

Contractors Supplemental Application

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
Address: _____ City: _____ State: _____ Zip Code: _____
P.O. Box: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Website: _____
State(s) / Area of Operation: _____ Licensed for Business in State(s): _____
Years in Business: _____ Contractor License #: _____
Industry Experience: _____
Description of Operations: _____

Section II – Business Information

1. Is applicant or any proposed named insured one of the following? (Check all that apply.)

- Construction Consultant Construction Manager Developer General Contractor
 Subcontractor Spec Builder Architect/Engineer Surveyor

2. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Payroll	Receipts	Subcontractor Costs
5th Prior Year	\$ _____	\$ _____	\$ _____
4th Prior Year	\$ _____	\$ _____	\$ _____
3rd Prior Year	\$ _____	\$ _____	\$ _____
2nd Prior Year	\$ _____	\$ _____	\$ _____
Current Year	\$ _____	\$ _____	\$ _____
Projected Next 12 months	\$ _____	\$ _____	\$ _____

3. Payroll of owners, officers and partners active at jobsites 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): \$ _____

4. Does the applicant currently own or operate any other business? Yes No

If YES, list name and describe operations and percentage of ownership:

5. List and describe operations of all other business names and licenses active or inactive that applicant has used in the last five (5) years. Yes No

6. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? If YES, please provide the name of each entity and the date and jurisdiction of bankruptcy. Yes No

Section III – Contracting Operations

1. Please indicate your percentage of work that is:

Commercial	New: _____ %	Remodel: _____ %
Industrial		%
Institutional		%
Mercantile		%
Office		%
Remodeling – Structural		%
Remodeling – Nonstructural		%
Other: _____		%

Residential	New: _____ %	Remodel: _____ %
Apartments		%
Condominiums/Townhouses		%
Custom Homes		%
Tract Homes		%
Remodeling – Structural		%
Remodeling – Nonstructural		%
Other: _____		%

2. 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.

Type of Work	% Direct	% Subbed	Not Done
Airports	%	%	<input type="checkbox"/>
Alarm Installation/Repairs	%	%	<input type="checkbox"/>
Alarm Monitoring	%	%	<input type="checkbox"/>
Asbestos	%	%	<input type="checkbox"/>
Blasting/Explosion	%	%	<input type="checkbox"/>
Boiler Work	%	%	<input type="checkbox"/>
Bridges	%	%	<input type="checkbox"/>
Carpentry	%	%	<input type="checkbox"/>
Concrete Foundations	%	%	<input type="checkbox"/>
Concrete – Other	%	%	<input type="checkbox"/>
Dam or Levee Work	%	%	<input type="checkbox"/>
Demolition	%	%	<input type="checkbox"/>
Drilling	%	%	<input type="checkbox"/>
Drywall	%	%	<input type="checkbox"/>
Electrical	%	%	<input type="checkbox"/>
Excavation or Grading	%	%	<input type="checkbox"/>
Earthquake Repair	%	%	<input type="checkbox"/>
Fireproofing	%	%	<input type="checkbox"/>
Fire/Water Restoration	%	%	<input type="checkbox"/>
Gas/Water Mains	%	%	<input type="checkbox"/>
HVAC	%	%	<input type="checkbox"/>
Insulation	%	%	<input type="checkbox"/>
LPG Work	%	%	<input type="checkbox"/>
Landscaping	%	%	<input type="checkbox"/>

Type of Work	% Direct	% Subbed	Not Done
Masonry	%	%	<input type="checkbox"/>
Painting	%	%	<input type="checkbox"/>
Paving-Driveways/Parking	%	%	<input type="checkbox"/>
Plastering/Stucco	%	%	<input type="checkbox"/>
Plumbing	%	%	<input type="checkbox"/>
Railroad	%	%	<input type="checkbox"/>
Roofing	%	%	<input type="checkbox"/>
Seismic Retrofitting	%	%	<input type="checkbox"/>
Sewer	%	%	<input type="checkbox"/>
Sprinklers – Fire	%	%	<input type="checkbox"/>
Sprinklers – Landscape	%	%	<input type="checkbox"/>
Steel – Ornamental	%	%	<input type="checkbox"/>
Steel – Structural	%	%	<input type="checkbox"/>
Street/Road Construction	%	%	<input type="checkbox"/>
Street & Road Paving	%	%	<input type="checkbox"/>
Swimming Pools	%	%	<input type="checkbox"/>
Tile/Stone/Marble	%	%	<input type="checkbox"/>
Traffic Signals/Controls	%	%	<input type="checkbox"/>
Underpinning	%	%	<input type="checkbox"/>
Utilities	%	%	<input type="checkbox"/>
Window, Door & Siding	%	%	<input type="checkbox"/>
Water Proofing	%	%	<input type="checkbox"/>
Other: _____	%	%	<input type="checkbox"/>
Other: _____	%	%	<input type="checkbox"/>

Section IV – Other Operations

1. Does the applicant have any past, current or planned work involving:
 - a. Apartments or apartment conversions? Yes No
 - b. Assisted living facilities, retirement homes, military housing, student housing? Yes No
 - c. Blasting operations or any other hazardous work activity? Yes No
 - d. Building on hillsides, hilltops, landfills or other subsidence areas? Yes No
 - e. Excavation, tunneling, underground work or earth moving? Yes No
 - f. Exterior stucco, plaster or exterior insulation finish systems (EFIS)? Yes No
 - g. Gas stations, refineries, chemical plants, airports, public utilities, railroads or hospitals? Yes No
 - h. Medical and/or industrial life supporting piping? Yes No
 - i. New construction activities for multi-unit residential projects including condominiums, townhouses, row houses and other multi-family structures? Yes No
 - j. New construction activities for tract home subdivisions, master planned residential communities with more than 15 homes or lots? Yes No
 - k. Removal or remediation of asbestos, lead, PCBs or other hazardous materials? Yes No
 - l. Operations to remove or remediate mold or mold damage? Yes No
 - m. Shoring, underpinning, caisson or cofferdam work? Yes No
 - n. Storing, treating, discharging, applying, disposing or transporting of hazardous materials? Yes No
 - o. Underground storage tanks, fuel tanks or pipelines? Yes No

