

CONTRACTORS SUPPLEMENTAL APPLICATION

Special Programs

Note: this application must be completed in addition to the ACORD Applicant Information Section and the Commercial General Liability Application

GENERAL INFORMATION:

1. Applicant: _____ Years under this name: _____

2. Contractor's States and License Numbers:

State	License Number

3. Percentage of operations:

General Contractor:	%	Owner / Builder:	%
Sub-contractor:	%	Other:	%
If Subcontractor - Specific Trade:			
If Other, please explain:			

4. Estimates for next 12 months: **Direct Payroll**

Class Description	Payroll	Class Description	Payroll
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Number of Employees		Number of Active Owners	
Active Owner(s) Payroll	\$		
Subcontractor Costs	\$	Total Annual Receipts	\$

For the past four years

	Direct Payroll:	Sub-Contract Costs:	Gross Receipts:
First Prior	\$	\$	\$
Second Prior	\$	\$	\$
Third Prior	\$	\$	\$
Fourth Prior	\$	\$	\$

5. Do you have operations other than contracting? YES NO
 Covered by other insurance? YES NO
 If "YES" please explain: _____

Do you maintain records of certificates of insurance and contractual agreements with all subcontractors?
 YES NO
 If YES, how long are they kept: _____ years

6. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? _____ If, yes, please explain.

7. Do you carry Workers Compensation Insurance on your employees? YES NO

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WORK PERFORMED:

8. Do you do any EIFS (exterior insulation and finish system) work or installation? _____
9. Roofing Operations whether being done by your employees or sub contracted to others? YES NO
If YES, attach the Roofing Supplemental CSL 7009.
10. Please provide the following split of your work: _____% commercial/ industrial _____% residential.
11. Please provide detail of your commercial and residential work (note the vertical columns must equal 100%)

	Commercial	Residential
New Construction	%	%
Remodeling	%	%
Additions	%	%
Repairs	%	%
Other	%	%
Total	%	%

Describe other category of work: _____

12. Have you, or will you, work as a construction manager on a fee basis? _____
13. Have you or will you supervise subcontractors whose payments are run through another entity? _____
14. Have you been involved or will you or your subcontractors be involved in any boiler work of any type or heavy plumbing? YES NO
 If "YES" please explain and advise maximum and average PSI: _____
15. Have you ever been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? YES NO
 If "YES" please explain: _____
16. Have you been involved or will you or your subcontractors be involved in the removal of or work on fuel or chemical storage tanks or pipelines? YES NO
17. What is the total sales from all residential work for the last three years:

	1st Prior Year	2nd Prior Year	3rd Prior Year
Tract homes (10 or more units)	%	%	%
Condominiums	%	%	%
Townhomes	%	%	%

Senior	%	HUD	%	Low Income	%	Standard	%
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(If you have indicated tract homes, what is the maximum number of homes in a tract: _____)

18. Have you ever, do you currently, or do you intend to be involved in new construction (including site preparation) on the following?

	Yes	NO		Yes	No
Apartments < 26 units	<input type="checkbox"/>	<input type="checkbox"/>	Townhomes < 10 units	<input type="checkbox"/>	<input type="checkbox"/>
Apartments > 26 units	<input type="checkbox"/>	<input type="checkbox"/>	Townhomes > 10 units	<input type="checkbox"/>	<input type="checkbox"/>
Condos < 10 units	<input type="checkbox"/>	<input type="checkbox"/>	Tracts - Single family < 10 units	<input type="checkbox"/>	<input type="checkbox"/>
Condos > 10 units	<input type="checkbox"/>	<input type="checkbox"/>	Tracts - Single family > 10 units	<input type="checkbox"/>	<input type="checkbox"/>
Custom Homes	<input type="checkbox"/>	<input type="checkbox"/>	Condo/ Townhome/ Apartment Repair Only	<input type="checkbox"/>	<input type="checkbox"/>

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19. Have you performed or will you or your subcontractors perform any work below grade? YES NO
 Maximum depth: _____ Feet Percentage of Operations: _____%
20. Has your work involved or will it involve systems that provide:
 Medical and/or industrial life support; process piping? YES NO
21. Do you work on dams/levees? YES NO
 If "YES" please explain: _____

PREVIOUS WORK

22. 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: _____
23. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas? YES NO
 If "YES" please explain: _____
24. Have you ever or do you plan to engage in any type of underpinning or foundation stabilization operations? YES NO

SUBCONTRACTOR INFORMATION

25. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? YES NO
26. Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite? YES NO
27. Are subcontractors required to name you as an additional insured & provide endorsement of same? YES NO
 Limit Required: _____ Written Contract? YES NO

SAFETY

28. Indicate the type of security used on a project: Fencing Lighting Watchman
29. Do you or will you have a formal safety program in place? YES NO

PRIOR CARRIER

30. List expiring carrier information for the past 3 years:

	Carrier	Limit	Deductible	Premium	Form OCC or Claims Made
Expiring		\$	\$	\$	
1st Prior		\$	\$	\$	
2nd Prior		\$	\$	\$	

LOSS INFORMATION

31. Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

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- 32.** 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 assumed liability? YES NO
 If YES, please explain: _____
- 33.** During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant? YES NO If YES, please explain: _____
- 34.** Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? YES NO If YES, please explain: _____

Notice: This application may become part of the policy and must be signed in ink by the President or Owner of the Named Insured business. Please read the following statement carefully before signing. Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application.

The undersigned 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, as administrative and servicing manager, 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.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

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

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.