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CONTRACTORS' SUPPLEMENTAL APPLICATION

The following are not eligible for this program:	
Asbestos, EIFS, or lead paint installation or removal	Hired and Non-Owned Auto
Blasting operations	LPG or oil field work
Bridges, freeway or highway, dam or reservoir construction	Mining
Caisson work	Mold Remediation
Commercial GCs in business less than 3 years	New Residential construction
Condo conversions	New ventures
Contractors based or working in the state of New York	Pile driving, shoring or underpinning
Contractors working for large residential developers.	Prior construction defect or mold claims
Custom home builders	Railroad work
Demolition	Requests to cover a single job
Directional boring operations	Risks with history of construction defect claims
Earthquake reinforcing or retrofitting other than new construction	Roofing contractors
Gas main construction	Skylight installation
General contractors (subcontracting more than 50% of work) and Project Managers	Sub-aqueous work
Highway mowing operations	Traffic control
	Underground tank installation, removal, service or repair (other than septic tanks)

Required Attachments
Copies of contracts used with General Contractors, subcontractors and owners, as applicable.

1. Named Insured:
City/State:
2. Years in business under current name:
3. List all previous business names:
4. Contractors license number:
5. List states where you are licensed to do business:
6. Percentage of work performed as a:
 - a) General Contractor: %
 - b) Sub Contractor: %
7. Percentage of work that is:
 - a) Commercial: %
 - b) Residential: %

- c) Industrial: %
- d) Other (describe): %

8. Percentage of work that is:

- a) New Construction: %
- b) Remodel/Repair: %

9. If you are performing residential work on new home construction, how many new homes are worked on in a year?

10. Estimate for next 12 months:

Payroll: \$ Sub-Contract Cost: \$ Sales: \$

11. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

% Direct / Subbed			% Direct / Subbed		
Bridge Bldg.			Painting		
Carpentry			Plastering		
Concrete			Plumbing		
Drilling			Sewer		
Electrical			Steel (Structural)		
Excavation			Steel (Ornamental)		
Grading			Street/Road		
Insulation			Supervisory		
Landscaping			Water/Gas Mains		
Masonry			Other		
Other			Other		

12. Do any of your operations involve:

- a) Asbestos Removal? Yes No
- b) Pile Driving? Yes No
- c) Blasting? Yes No
- d) Shoring or Underpinning? Yes No
- e) Demolition? Yes No
- f) Railroad easement? Yes No
- g) Synthetic Stucco (EIFS)? Yes No
- h) Underground work? Yes No

If Yes, do you contact utility companies to have lines marked prior to digging? Yes No


13. Do you perform directional boring?

- Yes No

If so, do you bore under any streets, roads, buildings or other structures?

- Yes No

14. Do you now, or have you ever built on hillsides, slopes, landfills,

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or other terrains susceptible to subsidence? Yes No

If so, please describe:

15. Do you draw any plans or blueprints used in your construction work? Yes No

If so, please describe:

SUBCONTRACTORS

If you NEVER hire subcontractors please check here and skip to next section-

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes No
2. Do you utilize a standard contract with all your subcontractors? Yes No
 - a) Do you require your subcontractors to carry Liability Insurance? Yes No
 - b) What limit of liability do you require your subcontractors to carry?
 - c) Do you require to be named as an Additional Insured on their policies? Yes No
 - d) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3a, 3b, and 3c above? Yes No
4. Do you require your subcontractors to carry worker’s compensation insurance? Yes No


ACCOUNT HISTORY

Please complete the following chart

POLICY YEAR	GROSS RECEIPTS	PAYROLL	SUBCONTRACTED COST
Current Policy Term	\$	\$	\$
First Prior Term	\$	\$	\$
Second Prior Term	\$	\$	\$
Third Prior Term	\$	\$	\$
Fourth Prior Term	\$	\$	\$
Fifth Prior Term	\$	\$	\$

5. Please describe the five largest projects undertaken in the past five years:

DESCRIPTION	JOB COST	PROJECT DURATION
	\$	
	\$	
	\$	
	\$	
	\$	

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6. Please describe the three largest projects planned for the upcoming year:

DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION
	\$	
	\$	
	\$	
	\$	

7. What is the average dollar value of a completed project? \$

8. Please describe any types of projects that you have discontinued (i.e. no longer build):

SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting?

If so please describe:

2. Have you been involved in or are you aware of pending litigation concerning defective workmanship?

Yes No


If so please describe:

3. In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities?

Yes No

The undersigned applicant 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 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 understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

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Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of applicant:	
Title (Officer, Partner):	
Date:	