



CONTRACTORS SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED (Attach additional paper if necessary)

1. Applicant: _____
 - A. Years in business under current name: _____
 - B. Years of experience performing the same or similar operations if a new venture or in business less than five years: _____
 - C. Describe your operations: _____
 - D. Do you currently have, or have you had in the past, a controlling interest in any other similar operations whether active, *inactive*, or *dissolved*? ☐ Yes ☐ No
If yes, please describe: _____
 - E. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? ☐ Yes ☐ No
If yes, please provide the name of each entity, and the date and jurisdiction of bankruptcy: _____
2. Contractor's license number: _____ States in which you do business: _____
Do you do any work in Alaska, Colorado, Hawaii, New York, South Carolina, West Virginia? ☐ Yes ☐ No
If yes, what states: _____
3. List all other business names & licenses applicant has used in the past 10 years:
Describe the operations: _____
4. Does applicant currently own/operate any other business? ☐ Yes ☐ No
If yes, please provide the name of the business and percentage of ownership: _____
If yes, is separate General Liability coverage in place with equal or greater limits of insurance? ☐ Yes ☐ No
Describe the operations: _____
5. Percentage of current operations: General Contractor___% Subcontractor___% Constructor Mgr___%
6. Indicate the percentage of construction work performed by you: **(MUST TOTAL 100%)**

<u>RESIDENTIAL</u>		<u>Commercial</u>	
New Construction	_____%	New Construction	_____%
Remodeling/Repair	_____%	Remodeling/Repair	_____%
Other	_____%	Description:	_____
7. Do you use subcontractors? ☐ Yes ☐ No
If Yes, please complete the following:
 - A. Percentage of subcontracted work: _____%
 - B. Annual subcontracting cost (including all of the subs' labor and materials: \$_____
 - C. Describe all activities that are subcontracted. If you are a general contractor, describe the activities you do yourself: _____

D. Are there any circumstances when you do work for a general contractor that you use a subcontractor?
If Yes, please describe: _____

8. Do you collect certificates of insurance from **all** subcontractors? ☐ Yes ☐ No

A. What limits of coverage are required from these subcontractors?

\$ _____

B. Do you require all subcontractors to name you as an Additional Insured, including for Completed Operations, and is this part of the written contract? ☐ Yes ☐ No

C. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract? ☐ Yes ☐ No

D. Who reviews and maintains the certificates? _____

E. How long are they kept? _____

9. Estimates for the next 12 months: Payroll \$ _____ Sub-Contract \$ _____ Gross Receipts \$ _____

1st Year Gross Receipts \$ _____

2nd Year Gross Receipts \$ _____

3rd Year Gross Receipts \$ _____

4th Year Gross Receipts \$ _____

5th Year Gross Receipts \$ _____

10. Do you use labor that is paid via the IRS Form 1099 – NEC? ☐ Yes ☐ No

If yes, amount paid: \$ _____ (Note: Please do not include in #9 above)

11. Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), Indicate the anticipated parentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Fire Sprinkler			Roofing		
Blasting			Floor Covering			Seismic Retrofitting		
Bridge Building			Grading			Sewer		
Cable/Telecom			HVAC			Steel/Structural		
Carpentry			Insulation			Steel/Ornamental		
Concrete			Janitorial			Street/Road		
Demolition			Landscape			Supervisory Only		
Door/Window			Masonry			Traffic Signals		
Drilling			Mechanical			Water/Gas Mains		
Drywall			Painting			Waterproofing		
Electrical			Plastering			Welding		
Excavation			Plumbing			Other:		

12. Loss History:

Have there been any losses, claims or suits against you in the five (5) years? ☐ Yes ☐ No

If yes, please describe & attach loss runs for at least the past five years:

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: _____

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

14. List current projects currently underway or planned for the next year, including values:

15. How many new homes will you build from the ground up in the next year? _____

16. Have you ever built a home from the ground up?

☐ Yes ☐ No

A. How long ago? _____ B. How many? _____

17. What type of Additional Insured Endorsements are you required to produce?

A. Ongoing Operations only?

☐ Yes ☐ No

B. Ongoing Operations including Completed Operations?

☐ Yes ☐ No

C. If yes, do you wish coverage for this exposure:

☐ Yes ☐ No

18. Do you anticipate needing Waivers of Subrogation in the next year?

☐ Yes ☐ No

19. 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

A. Has any other licensing authority taken any action against you?

☐ Yes ☐ No

20. Have you built or will you build on hillsides, terraces, landfills or areas with recent Subsidence activity?

☐ Yes ☐ No

If yes, please explain: _____

Our policy is not intended to provide coverage for this exposure. Do you wish coverage?

☐ Yes ☐ No

21. Do you use scaffolding?

☐ Yes ☐ No

If yes, please explain and advise if rented to or used by others: _____

22. Have you been involved or will you be involved with blasting operations or any other hazardous work activity?

☐ Yes ☐ No

If yes, please explain, included if work is done by sub-contractors or if done by you:

23. Do you perform synthetic stucco work (EIFS)?

☐ Yes ☐ No

Are you interested in coverage for EIFS work?

☐ Yes ☐ No

If so, is any work is performed over wood substrates?

☐ Yes ☐ No

24. Do any of your subcontractors perform EIFS work?

☐ Yes ☐ No

Do you verify that coverage for this exposure is in place and not excluded?

