes - please describe):  
 \_\_\_\_\_  
 \_\_\_\_\_

### Historical Exposures

	Gross Sales	Payroll	Subcontractor Costs	Number of Employees	Total Vehicle Count (If XS AL requested)
Upcoming Year					
Prior Year 1					
Prior Year 2					
Prior Year 3					
Prior Year 4					

### Section 2 - Applicant Operations

1. Are you a: Contractor    Subcontractor    General Contractor    Consultant    Other \_\_\_\_\_

2. Indicate the percentage of construction work performed by you: (must total 100%)

RESIDENTIAL _____ %	COMMERCIAL _____ %
New Construction _____ %	New Construction _____ %
Repair/Remodel Work _____ %	Repair/Remodel Work _____ %
Other _____ %	

3. Please input the percentage of work that your employees or your subcontractors perform (should total 100%)

Type of Work	Employees	Subcontractors	Type of Work	Employees	Subcontractors
Airport Runways	_____ %	_____ %	Mold Remediation	_____ %	_____ %
Asbestos Removal	_____ %	_____ %	Painting	_____ %	_____ %
Blasting	_____ %	_____ %	Plastering	_____ %	_____ %
Boiler	_____ %	_____ %	Plumbing	_____ %	_____ %
Bridge Building	_____ %	_____ %	Power Line	_____ %	_____ %
Carpentry	_____ %	_____ %	Road Building	_____ %	_____ %
Concrete	_____ %	_____ %	Roofing	_____ %	_____ %
Crane Operation	_____ %	_____ %	Scaffold	_____ %	_____ %
Dams & Levees	_____ %	_____ %	Seismic/Retrofitting	_____ %	_____ %
Deck/Patio/Balcony	_____ %	_____ %	Sewer	_____ %	_____ %
Demolition	_____ %	_____ %	Shoring or Underpinning	_____ %	_____ %
Door/Window	_____ %	_____ %	Site Preparation	_____ %	_____ %
Drilling	_____ %	_____ %	Snow Removal	_____ %	_____ %
Electrical	_____ %	_____ %	Steel/Ornamental	_____ %	_____ %
Elevator Work	_____ %	_____ %	Steel (Structural)	_____ %	_____ %
Excavating	_____ %	_____ %	Stucco	_____ %	_____ %
Fire Sprinkler	_____ %	_____ %	Supervisory only	_____ %	_____ %
Foundations	_____ %	_____ %	Traffic Signals	_____ %	_____ %
Framing	_____ %	_____ %	Trucking for Hire/Others	_____ %	_____ %
Glazier	_____ %	_____ %	Tunneling	_____ %	_____ %
Homebuilder	_____ %	_____ %	Vegetation Management	_____ %	_____ %
HVAC	_____ %	_____ %	Water/Gas Mains	_____ %	_____ %
Insulation	_____ %	_____ %	Waterproofing	_____ %	_____ %
Land Clearing	_____ %	_____ %	Welding	_____ %	_____ %
Masonry	_____ %	_____ %	Other _____	_____ %	_____ %
Mechanical Maintenance	_____ %	_____ %			

4. Are all contractors and subcontractors used by you required to carry insurance? If no, what are your uninsured sub costs? \_\_\_\_\_

Yes No

5. Does the written contract require contractors and subcontractors to:

- Name you as an additional insured?
- Indemnify you and hold you harmless for their work?
- Waive subrogation against you?
- Provide limits equal to or greater than your limits?

6. Do you obtain certificates of insurance from all contractors and subcontractors?

Yes No

7. How long do you retain those certificates? \_\_\_\_\_

8. What limits of insurance do you require your subcontractors to carry for:

\_\_\_\_\_ General Liability \_\_\_\_\_ Umbrella/Excess Liability

9. Describe your five largest projects of the last five years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Provide a list of work in progress: \_\_\_\_\_  
 \_\_\_\_\_

11. Have you or will you build on hillsides, terrace, landfills or areas with recent subsidence activity? Yes No

12. Have you demolished any buildings or structures? Yes No  
 If Yes, maximum number of stories? \_\_\_\_\_

Any explosives or wrecking ball work? Yes No  
 Self performed or Sub Contracted? Yes No

