



Supplemental Application for Contractors

I. GENERAL INFORMATION

Applicant name:
 Website:
 Business address:
 Years in business (current name): _____ Years industry experience: _____
 License number: _____ States/area of operation: _____
 Other business names used/in use:
 Industry affiliations or memberships:

II. PRIOR CARRIER INFORMATION

	Year: _____	Year: _____	Year: _____	Year: _____	Year: _____
Carrier:	_____	_____	_____	_____	_____
Policy No.:	_____	_____	_____	_____	_____
Total Premium:	_____	_____	_____	_____	_____

III. CONTRACTING OPERATIONS

Narrative Description of Operations:

Indicate your Percentage of Work that is:

1.	% New Construction	% Remodeling	= 100%
2.	% Commercial	% Industrial	% Residential = 100%
3.	% Artisan Contractor	% Subcontractor (work for GC/Developer)	

Total # Employees: _____ Percentage of Work performed by your employees: _____

Please describe the work performed by your employees in detail:

Do you perform job site supervision? Yes No How many supervisors are employed?
 a. Supervisor training: OSHA 10 Hour Training OSHA 30 Hour Training
 b. Do supervisors document each stage of construction in a written format? Yes No
 Do you/will you provide any construction trade work for other contractors? Yes No
 Do you/have you ever leased employees? Yes No
 Do you or any employees perform architect, engineering or draftsman work? Yes No
 If yes, do you carry Professional Liability Insurance for this work? Yes No
 If yes, what limits do you currently carry?

	PAYROLL	Subcontract Cost *	Gross Receipts
Next 12 Months	_____	_____	_____
1st Prior Year	_____	_____	_____
2nd Prior Year	_____	_____	_____
3rd Prior Year	_____	_____	_____

IV. CURRENT PROJECTS

Complete the following for (4) largest projects in progress or scheduled over the next (12) months

	Project Name/Location	Start/End Dates	On-site Employees/# of Subcontractors	Project Value
1.		/		
2.		/		
3.		/		
4.		/		

V. PAST PROJECTS

Complete the following for (4) largest projects in progress or scheduled over the next (12) months

Project Name/Location	Start/End Dates	On-site Employees/# of Subcontractors	Project Value
1.	/		
2.	/		
3.	/		
4.	/		

VI. BREAKDOWN OF WORK PERFORMED

Provide breakdown by type of work shown below that is performed by your employees or by subcontractors

Type	By You or Your Employees	By Subs	Not Done	Type	By You or Your Employees	By Subs	Not Done
Airports				Nuclear			
Architectural/Design				Painting			
Asbestos				Plastering			
Blasting/Explosion				Plumbing			
Boiler Work				Process Piping			
Bridges				Railroad			
Carpentry				Roofing			
Concrete				Re-Roofing			
Cranes/Hoists				Sewer			
Dams/Reservoirs				Sprinklers			
Demolition				Synthetic Stucco			
Electrical				Street/Road			
Excavation				Tunneling			
Fireproofing				Utilities			
Grading				Welding—on site			
Highways/Road				Wharfs/Piers			
Insulation				Work > 3 stories			
Joint Ventures				Wrap-Ups			
Masonry							

VII. SUBCONTRACTORS

Subcontractor cost for this year * \$ _____

Actual cost last year * \$ _____

Subcontractor Cost = all materials & equipment you purchase for use by your subcontractors in their work and all your materials and equipment they purchase plus their labor cost

Do you use subcontractors? Yes No

If yes, do you normally use the same subcontractors? Yes No

Percentage of work performed by Insured Subcontractors: _____%

Please describe the work performed by your subcontractors in detail:

Are all subcontractors, including sole proprietors with no employees, required to provide proof of Workers Compensation and General Liability Insurance? Yes No

If yes, indicate the minimum limits required for General Liability \$ _____ Each Occ

If yes, indicate the minimum limits required for General Liability \$ _____ Gen. Agg

If yes, indicate the minimum limits required for General Liability \$ _____ Prod/CO Agg.

Do you collect certificates of insurance from all subcontractors? Yes No

How long do you maintain certificates of insurance after a completed job? _____ Yes No

Do you use a standard contract with your subcontractors? _____ Yes No

How many years has your subcontract agreement been used? _____ Yes No

Does it contain Hold Harmless and Indemnification wording protecting you? Yes No

Does it require subcontractors to include you as an Additional Insured on their Policy? Yes No

VIII. OTHER OPERATIONS

Do you/have you used EFIS or have plans to use it in the future? Yes No

If yes, please supply details:

Do you ever work as a construction manager? Yes No

Any current or future plans to work on hillsides, in landfills or areas subject to subsidence? Yes No

If yes, list precautions taken:

Has or will the insured perform any operations in the state of New York? Yes No

Do applicant or applicant's subcontractors perform any **work over three stories** in height from grade (other than interior work)? Yes No

If yes please describe:

If yes, maximum # of stories: _____ Feet If yes, percentage of total work: _____ %

Does applicant or applicant's subcontractors perform any **work below grade**? Yes No

If yes please describe:

If yes, maximum depth: _____ Feet If yes, percentage of total work: _____ %

Any past, current or planned involvement in:

Blasting activities? Yes No

Building demolition? Yes No

Removal/remediation of lead, asbestos, radon, PCB's or other hazardous materials? Yes No

Use of scaffolding? Yes No

Removal or work on fuel tanks or pipelines? Yes No

Shoring, underpinning, cofferdam or caisson work? Yes No

Seismic repair or retrofitting work?

Do you perform any Mold Remediation Work? Yes No

Do any of your subcontractors perform any Mold Remediation Work? Yes No

If Mold Remediation Work is performed, is insurance coverage in place for this work? Yes No

Do you own or lease any heavy equipment? Own Lease Both Never Use

If applicable list Heavy Equipment that is owned:

If applicable list Heavy Equipment that is leased:

When leasing equipment from others, do you do so with operators? Yes No

If you do no lease equipment from others with operators, what is the experience of your operators?

If you own your own equipment, do you rent or lease this equipment to others? Yes No

If yes, is this done with or without operators? With Without

What are your annual receipts for rented equipment? \$ _____

Have you/will you be involved in the construction of town homes, condo or new tracts? Yes No

Have you/will you be involved in the construction, repair or renovation of apartments? Yes No

Have you or will you convert apartments to condominiums? Yes No

Any past or current involvement with Wrap-Up/OCIP work? Yes No

IX. JOBSITE SAFETY/LOSS CONTROL

Do you have a formal safety program in place? Yes No

Does your safety program contain the following procedures:

Safety Rules & Requirements? Yes No

Subcontractor responsibilities? Yes No

Pre-Planning Meetings? Yes No

Site Safety Inspections? Yes No

Non-Compliance Notice? Yes No

Accident reporting system? Yes No

X. LOSS INFORMATION

During the past three years has any company ever cancelled, non-renewed, declined, or refused to issue similar insurance to the applicant? Yes No

If yes, please explain: _____

Have you had a construction defect loss/claim or been involved in a class action construction defect suit? Yes No

If yes, please explain: _____

Have any known events occurred prior to the proposed effective date that may result in a claim? Yes No

If yes, please explain: _____

XI. FRAUD STATEMENT

Any person who knowingly and with the 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.

XII. WARRANTIES

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify 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.

Signature of Applicant _____ Title: _____ Date: _____

I hereby warrant and certify 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