

CONTRACTOR'S SUPPLEMENTAL APPLICATION
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2) Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) A brochure, description of operations, or marketing materials if a website is not available

3) Mailing Address: City: State: Zip Code: _____

4) Your premise address (if different from above): City: State: Zip Code: _____

5) Audit/Inspection contact: _____
 a. Phone number: _____
 b. Email: _____

6) Please indicate your operations:

<input type="checkbox"/> General Contractor _____%	<input type="checkbox"/> Consultant _____%
<input type="checkbox"/> Subcontractor _____%	<input type="checkbox"/> Owner/Builder _____%
<input type="checkbox"/> Construction Manager _____%	<input type="checkbox"/> Developer _____%

7) In what states do you operate? _____

8) Are you licensed in all states in which you operate? Yes No
 a. License Number(s): _____

9) Please complete the following for your revenue history and projections:

	Estimated Upcoming Year	Last 12 Months	1 Year Prior	2 Years Prior	3 Years Prior
Gross Annual Receipts					
Employee Payroll					
Cost of Subcontracted Work					

10) Please complete the following table for your breakdown of work. Check all that apply:

Operation:	Percentage of Total Operations:	Percentage of Work Done by Your Employees:	Percentage of Work Done by Subcontractors:	Revenue from Operation:
<input checked="" type="checkbox"/> New Residential Construction - Single Family - Tract				
<input checked="" type="checkbox"/> New Residential Construction - Single Family - Custom				
<input checked="" type="checkbox"/> New Residential Construction - Condominium/Townhouse				
<input checked="" type="checkbox"/> New Commercial Construction (inc'l Apartment)				
<input checked="" type="checkbox"/> Residential Remodel/Repair - Single Family - Tract				
<input checked="" type="checkbox"/> Residential Remodel/Repair - Single Family - Custom				
<input checked="" type="checkbox"/> Residential Remodel/Repair - Condominium/Townhouse				
<input checked="" type="checkbox"/> Apartment to Condominium Conversions				
<input checked="" type="checkbox"/> Commercial Residential Remodel/Repair (inc'l Apartment)				
<input type="checkbox"/> Other New Construction: _____				
<input type="checkbox"/> Other New Construction: _____				
<input type="checkbox"/> Other Remodel/Repair: _____				
<input type="checkbox"/> Other Remodel/Repair: _____				
TOTAL	100%			

11) 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

12) If you or anyone working on your behalf is performing condo remodel work, is any work performed directly for the Condo Owner's Association (COA)? Yes No

a. If yes, what percentage is this of your overall operations? _____

13) Do you have any model homes? Yes No
 a. If yes, how many? _____

14) What is the greatest number of new homes you have built in any one year? _____

15) What is the largest square footage of residential builds/remodeling projects where you have performed work?

16) Will you engage in projects at residential properties valued at over \$5,000,000? Yes No

17) Do you own any vacant land? For purposes of this application, vacant land means raw land with no buildings on the property and no developmental or improvement activity, held only for investment or possible development more than 12 months in the future. Yes No
 a. If yes, how many acres? _____

18) Do you own any Real Estate Developed Property (land with improvements such as roads, roads, Reti, etc.) Yes No
 a. If yes, how many acres? _____

19) Indicate type of work performed by your employees:

Airport Runways	%	Grading	%	Sewers	%
Blasting	%	HVAC	%	Sheet Metal	%
Bridge Building	%	Insulation	%	Steel (Ornamentation)	%
Carpentry	%	Landscaping	%	Steel (Structural)	%
Concrete	%	Maintenance	%	Street/Road Construction	%
Demolition	%	Masonry	%	Supervisory Only	%
Drilling	%	Mechanical	%	Traffic Control	%
Dry Wall	%	Painting	%	Tunneling	%
Electrical	%	Plastering	%	Water Mains	%
Excavating	%	Plumbing	%	Waterproofing	%
Fire Suppression	%	Roofing	%	Seismic Retrofit	%
Gas Mains	%	Other: _____	%	Other: _____	%