If YES to any questions above, please provide details:

2. Does the applicant own vacant land, real estate development property or model homes? Yes No
3. How many new homes will you build as a general contractor in the next year? _____
4. What is the largest number of new homes you have built in any one year? _____
5. Are you engaged in any “wrap ups” or owner-controlled programs? Yes No

If YES, please describe:

6. Does the applicant conduct any work in the states of New York or Colorado? Yes No
7. Has the applicant allowed or will the applicant allow his license to be used by any other contractor for a project on which the applicant has worked? Yes No
8. Do you or have you worked as a construction manager for a fee? Yes No
9. Does the applicant build, demolish or perform any exterior operations over three (3) stories in height from grade? Yes No
Percent of operations: _____ % Maximum Height: _____ ft.
10. Does the applicant or applicant’s subcontractors perform any underground or below-grade work? Yes No
Percent of operations: _____ % Maximum Height: _____ ft.
11. Any change in the type or scope of construction activity performed by the applicant in the past five (5) years? Yes No

If YES, please describe:

12. Does applicant have any employees working under the following? Yes No
 Jones Maritime Act U.S. Longshore and Harbor Workers’ Compensation Act
13. Do you employ temporary, volunteer, casual workers or uninsured subcontractors? Yes No

If YES, please describe:

Section V – Current Projects

1. Complete the following for the five (5) largest projects in progress or scheduled over the next (12) months.

Project Description	Project Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

Section VI – Past/Completed Projects

1. Complete the following for the five (5) largest projects in last five (5) years.

Project Description	Project Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

Section VII – Jobsite Safety

1. Does the applicant have a formal safety program in place? Yes No
2. Does your safety program contain the following written procedures? Please check all that apply: Yes No
- Safety rules & regulations Fall protection requirements Subcontractor safety requirements
- Safety meetings Substance abuse prevention Fire prevention/protection training
- Site safety inspections Accident investigation/reporting Hazardous material handling
3. Does the applicant offer an orientation/training program for new or transferred employees? Yes No
4. Are all jobs inspected by management at completion before leaving the jobsite? Yes No
5. Does the applicant mandate the use of Personal Protective Equipment (PPE)? Yes No
6. Has the applicant been cited for any OSHA violations in the past three (3) years? Yes No

If YES, please provide details:

7. Does the applicant use any type of scaffolding? Yes No

If YES, is scaffolding:

a. Owned? Rented? Leased?

b. Is the scaffolding left on the jobsite for use by others? Yes No

8. Does the applicant use any of the following equipment? (Please check any that apply.) Yes No

Please check any that apply:

a. Scissor Lifts Ariel Lifts Articulating Boom Lifts Cranes Cherry Pickers

b. What is the maximum height worked when using above equipment? _____ ft.

9. Does applicant rent or lease cranes, scaffolding, mobile equipment or other machinery to others? Yes No

a. What type of equipment is rented with operator? _____

b. What type of equipment is rented without operator? _____

c. Is a written agreement required from renters/lessees of the equipment? Yes No

d. Are certificates of insurance required from renters/lessees? Yes No

e. Is insured named as an additional insured on the renter's/lessee's policy? Yes No

Section VIII – Liability Controls & Risk Transfer

1. If the applicant is a general contractor or a developer or employs subcontractors, do you require a written contract for general liability from all subcontractors prior to being allowed on the jobsite? Yes No
2. Do these contracts include the following:
 - a. Indemnification and hold harmless agreements that protect the insured? Yes No
 - b. Are you named additional insured on their policies for both ongoing and completed operations? Yes No
 - c. Waiver of subrogation in favor of you? Yes No
 - d. What limits of coverage are required from these subcontractors? \$ _____
 - e. Requirement for subcontractors to carry Workers' Compensation Insurance? Yes No
3. Are certificates of insurance obtained from all subcontractors prior to starting work? Yes No
 - a. Who reviews and maintains the certificates? _____
 - b. How long are they retained after a job? _____
4. Does the applicant currently have Workers' Compensation coverage in place? Yes No
5. Does the applicant use a written contract with Customers? Yes No

If YES, please provide sample contract.

If NO, please explain when not required.

6. Do supervisors document each stage of construction in a written format? Yes No
7. Does the applicant have a formal Home Warranty program in place? Yes No

If YES, please describe and provide copy:

8. Does the applicant provide any architectural or engineering design services? Yes No

If YES, please describe:

If YES, do you carry Errors & Omissions coverage for these services? Yes No

Limits Carried: \$ _____

Section IX – Loss / Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? Yes No
If YES, please describe:

2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No
If YES, please describe:

3. Has the applicant ever been accused of breaching a contract in the past five (5) years? Yes No
If YES, please describe:

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? Yes No
If YES, please describe:

5. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years? Yes No
If YES, please describe:

6. Has the applicant ever had a lapse in GL coverage? Yes No
If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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 policyholder 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.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 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 personal or commercial 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 is considered a crime.

MAINE: 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.

NEW YORK: 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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY