



Contractors Supplemental Application

Please complete all questions in full.

GENERAL INFORMATION

Applicant: _____

Website: _____

Years in business under current name: _____

Describe your operations: _____

Do you have any other operations active or inactive? Yes No

If yes, please explain: _____

Contractor's license number: _____ States in which you do business: _____

New York State Applicants: Do you do any work in the five boroughs of New York? Yes No

List all other business names & licenses active or inactive applicant has used in the past 10 years:

What were the operations? _____

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

Has any other licensing authority taken any action against you? Yes No

Does applicant currently own/operate any other business? Yes No

If yes, need name and percentage of ownership: _____

What are the operations? _____

Percentage of current operations: General Contractor _____% Subcontractor _____% Construction Manager _____%

Estimates for the next 12 months:

Payroll: \$_____ Sub-Contract Cost: \$_____ Gross Receipts: \$_____

Historical Exposures	Gross Receipts	Payroll	Sub-Contract Costs
1 st Year	\$ _____	\$ _____	\$ _____
2 nd Year	\$ _____	\$ _____	\$ _____
3 rd Year	\$ _____	\$ _____	\$ _____
4 th Year	\$ _____	\$ _____	\$ _____

Indicate the percentage of construction work performed by you: (MUST TOTAL 100%)

Residential _____% Commercial _____%

New Construction: _____% New Construction: _____%

Remodeling/Repair: _____% Remodeling/Repair: _____%

Other: _____%

SUBCONTRACTORS

Do you use Subcontractors? Yes No If yes, please complete the following:

Percentage of subcontracted work: _____%

Annual subcontracting cost (including all of subs' labor and materials): \$ _____

Do you collect certificates from all subcontractors? Yes No

What limit is required from these subcontractors? \$ _____

Do you used a standard contract with your subcontractors? Yes No

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

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

Using percentage of payroll (under Direct) and percentage of contact costs (under Subbed), indicate the anticipated percentage 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			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other		

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

List current project currently underway or planned for the next year, including values:

SAFETY

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

Does your safety program contain the following procedures:

Safety Rule & Requirements? Yes No

Subcontractor responsibilities? Yes No

Regular Safety Meetings? Yes No

Site Safety Inspections? Yes No

Non-compliance Notice? Yes No

Accident Reporting system? Yes No

Safe Hiring Procedures? Yes No

OPERATIONS

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

Have you ever built a home from the ground up?

Yes No

If yes, how long ago? _____ How many? _____

Have you built or will you build on hillsides, terraces, landfills or Subsidence areas?

Yes No

If yes, please explain: _____

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

Yes No

If yes, please explain: _____

Do you perform synthetic stucco work (EIFS)?

Yes No

Do any of your subcontractors perform EIFS work?

Yes No

Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories?

Yes No

If yes, please explain: _____

Do you perform work above two stories in height (other than interior remodel)?

Yes No

If yes, what percentage? _____% Maximum Height? _____

Do you use scaffolding? Yes No

Please describe: _____

Do you perform any work at Airports?

Yes No

If yes, please explain: _____

Do you own, rent or subcontract any cranes?

Yes No

If yes, please explain: _____

Have you been involved or will you or your subcontractors be involved in any removal or asbestos, PCB's or other hazardous materials?

Yes No

Removal or work on fuel tanks or pipelines?

Yes No

Do you perform any Mold Remediation Work?

Yes No

Do any of your subcontractors perform Mold Remediation Work?

Yes No

If yes, is coverage in place?

Yes No

Name of Carrier? _____

Have you performed or will you or your subcontractors perform any work below grade?

Yes No

Maximum depth: _____% % of operations: _____

Do you perform any shoring, underpinning, cofferdam or caisson work?

Yes No

If yes, please explain: _____

Will any work involve the construction of or involvement with condominiums or townhouses?

Yes No

If yes, what percentage of total operation? _____%

New construction? What percentage? _____%

Repair or remodel only? What percentage? _____%

- Have you ever worked in new condominiums/townhouses? Yes No
 If yes, how long ago? _____
- Will any work involve the construction of or involvement with apartments? Yes No
 If yes, what percentage of total operation? _____%
 New construction? What percentage? _____%
 Repair or remodel only? What percentage? _____%
 How many units in the entire project? _____
- Have you ever worked in new apartments? Yes No
 If yes, how long ago? _____ How many units in the entire building? _____
- Have you or will you ever convert apartments to condominiums? Yes No
- Will any work involve the construction of or involvement with **new** duplexes, triplexes, fourplexes or patio homes? Yes No
- Have you ever worked in **new** duplexes, triplexes, fourplexes or patio homes? Yes No
 If yes, how long ago? _____
- Will you be working in any **new** tracts? Yes No
 If yes, what is the maximum number of homes in ENTIRE tract? _____
 What percentage? _____%
- Have you ever worked in new tract developments? Yes No
 If yes, how long ago? _____ How many units in the entire development? _____
- Have you ever worked in new assisted living facilities? Yes No
 If yes, how long ago? _____ How many units in the entire building? _____
- Any current Wrap-Up/OCIP Projects? Yes No
 Name of Carrier: _____

CLAIMS

- Are there any claims or legal actions pending against and of the entities? Yes No
- Do any of the entities named in the application have 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 them? Yes No
- Have you been accused of faulty construction in the past five (5) years? Yes No
- Have you been accused of breaching a contract in the past five (5) years? Yes No
- Have you ever filed any Mechanic Leins in the past five (5) years? Yes No

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 materials; and b) an adhesive and/or mechanical fasteners used to attach the insulation board to the substrate; and c) a reinforced basecoat; 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 apartments, 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) – A policy providing coverage(s) for all interests in a major construction project. Also know as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WARRANTY: The purpose of this Supplemental Application is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy at any time during the term of the policy, with the return of unearned premium. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. The Supplemental Application shall be the basis of any insurance policy that may be issued.

I understand that underwriters shall rely upon the information contained in this supplemental application form to determine the acceptability, rates and coverages proposed. The information contained in this form is accurate and true.

Signature of Applicant: _____

Name & Title: _____ Date: _____

*Signature must be of owner, executive officer or partner of company