☐ Yes ☐ No

25. Have you built/demolished or will you build/demolish buildings or other structures in excess of three (3) stories? ☐ Yes ☐ No
If yes, please explain: _____
26. Do you perform work above three (3) stories in height? (other than interior remodel) ☐ Yes ☐ No
If yes, what percentage? _____% Maximum height? _____
Please describe: _____
27. Do you perform any work at Airports? ☐ Yes ☐ No
If yes, please explain: _____
28. Do you own, rent or subcontract any cranes? ☐ Yes ☐ No
If yes, please explain, including a description of the types of cranes (e.g., mobile, crawler treads, tower):

29. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's, or other hazardous materials? ☐ Yes ☐ No
30. Removal or work on fuel tanks or pipelines? ☐ Yes ☐ No
31. If you are a roofing contractor, or subcontractor or performing roofing work, do you use (please also answer if you hire subcontractors to complete this work):
- | | |
|------------------------|--|
| Hot Tar | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Torch Down | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Modified Bitumen(HOT) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Modified Bitumen(COLD) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hot Air Welding | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
32. Do you perform any mold remediation work? ☐ Yes ☐ No
33. Do any of your subcontractors perform mold remediation work? ☐ Yes ☐ No
If yes, is coverage in place for General Liability and Pollution Liability?
Name of Carrier(s)? _____
34. Have you performed or will you or your subcontractors perform an work below grade? ☐ Yes ☐ No
Maximum Depth: _____inches _____% of operations
35. Any shoring, underpinning, cofferdam or caisson work? ☐ Yes ☐ No
If yes, please explain: _____
36. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers Act or Jones Maritime Act? ☐ Yes ☐ No
37. Do you have formal safety programs in place? ☐ Yes ☐ No

38. Will your upcoming work involved construction of or involvement with condominiums or townhouses? ☐ Yes ☐ No
 A. If yes, How many homes will you build? _____ Number in the entire development? _____
 B. Repair or Remodel only? ☐ Yes ☐ No
 C. Is the work done for Homeowners Associations (not individual unit owners?) ☐ Yes ☐ No
39. Have you ever worked in **new** condominiums/townhouses? ☐ Yes ☐ No
 If yes, how long ago? _____ Number of units in a year? _____ Number in the entire development? _____
40. Have you or will you convert apartments to condominiums or townhouses? ☐ Yes ☐ No
41. Have you ever performed work on **new** Apartments? ☐ Yes ☐ No
 If yes, how long ago? _____ How many units in the entire building? _____
42. Will your upcoming work involve the construction of or involvement with **new** Duplexes, Triplexes, Fourplexes, or Patio Homes? ☐ Yes ☐ No
 If yes, How many homes will you build? _____ Number in the entire development? _____
 Are the units individually owned and titled? ☐ Yes ☐ No
43. Have you ever worked in **new** Duplexes, Triplexes, Fourplexes or Patio Homes? ☐ Yes ☐ No
 If yes, how long ago? _____ Number of units in a year? _____ Number in the entire development? _____
44. Will your upcoming work involve construction in any **new** home tracts? ☐ Yes ☐ No
 If yes, How many homes will you build? _____ Number in the entire development? _____
45. Have you ever worked in **new** tract developments? ☐ Yes ☐ No
 If yes, How long ago? _____ Number of units in a year? _____ Number in the entire development? _____
46. Any projects performed in the past or anticipated for a national home builder? ☐ Yes ☐ No
 If yes, please list: _____
47. Any current Wrap-Up/OCIP/CCIP Projects? ☐ Yes ☐ No
 A. Name of Carrier? _____
48. Have you ever worked in **new** assisted living facilities? ☐ Yes ☐ No
 If yes, how long ago? _____ year(s) How many units in the entire building? _____
 Does it involve any individual unit ownership? ☐ Yes ☐ No
49. Any other exposures/operations not otherwise covered by this questionnaire? ☐ Yes ☐ No
 If yes, please explain: _____
50. After inquiry, do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application? ☐ Yes ☐ No
 If yes, please describe: _____

51. Have you been accused of faulty construction in the past 8 years? ☐ Yes ☐ No
If yes, please describe: _____
52. Have you been accused of breaching a contract in the past 8 years? ☐ Yes ☐ No
If yes, please describe: _____
53. Have you filed any Mechanic's Liens in the past 8 years? ☐ Yes ☐ No
If yes, please describe: _____

DEFINITIONS:

EIFS -Exterior Insulation Finishing Systems – means an exterior cladding or finish system used on any part of any structure and consisting of: a) a rigid or semi-rigid insulation board made of expanded polystyrene or other material; and b) an adhesive and/or mechanical fasteners used to attach the insulation board to the substrate; and c) a reinforced base coat; and d) a finish coat providing surface texture and color.

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site; typically subcontracts a significant portion of the work; and/or is named in the construction documents as the general contractor of record.

RESIDENTIAL CONTRACTOR – Single or multi-unit family housing, including condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

SUBSIDENCE – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

MODIFIED BITUMEN – Also called “modbit” membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WRAP-UP (OCIP/CCIP) – Policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

FRAUD WARNING

General Fraud Warning: 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.

Applicant Notice to Applicants in:

Alabama	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.
Alaska	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	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.
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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	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.
Florida	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.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer file a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims 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.
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 a denial of insurance benefits.
Maryland	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.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
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 an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.
Oklahoma	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.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
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 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.
Rhode Island	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.
Tennessee	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.
Texas	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	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.
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 include imprisonment, fines, and denial of insurance benefits.
West 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 and may be subject to fines and confinement in prison.

Representation and Warranty

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and 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 it has a continuing obligation 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 understand 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.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:		