

Contractor's Supplemental Application (all other trades)
Instructions: Required with each General Liability submission for a contractor



Named Insured: _____

Website Address: _____

GENERAL INFORMATION:

Your name as shown on your contractor's license: _____

In what states do you operate? _____

Percentage of receipts from operations as:

Sub-Contractor: _____% Developer: _____% General Contractor: _____%

Do you always obtain a written contract for your work prior to starting any work? [] Yes [] No

Total revenues (receipts) for the past 3 years:

Current year (estimated): _____ last year: _____ year before last: _____

Has your firm been involved in the construction of ANY new residential structures within the last ten years?

This includes houses, condominiums, town-homes, apartment buildings, assisted-living/retirement homes, military or student housing, work/live lofts or any multi-unit facility used for permanent habitational purposes. [] Yes [] No

If yes, provide the details:

List and briefly describe three of the larger jobs you have recently completed, including the Job Locations:

List and briefly describe three of the larger jobs you have currently underway, including the Job Locations:

Any prior or planned jobs that would be covered under a "Wrap-Up" or an OCIP policy? [] Yes [] No

If yes, provide the details:

Indicate % Of Work Performed:

Commercial Work _____%

New Construction _____% Remodeling _____% Repair _____% Demolition _____% = 100%

Inside Work _____% Outside work _____% = 100%

Residential Work _____%

Annual # of units started _____

New Construction _____% Remodeling _____% Repair _____% Demolition _____% = 100%

Inside Work _____% Outside work _____% = 100%

Do you perform any design work or professional services? [] Yes [] No

If yes, provide the details:

What is the number of owners, officers, partners that are active at job sites performing supervisory duties _____

Do you perform any work below grade? [] Yes [] No. If yes, max depth _____ % of total work _____

Do you perform work 3 or more stories in height? [] Yes [] No If yes, % of total work _____

Do you perform any work involving Gas Stations, Refineries, Chemical Plants, Airports, Public Utilities, Railroads or Hospitals? [] Yes [] No If Yes, provide the details:

Do you perform any work involving the repair of fire damage, water damage, mold damage or radon remediation? [] Yes [] No

If Yes, provide the details including percentage of all work:

Do you perform, or have you in the past 10 years, any work involving exterior insulation finish systems (E.I.F.S.) or directly applied exterior wall systems? [] Yes [] No.

Have you had any claims or suits brought against you for construction defect or any incidents that could lead to such a claim or suit? [] Yes [] No. If yes, explain.

Describe any violations that have ever been registered against you with the state contractor's license board or any local association? [] None

SUBCONTRACTED WORK:

List subcontractor trades you use and the Sub cost for each:

Do you always obtain a written contract including a hold harmless clause in your favor from all subcontractors? [] Yes [] No If not, explain:

Are certificates of insurance required from all subcontractors? [] Yes [] No
How long are subcontractor's certificates maintained in your file? _____
What General Liability limits do you require on subcontractor's policy: _____

Are you named as an Additional Insured on all your sub-contractors' liability policies? [] Yes [] No
Do you require your Subs to add you to their insurance as Add'l Insured including Completed Operations CG 2037 or Equivalent [] Yes [] No

SAFETY INFORMATION:

Do you have a formalized safety program? [] Yes [] No. How are the subs made aware of your safety program? _____

Explain how the public is protected from construction site activities: _____

Is there a full time job site manager or supervisor at each work location? [] Yes [] No
How many employees do you have? Permanent _____, Part Time _____, Seasonal _____ Total _____
Do you lease or rent equipment to others? [] Yes [] No If Yes, provide details: _____

APPLICANT'S STATEMENT: I have read the above supplemental questionnaire and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

Applicant's Signature _____ Date _____
Agent's Signature _____ Date _____