

CONTRACTORS SUPPLEMENTAL APPLICATION

Required documents, in addition to this application:

- Acord Application
- Loss runs, dated within 60 days of submission, covering the past five years
- CV/Resume of Principal (if less than three years in business)
- List of Proposed Named Insureds and Their Insurable Interest in Overall Business Operations
- Standard Subcontractor Agreement (where applicable)
- Standard Client Agreement

APPLICANT INFORMATION

Legal name of Applicant:	
Mailing Address:	
Location Address:	

(If there are multiple locations, please attach a list separately)

Date Established:		Website:	
Legal Structure:	For Profit	Non-Profit	Government
	Sole proprietorship	Corporation	Partnership
			Joint Venture
			Other (please explain)

Inspection Contact (name, position):		Phone Number:	
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GENERAL INFORMATION

1. Please Describe all Operations:	
2. Years in business under current name:	
3. Years of experience:	
4. States in which you will or have done business:	
5. Contractors License number(s):	
6. Total number of employees:	

7. Does the applicant currently own or operate any other business?	
If Yes, please provide the name, description of operations and percentage of ownership:	

8. Please list and describe operations of all business names and licenses active or inactive that the applicant has used in the last five (5) years:	

OPERATIONS

9. Is the applicant or any proposed Named Insured a (check all that apply):

Construction Consultant	Construction Manager
Developer	General Contractor
Architect/Engineer	Real Estate Agent/Broker
Surveyor	Spec Builder
Subcontractor	Other (describe below)

10. Please provide the following financial information:

Year	Direct Payroll	Subcontractor Costs (include labor and materials)	Gross Receipts
Next 12 months (projected)	\$	\$	\$
Last 12 months	\$	\$	\$
2 nd year prior	\$	\$	\$
3 rd year prior	\$	\$	\$
4 th year prior	\$	\$	\$
5 th year prior	\$	\$	\$

11. Have you filed bankruptcy in the past five (5) years?

	Yes	No
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12. Using percentage of payroll (under Direct) and percentage of contractor costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months (both columns for each type of applicable work should equal 100% when added together.)

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runway	%	%	Masonry	%	%
Blasting	%	%	Mechanical	%	%
Bridge Work	%	%	Painting	%	%
Carpentry	%	%	Plumbing	%	%
Concrete	%	%	Plastering	%	%
Demolition	%	%	Roofing	%	%
Drilling	%	%	Seismic Roofing	%	%
Drywall	%	%	Sewer	%	%
Electrical	%	%	Steel or Structural	%	%
Earthquake Damage Repair	%	%	Steel or Ornamental	%	%
Excavation	%	%	Street/Road	%	%
HVAC	%	%	Supervisory Only	%	%
Grading	%	%	Traffic Signals	%	%
Insulation	%	%	Water or Gas Mains	%	%
Maintenance	%	%	Other (describe below)	%	%

13. Percentage of work projects:

Commercial	%	Residential	%
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14. Percentage of work projects:	New Construction	%	Remodel/Repair	%
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15. Project Summary (Past, present, future)					
<i>Project Type</i>	<i># of Units for next 12 months</i>	<i># of Units for last 12 months</i>	<i># of Units 2nd year prior</i>	<i># of Units 3rd year prior</i>	<i># of Units 4th year prior</i>
Single Family - New					
Single Family - Repair/Remodel					
Duplex - New					
Duplex - Repair/Remodel					
Triplex - New					
Triplex - Repair/Remodel					
Fourplex - New					
Fourplex - Repair/Remodel					
Townhouses - New					
Townhouses - Repair/Remodel					
Apartments - New					
Apartments - Repair/Remodel					
Senior Living Facilities - New					
Senior Living Facilities - Repair/Remodel					
Other (describe below)					

16. Provide details on your four (4) largest projects over the past five (5) years:			
<i>Project Name</i>	<i>Description of Project</i>	<i>Dates of Work</i>	<i>Construction Values</i>

17. Provide details on your three (3) largest projects currently underway or planned in the next 12 months:			
<i>Project Name</i>	<i>Description of Project</i>	<i>Dates of Work</i>	<i>Construction Values</i>

18. Do you, or have you in the last five (5) years:				
a. Perform/performed any work below grade?			Yes	No
If yes, please provide the:	Maximum Depth:		% of Operations	%
b. Perform/performed Wrap-Up or OCIP projects?			Yes	No
c. Build/built on hillsides, slopes, landfills, or in subsidence areas?			Yes	No
d. Lease/leased cranes, mobile equipment, or other machinery to others?			Yes	No

e. Perform/performed any work at airports?	Yes	No
f. Perform/performed any blasting work?	Yes	No
g. Perform/performed build/demolish work on structures in excess of four (4) stories?	Yes	No
If yes, please provide the maximum height in stories worked on:		
If yes, please provide the % of operations in excess of four (4) stories:		%
h. Perform/performed repairs of fire, mold, or water damage?	Yes	No
i. Perform/performed work involving fuel tanks or pipelines?	Yes	No
j. Perform/performed removal of asbestos or other hazardous materials?	Yes	No
k. Perform/performed any shoring, underpinning, caisson, or cofferdam work?	Yes	No
l. Perform/performed bridge work?	Yes	No
m. Own/owned vacant land, real estate development property, or model homes?	Yes	No
n. Perform/performed any work under the Longshore and Harbor Workers' Compensation Act?	Yes	No
o. Perform/performed any work under the Jones Act?	Yes	No
<i>Please provide descriptions and additional details for any "Yes" answer in the section above:</i>		

19. Do you have a formal safety program in place?	Yes	No
If yes, please describe:		
20. Do you have a formal warranty program in place?	Yes	No
If yes, please describe:		
21. Do you or have you allowed your license to be used by another contractor?	Yes	No
If yes, please describe:		

SUBCONTRACTOR INFORMATION

22. Do you use subcontractors in your business? If "No", please skip Q.23-26	Yes	No
23. Do you always obtain certificates of insurance from subcontractors?	Yes	No
If yes, what are the minimum General Liability limits of insurance required?		
Per Occurrence:	\$	Products/Completed Operations: \$
General Aggregate:	\$	
24. Do you require all subcontractors to name you as additional insured?	Yes	No
25. Do you have a standard formal written contract in place with your subcontractors?	Yes	No
26. How long do you retain records of subcontractor documents noted above?		

INSURANCE AND LOSS HISTORY

27. General Liability Insurance History (Past 5 years)					
Insurer	Dates covered	Limits of Insurance	Deductible	Premium	Claims-made or Occurrence
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

28. Do you carry Workers' Compensation insurance on your employees?	Yes	No
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29. Has any claim, loss, legal action or suit been made against the applicant, or any other person or entity proposed for this insurance in the last five (5) years?	Yes	No
30. Is the applicant, or any person or entity proposed for this insurance aware of any act, omission, event, condition or damages to any person or property which may give rise to a claim?	Yes	No
31. Has the applicant, or any person or entity proposed for this insurance been accused of faulty construction in the last five (5) years?	Yes	No
32. Has the applicant, or any person or entity proposed for this insurance been accused of breaching a contract in the last five (5) years?	Yes	No
33. Has the applicant, or any person or entity proposed for this insurance filed any Mechanics Lien(s) in the last five (5) years?	Yes	No

For any "Yes" answer, please provide details in the Supplemental Information section

SUPPLEMENTAL INFORMATION

Please use this section to provide additional details for Questions 29-33, or for any other questions requiring additional space for answers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, 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 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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 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.

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 Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____