13. Any exterior work performed in excess of two stories? Yes No

14. If you are performing roofing work, please check the operations that apply:

Hot Tar Yes No \_\_\_\_\_ %  
 Torch Down Yes No \_\_\_\_\_ %  
 Hot Air Welding Yes No \_\_\_\_\_ %  
 Modified Bitumen (Hot) Yes No \_\_\_\_\_ %

15. Will you be involved in any condominium or townhome construction work? Yes No

a. If Yes, is the work new construction? Yes No  
 b. If new, how many units in the entire project? \_\_\_\_\_  
 c. Repair or remodel work only? Yes No  
 d. If repair or remodel, how many units in entire project? \_\_\_\_\_  
 e. Is the work done for Homeowners Association? Yes No

16. Will you be involved in any tract home construction work? Yes No

a. If Yes, is the work new construction? Yes No  
 b. If new, how many homes in the entire project? \_\_\_\_\_  
 c. Repair or remodel work only? Yes No  
 d. If repair or remodel, how many units in entire project? \_\_\_\_\_

17. Will you be involved in any apartment construction work? Yes No

a. If Yes, is the work new construction? Yes No  
 b. If new, how many units in the entire project? \_\_\_\_\_  
 c. Repair or remodel work only? Yes No  
 d. If repair or remodel, how many units in entire project? \_\_\_\_\_  
 e. Have you ever or will you convert apartments to condominium? Yes No

**Section 3 - Loss Control**  
**EMPLOYEE SAFETY/HIRING/TRAINING INFORMATION**

1. Do you have formal written safety program in place? If yes, please provide a copy. Yes No  
 2. Does your safety program incorporate OSHA standards and best practices? Yes No  
 3. Has the insured had any OSHA violations? Yes No  
 a. If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

4. What is the insured's current Workers Compensation Experience Mod? \_\_\_\_\_

5. Is there a formal safety director? Yes No  
 a. If no, who administers the safety program? \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 6. Are safety meetings held on a regular basis?             | Yes | No |
| a. How often? _____   |     |    |
| 7. Do you have a formal training program for new employees? |     |    |
| 8. Is there a formal accident reporting system in place?    | Yes | No |
| 9. Do your hiring practices require:                        |     |    |
| a. Criminal background checks?                              | Yes | No |
| b. Physical exam checks?                                    | Yes | No |
| c. Pre-Employment and Random or Post Accident Drug testing? | Yes | No |
| 10. Does the insured lease any employees?                   | Yes | No |

**Section 4 - Coverage & Loss History**

Current Carrier Information

Carrier: \_\_\_\_\_ CGL Limits: \_\_\_\_\_ Retention Amount: \_\_\_\_\_

We require:

- 5 years of currently valued loss runs (90 days prior to inception) for any requested coverage or scheduled underlying coverage
- Detailed description of any open loss above \$25,000.

Has any insurance carrier cancelled or declined to renew similar insurance coverage in the last 5 years to any applicant for reasons of non-payment of premium to any insurance (or finance) company? If Yes, explain: Yes No

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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): Yes No

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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): Yes No

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*[Fraud Warning and Signatures on Next Pages]*

## **FRAUD WARNING NOTICE**

**California:** For your protection California law requires the following to appear on this form "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**New York:** 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 state value of the claim for each such violation.

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

**All other states:**

**WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO FOR THE PURPOSE OF MISLEADING SUCH INSURANCE COMPANY OR OTHER PERSON, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A FELONY CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE RESTITUTION, IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.**

*[Signatures on Next Page]*

## SIGNATURES

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does acceptance or review of this application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

### **APPLICANT SIGNATURE:**

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

\* ELECTRONIC SIGNATURE AND ACCEPTANCE

### **PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Agency/Brokerage Name

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

\* ELECTRONIC SIGNATURE AND ACCEPTANCE

\* You may sign this form electronically by checking the Electronic Signature and Acceptance box below your signature and then either applying your electronic signature to or typing your name above the signature line on this form. By doing so, you agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.