

Contractors Supplemental Application

General Information

Named Insured: _____
(If more than one – please provide a % of ownership for each name.)

Number of years you have operated under this name: _____

Please provide any other name(s) you have used previously as well as details of such operations: _____

Office Address: _____

Mailing Address: _____

States in which you work: _____

Years experience in the contracting field: _____
(If less than 5 years – please attach resume.)

Contact name and phone number: _____

Website Address (if available): _____

Percentage of Operations:

- | | |
|---|--|
| <input type="checkbox"/> General Contractor _____ % | <input type="checkbox"/> Subcontractor _____ % |
| <input type="checkbox"/> Developer _____ % | <input type="checkbox"/> Construction Mgr. _____ % |
| <input type="checkbox"/> Owner/Builder _____ % | <input type="checkbox"/> Consultant _____ % |

Please provide details for each applicable operation: _____

Please provide a % of construction operations performed (not to exceed 100%):

New Construction:

Industrial _____ %
Government/Public Works _____ %
Commercial _____ %
Residential/Habitational _____ %
Other (please describe) _____ %

Remodeling:

Industrial _____ %
Government/Public Works _____ %
Commercial _____ %
Residential/Habitational _____ %
Other (please describe) _____ %

*If currently or in the past 10 years you operated as a General Contractor in the construction of residential homes, condominiums, apartments, or townhouses, please provide details and dates: _____

Class of Operations

Please indicate % of work that applies (not to exceed 100% for Direct and 100% for Subbed):

Type of Work	Direct	Subbed	Type of Work	Direct	Subbed
Alarm Systems	_____ %	_____ %	Mold & Spore Remediation	_____ %	_____ %
Asbestos Removal	_____ %	_____ %	Oil or Gas Fields	_____ %	_____ %
Blasting	_____ %	_____ %	Painting	_____ %	_____ %
Boring	_____ %	_____ %	Paving- Driveways/Parking	_____ %	_____ %
Bridges	_____ %	_____ %	Paper Hanging	_____ %	_____ %
Carpentry	_____ %	_____ %	Plastering/Stucco	_____ %	_____ %
Communication Lines	_____ %	_____ %	Plumbing	_____ %	_____ %
Concrete Foundations	_____ %	_____ %	Pollution Abatement	_____ %	_____ %
Concrete – other	_____ %	_____ %	Power Lines	_____ %	_____ %
Debris Removal	_____ %	_____ %	Process Piping	_____ %	_____ %
Demolition	_____ %	_____ %	Roofing	_____ %	_____ %
Drilling	_____ %	_____ %	Seismic Retrofitting	_____ %	_____ %
Drywall	_____ %	_____ %	Septic Tanks	_____ %	_____ %
Earthquake Repair	_____ %	_____ %	Sewer	_____ %	_____ %
EIFS or related work	_____ %	_____ %	Sheet Metal Work	_____ %	_____ %
Electrical	_____ %	_____ %	Siding	_____ %	_____ %
Elevated Roads	_____ %	_____ %	Sprinklers - Fire	_____ %	_____ %
Excavation	_____ %	_____ %	Sprinklers - Landscape	_____ %	_____ %
Fire Proofing	_____ %	_____ %	Steel/Ornamental	_____ %	_____ %
Fire Damage Restoration	_____ %	_____ %	Steel/Structural	_____ %	_____ %
Gas/Water Mains	_____ %	_____ %	Street/Road Construction	_____ %	_____ %
Grading	_____ %	_____ %	Street/Road Paving	_____ %	_____ %
HVAC	_____ %	_____ %	Supervisory	_____ %	_____ %
Insulation	_____ %	_____ %	Swimming Pools	_____ %	_____ %
Landscaping	_____ %	_____ %	Tile/Stone/Marble	_____ %	_____ %
Lead Remediation	_____ %	_____ %	Waterproofing	_____ %	_____ %
Masonry	_____ %	_____ %	Water Damage Restoration Other	_____ %	_____ %

*Please detail any direct operations: _____

Identify work involving the following (even if subcontracted out):

- | | | |
|--|---|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Landfills | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Building – Razing or Moving | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Subways |
| <input type="checkbox"/> Cofferdam or Caisson work | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Tunnels |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Railway | <input type="checkbox"/> UST Install/Remove |
| <input type="checkbox"/> Equipment rental to others | <input type="checkbox"/> Shoring/Underpinning | <input type="checkbox"/> Waste & Reclamation |
| <input type="checkbox"/> LPG work | <input type="checkbox"/> Stadium Construction | <input type="checkbox"/> Other |

Please describe in detail all items checked: _____

Projects/Operations

List all major projects you have completed within the past 5 years:

<u>Project Name</u>	<u>Date</u>	<u>Description</u>	<u>Location</u>	<u>Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all major projects that are in progress:

<u>Project Name</u>	<u>Date</u>	<u>Description</u>	<u>Location</u>	<u>Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all major planned projects:

<u>Project Name</u>	<u>Date</u>	<u>Description</u>	<u>Location</u>	<u>Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the average dollar amount of a completed project? _____

Please list any projects that you have discontinued and the reason: _____

Are you building or have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? *Yes No

*If yes, please provide details: _____

Have you ever performed or subcontracted any work using Exterior Insulation and Finish Systems (EIFS)? *Yes No

*If yes, please provide details: _____

Have you performed any exterior work above 2 stories in height from grade? *Yes No

*If yes, maximum number of stories: _____ Percentage of total work: _____%

Do you use any owned cranes? Yes No
 Do you use any rented cranes? *Yes No
 *If yes, _____% with operator, _____% without operator

Have you performed any work below grade? *Yes No
 *If yes, maximum depth: _____ percentage of total work: _____%

Is scaffolding owned and erected by you? Yes No
 Is scaffolding rented and erected by others? Yes No
 Do you allow any other contractors at the job site to use your scaffolding? Yes No

Have you worked or will you or your employees work under USL&H or Jones Act? Yes No

Do you have a formal safety program in place? Yes No
 How often are safety meetings held? _____
 Are your subcontractors included in your safety meetings? Yes No

What type of security is used for a project? Watchman Fencing Lighting * Other
 *If other, please describe: _____

Do you draw any plans or blueprints used in your construction work? *Yes No
 *If yes, do you have Professional Liability coverage in place? Yes No
 What are the limits of liability? _____

Do you own any vacant land? Yes No
 (Land with improvements – streets, roads, utilities, etc. – completed or under construction.)
 Is the property zoned: Commercial/Retail Residential Industrial Other
 Number of acres of land with improvements: _____

Do you have any other operations other than “contracting”? *Yes No
 *If yes, please provide details: _____

Loss History

Check here if not applicable

Please provide loss information for the past 5 years

Policy Year	Carrier	# of Claims	\$ Incurred	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

During the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue you similar insurance? *Yes No

*If yes, please provide details: _____

Subcontractor Information

Do you use unmodified standard AIA contracts (or their equivalents) for all of your subcontractors? Yes *No

If no, please attach a copy of your contract.

Are all the subcontractors required to sign a hold harmless and indemnification agreement? Yes No

Who is the agreement in favor of? _____

Are Certificates of Insurance obtained from all subcontractors for General Liability? Yes No

Are you named as Additional Insured on all subcontractors' policies? Yes No

Do you ever utilize uninsured subcontractors? *Yes No

*If yes, under what circumstances? _____

Do you typically use the same subcontractors? Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____