



CONTRACTOR'S SUPPLEMENTAL APPLICATION

GENERAL INFORMATION

Note: Throughout this questionnaire the words "you" and your" include all entities seeking coverage.

1. Named Insured			
2. Mailing Address			
3. Website			
4. Audit Contact Name			
Email Address		Telephone	
5. Years in Business			
6. Description of Operations			
7. Do any prior operations differ from current operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
8. In which states do you perform work?			
9. Have you performed work in any other states in the past?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list those states:			
10. License #(s) and which state the license is issued:			
Has the applicant used any other business name or license in the past 10 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant currently own or operate another business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any licensing authority taken action against you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of these, please explain:			

EXPOSURE INFORMATION

11. Please provide the following information (excluding any work performed in Wrap-Ups or other dedicated insurance programs):

	Gross Receipts	Payroll	Subcontracting Costs
Next 12 months (estimated)			
Last 12 months (estimated)			
2 nd prior year			
3 rd prior year			
4 th prior year			
5 th prior year			

12. Number of employees	
13. Are any of your operations covered under a Wrap-Up or other dedicated insurance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide estimated annual receipts for all Wrap-Up Projects:	\$

PERCENTAGE OF WORK

	NEW	REPAIR		NEW	REPAIR
Single Family Homes (>10)	%	%	Retirement or Student Housing	%	%
Single Family Homes (<10)	%	%	Apartments	%	%
Condominium/townhome - HOA	%	%	Commercial (excl. Apartments)	%	%
Condominium/townhome – Unit Owner	%	%	Industrial	%	%
Military or Student Housing	%	%	Other:	%	%
				TOTAL	100 %
Interior Work		%	Exterior Work		%

14. What is the largest tract development you have worked in or will work in?	
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15. Please complete the following questions if you operate as a General Contractor:

How many new homes will you build as a general contractor in the next year?	
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What is the greatest number of new homes you have built in any one year?	
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16. If you use Subcontractors, please answer the following:

Do you have a written contract with all subcontractors? <i>(Please attach a copy of your subcontractor agreement)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the contract contain a hold harmless clause in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the contract require all subcontractors to carry Workers Compensation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What are the minimum CGL and Excess/Umbrella limits requirements?	\$
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Do you require all subcontractors to name you as an additional insured, including Completed Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you collect certificates from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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How long do you maintain records of the above documents?	
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PERCENTAGE OF WORK DIRECT AND SUBCONTRACTED

17. Please indicate the percentage of work performed by you and/or subcontracted out by you:

	Direct	Subcontracted		Direct	Subcontracted
Airport Runways	%	%	Maintenance	%	%
Asbestos or Lead Abatement	%	%	Mechanical	%	%
Blasting	%	%	Mold Remediation	%	%
Bridge/Highway Overpass Construction	%	%	Plastering/Stucco	%	%
Chemical Plants	%	%	Plumbing	%	%
Cranes	%	%	Public Utilities	%	%
Dam or Levee Work	%	%	Railroad	%	%
Demolition	%	%	Rental of Equipment to Others	%	%
Drilling	%	%	Steel Erection – Structural	%	%
Earthquake/Seismic Retrofit	%	%	Street/Road	%	%
EIFS	%	%	Supervision Only	%	%
Environmental Cleanup or Repair	%	%	Swimming Pool Construction	%	%
Excavation	%	%	Traffic Signals/Control Work	%	%
Gas Mains	%	%	Underground Tank Work	%	%
Gas Stations/Refineries	%	%	Water Mains	%	%
Grading	%	%	Waterproofing	%	%
Hospitals	%	%	Window/Door Work	%	%
LPG Work	%	%	Other:	%	%
TOTAL				100%	

PROJECT HISTORY

18. List or attach a list of your largest projects over the past 5 years, including a description of each.

Project Description	Project Location	Value
		\$
		\$
		\$
		\$

19. List or attach a list of your current projects, including a description of each.			
Project Description		Project Location	Value
			\$
			\$
			\$
			\$
Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.)			
20. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
If retaining walls have or will be built, what is the maximum height?			ft
21. Do you perform exterior work above two stories in height?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage?		%	Maximum Height
			ft
22. Do you perform any work below ground level?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage?		%	Maximum Depth
			ft
23. Do you use scaffolding?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
24. Do you own, rent or subcontract any cranes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and include if they are rented with or without operators:			
25. Have you or will you or your employees work under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
26. Are you involved in any other operations/exposures that are not otherwise covered in this application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
27. Do you have a formal safety program in place?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe or provide a copy:			
28. Do you carry Workers Compensation insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the WC Experience Modification Factor for the current policy?			

LOSS HISTORY

A minimum of (5) years of currently valued loss runs must be included with this completed application

29. List any large loss (over \$50,000) including a description

Loss Description	Loss Date	Total Incurred
		\$
		\$
		\$
		\$

NOTICE TO APPLICANT. PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

FRAUD NOTICE

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 CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND 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 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 policyholder or claimant for the purpose of

defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 YORK APPLICANTS: 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 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 five thousand dollars 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 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 OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.