

## 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):

<b>Type of Work</b>	<b>Direct</b>	<b>Subbed</b>	<b>Type of Work</b>	<b>Direct</b>	<b>Subbed</b>
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

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_