



CONTRACTOR'S SUPPLEMENTAL APPLICATION

(Include Acord Application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Time in business: _____ Years of experience: _____
 Licensed? Yes No Year of license: _____ License #: _____ Kind of License: _____
 Any previous/current license in another other state? Yes No Is so, list state(s): _____
 Percentage of Operations: General Contractor _____% Developer _____%
 Subcontractor _____% With Penalty Clause _____%
 Construction Manager _____% (for a fee only)

1. Are there any other operations owned, operated, or managed by you? Yes No
 Please explain: _____

Is coverage in place elsewhere for these operations? Yes No

2. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? Yes No
 Please explain: _____

3. Radius of operations from main location: _____ States worked in: _____

4. Payroll of owners, officer, and partners active at job sites or performing supervisory duties \$ _____
 Payroll of employees other than owners, officers, partners, and clerical \$ _____
 Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
 Total payroll \$ _____

5. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? Yes No

6. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? Yes No

Explain: _____

7. List the percentage of work you have done or plan to do in the following categories:

Overall operations: Commercial _____% Public Works _____% Residential _____%
 Other (explain) _____%

Commercial: New _____% or Remodel _____%	Residential: New _____% or Remodel _____%
Industrial _____%	Apartments _____%
Institutional _____%	Condominiums/Townhouses _____%
Mercantile _____%	Custom Homes _____%
Office _____%	Tract Homes _____%
Remodeling – Structural _____%	Remodeling – Structural _____%
Remodeling – Nonstructural _____%	Remodeling – Nonstructural _____%
Other: _____%	Other: _____%
Have you ever been or are currently involved in any residential project exceeding six (6) homes/units? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. **SUBCONTRACTORS**

- Do you obtain Certificates of Insurance for GL and WC from all subcontractors? Yes No
- What are the minimum General Liability limits you require? _____
- Are written contracts obtained from all subcontractors? Yes No
- Do all contracts contain a Hold Harmless clause in your favor? Yes No
- Are you named as an Additional Insured on all subcontractor policies? Yes No
- Do you normally use the same subcontractors? Yes No
- Do you use any casual labor? Yes No
- Do you use any leased employees? *If yes, provide copy of contract.* Yes No
- Are you responsible for providing benefits, Worker's Compensation for these employees? Yes No
- What percentage of your work do you sub out? _____%
- Do you carry Worker's Compensation insurance? Yes No

9. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5 th prior year			
4 th prior year			
3 rd prior year			
2 nd prior year			
Last year			
Projected next 12 months			

10. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

11. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	
	\$	

12. Please provide the dollar value of an average completed job:
(including all materials, equipment, and labor) \$ _____

13. How many additional insured endorsements do you anticipate needing in the next year? _____

14. Is there any equipment rental to others? Yes No If yes, sales/receipts: _____
List equipment: _____
Attach a copy of the contract.

15. Do you lease mobile equipment? Yes No With operators? Yes No
 Type of equipment: _____
 Do you use cranes? Yes No Maximum length of boom: _____
16. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes No
17. Do you use explosives? Yes No
 If yes, please explain: _____
18. Any flammables stored on site? Yes No In approved containers? Yes No
 If yes, please explain: _____
19. Have you done or do you plan any work performed for:
- | | | | |
|------------------|--|--------------|--|
| Refineries | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gas Stations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chemical Plants | <input type="checkbox"/> Yes <input type="checkbox"/> No | Airports | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Railroads | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospitals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Public Utilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
- Please explain: _____
20. Have you done or do you plan any project involving:
- | | | | |
|-----------------|--|-------------------------------|--|
| Caissons | <input type="checkbox"/> Yes <input type="checkbox"/> No | Piers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retaining Walls | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shoring | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Underpinning | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other structural engineering? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Please explain: _____
21. Have you in the past or do you plan any work to be above two stories in height? Yes No
 Percentage: _____ % What is the maximum height? _____
 Please explain: _____
22. Have you in the past or do you plan any work to be performed below ground level? Yes No
 Percentage: _____ % What is the maximum depth? _____
 Please explain: _____
23. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? Yes No
 Maximum degree of slope: _____
24. Have you in the past or do you plan any repair, replace or new roofs? Yes No
 Percentage of heat applications: _____ % Percentage of membrane roofing: _____ %
 Please explain: _____
25. In the past three years, have you been fired or replaced on a job in progress? Yes No
 Have you replaced another contractor on a job in progress? Yes No
 Please explain: _____
- Were there any claims, losses, or suits against you in the past five years? Yes No
- Are there any claims or legal actions pending against any of the entities named in the application? Yes No
- Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action?
 Yes No
- Have you been accused of faulty construction in the past five years? Yes No
- Have you been accused of breaching a contract in the past five years? Yes No

26. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
	\$	%	\$	%	
Abatement/Asbestos, Lead, Environmental Cleanup	\$	%	\$	%	
Air Conditioning/Heating	\$	%	\$	%	
Alarm Systems	\$	%	\$	%	
Blasting	\$	%	\$	%	
Boiler Installation	\$	%	\$	%	
Caisson or Cofferdam Work/Dam	\$	%	\$	%	
Carpentry – Dwellings	\$	%	\$	%	
Carpentry – Interior	\$	%	\$	%	
Carpentry – Other	\$	%	\$	%	
Concrete Construction/Repair – Driveways, Sidewalks or Parking Areas	\$	%	\$	%	
Concrete Construction/Repair – Foundations, Flat Work / Tiltup Work	\$	%	\$	%	
Drilling	\$	%	\$	%	
Drywall/Wallboard Installation	\$	%	\$	%	
Earthquake Reinforcement	\$	%	\$	%	
Electrical Work – Within Buildings	\$	%	\$	%	
Electrical Work – Other	\$	%	\$	%	
Escalator/Elevator – Install, Maintenance, Repair	\$	%	\$	%	
Excavating/Grading of Land	\$	%	\$	%	
Fireproofing	\$	%	\$	%	
Gas Mains/LPG Work	\$	%	\$	%	
Gas Pumps	\$	%	\$	%	
Insulation	\$	%	\$	%	
Masonry – (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%	
Mechanical	\$	%	\$	%	
Millwright/Industrial Machinery	\$	%	\$	%	
Painting	\$	%	\$	%	
Plastering	\$	%	\$	%	
Playground Equipment – Maintenance or Repair	\$	%	\$	%	
Pile Driving	\$	%	\$	%	
Plumbing – Residential	\$	%	\$	%	
Plumbing – Commercial	\$	%	\$	%	
Road, Highway, Bridge, Overpass	\$	%	\$	%	
Roofing – Residential	\$	%	\$	%	
Roofing – Commercial	\$	%	\$	%	
Seismic Work/Repair Describe: _____	\$	%	\$	%	
Sewer/Water Mains	\$	%	\$	%	
Sprinkler Installation (Buildings)	\$	%	\$	%	
Steel – Ornamental	\$	%	\$	%	
Steel – Structural	\$	%	\$	%	
Supervisory Only	\$	%	\$	%	
Swimming Pool Construction	\$	%	\$	%	
Traffic Signals/Controls Describe: _____	\$	%	\$	%	
Tunneling	\$	%	\$	%	
Underground Tank Removal/Installation	\$	%	\$	%	
Waterproofing	\$	%	\$	%	
Wrecking/Demolition	\$	%	\$	%	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date