20) Indicate type of work performed by your subcontractors:

Airport Runways	%	Grading	%	Sewers	%
Blasting	%	HVAC	%	Sheet Metal	%
Bridge Building	%	Insulation	%	Steel (Ornamentation)	%
Carpentry	%	Landscaping	%	Steel (Structural)	%
Concrete	%	Maintenance	%	Street/Road Construction	%
Demolition	%	Masonry	%	Supervisory Only	%
Drilling	%	Mechanical	%	Traffic Control	%
Dry Wall	%	Painting	%	Tunneling	%
Electrical	%	Plastering	%	Water Mains	%
Excavating	%	Plumbing	%	Waterproofing	%
Fire Suppression	%	Roofing	%	Seismic Retrofit	%
Gas Mains	%	Other: _____	%	Other: _____	%



21) Describe your last 5 projects:

Description/Square Footage/Address	Dollar Value
1.	
2.	
3.	
4.	
5.	

22) Describe your 5 largest projects:

Description/Square Footage/Address	Dollar Value
1.	
2.	
3.	
4.	
5.	

23) Do you perform work or install EIFS or other synthetic stucco or exterior finish? Yes No

24) Do you perform repairs of fire, water, or mold damage? Yes No

25) Do you perform work at gas stations, refineries, chemical plants, airports, utilities, railroads, hospitals or medical facilities or for the oil/gas industry? Yes No

a. If yes, please provide details:

26) Does your organization perform any design or engineering services? Yes No

a. If yes, please provide details:

27) Do you work on highway overpasses or bridges? Yes No

a. If yes, please provide details:

28) If you are hiring subcontractors, please clarify the following:

a. Do you usually hire the same subcontractors? Yes No

b. Are subcontractors always insured? Yes No

+ If yes, what General Liability limits do you require subs to carry? _____

+ Do you confirm if these subs carry Workers Compensation insurance? Yes No

c. Do you obtain certificates of insurance from all subcontractors? Yes No

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

e. Do you have a written contract with your subcontractors? Yes No

f. Do all contracts contain a Hold Harmless clause in your favor? Yes No

g. Do you use any leased employees? Yes No

+ If yes, are you responsible for providing Worker's Comp for these employees? Yes No

h. Do you carry Worker's Compensation insurance? Yes No



WORKSITE SAFETY

- 29) Do you have a formal safety program? Yes No
- 30) Do you perform work on hillsides, terraces, former landfills, or on slopes? Yes No
- 31) Do you perform work below grade? Yes No
a. If yes, maximum depth? _____
- 32) Are all trenches, ditches, excavations, holes, et cetera made in the ground or in structure flooring properly and clearly identified and protected against to mitigate falling injury? Yes No
- 33) Are you or your subcontractors involved in projects where removal of hazardous materials, asbestos, lead-based paints or chemical contamination is required? Yes No
a. If yes, please provide details:

- 34) Do you provide a watchman or security at the job site? Yes No
- 35) Is the site fenced? Yes No
- 36) Is the site lighted? Yes No
- 37) What precautions are taken to protect the public from injury? Check all that apply:
Cones Signs Area Roped/Barricaded Off
 Other: _____
- 38) Prior to any excavation or digging are you ensuring that all underground structures (utility lines, cables, sewers, etc.) are marked? Yes No

COVERAGE AND LOSS HISTORY

- 39) Has any licensing authority ever taken action against you or any of your employees? Yes No
If yes, please attach an explanation and copies of any regulatory authority letters.
- 40) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 41) 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 this application only, a claim means a receipt of a demand for money, service or arbitration.* **If Yes, please attach an explanation including the name(s) of the person, company or and the name(s) and location(s) of the projects where such operations were performed.** entity Yes No

42) 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 work 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? Yes No
If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.

FRAUD WARNING

NOTICE TO ALASKA, ARIZONA, CONNECTICUT, DELAWARE, GEORGIA, HAWAII, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WISCONSIN, AND WYOMING

APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of a claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____