



CONTRACTORS' SUPPLEMENTAL APPLICATION

1. Named Insured: _____
2. Years In Business Under Current Name: _____
3. List all Previous Business Names: _____
4. Contractors License Number: _____
5. States In Which You Are Licensed To Do Business: _____
6. Provide a detailed description of your contracting operations, including any discontinued or planned operations.

7. Any other operations insured elsewhere or under a wrap-up policy? ☐ Yes ☐ No
If yes, please describe: _____

8. Percentage of Work performed as a:
 - a) General Contractor: _____
 - b) Sub Contractor: _____
9. Percentage of Work that is:
 - a) Commercial: _____
 - b) Residential: _____
 - c) Industrial: _____
 - d) Other (describe): _____
10. Percentage of Work that is:
 - a) New Construction: _____
 - b) Remodel/Repair: _____
11. Do you perform new residential construction and/or development of more than 10 single family dwellings, town home units, or condominium units in a single subdivision, association or development? ☐ Yes ☐ No
If yes, how many new homes are worked on in a year? _____
12. Estimate for next 12 months:
Payroll: \$ _____ Sub-Contract Cost: \$ _____ Sales: \$ _____
13. Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction?
☐ Yes ☐ No
14. Do you now, or have you ever built on hillsides, slopes, landfills, 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: _____

16. Do you perform any roofing work? ☐ Yes ☐ No If yes, complete Roofing Contractors Supplemental Application

17. 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			Direct / Subbed		
Blasting	%	%	Excavation	%	%	Railroad	%	%
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%
Carpentry	%	%	Insulation	%	%	SeismicRetro-Fitting	%	%
Concrete	%	%	Landscaping	%	%	Sewer	%	%
Demolition	%	%	Marine Const.	%	%	Steel (Structural)	%	%
Drilling	%	%	Masonry	%	%	Steel (Ornamental)	%	%
Earthquake Rep	%	%	Painting	%	%	Street / Road	%	%
Electrical	%	%	Plastering	%	%	Supervisory	%	%
Other *	%	%	Plumbing	%	%	Water / Gas Mains	%	%

* Describe:

18. Do any of your operations involve:

- a) Asbestos Removal? ☐ Yes ☐ No
- b) Pile Driving, shoring or underpinning? ☐ Yes ☐ No
- c) Blasting? ☐ Yes ☐ No
- d) Demolition? ☐ Yes ☐ No
- e) Railroad easement? ☐ Yes ☐ No
- f) Synthetic Stucco (EIFS)? ☐ Yes ☐ No
- g) Work above 3 stories? ☐ Yes ☐ No
- h) Cranes, cherry pickers, manlifts or personnel lifts? ☐ Yes ☐ No
- i) Mold remediation? ☐ Yes ☐ No
- j) Virus remediation? ☐ Yes ☐ No
- k) Caisson work? ☐ Yes ☐ No
- l) Controlled burns or burning of debris? ☐ Yes ☐ No
- m) Underground work? ☐ Yes ☐ No

If Yes, do you contact utility companies to have lines marked prior to digging?

☐ Yes ☐ No

Do you perform directional boring?

☐ Yes ☐ No

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

☐ Yes ☐ No

n) Movement of or work on load bearing walls? ☐ Yes ☐ No

If Yes, does an architect or engineer sign off on the plans? ☐ Yes ☐ No

If so, what percentage of your jobs involve load bearing wall work?

o) Highway or Right-of-Way work? ☐ Yes ☐ No

p) The use of chemicals, acids, corrosives or toxins, other than detergent or bleach? ☐ Yes ☐ No

If Yes, please describe: _____

CONTROLLING THE SUBCONTACTORS EXPOSURE

If you NEVER hire subcontractors please check here ☐ and skip to next section-Historical Premium Basis.

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

3. a) Do you require your subcontractors to carry General (Public) Liability Insurance? ☐ Yes ☐ No

b) Do you require that you are named as an Additional Insured on their policies? ☐ Yes ☐ No

c) What limit of liability do you require your subcontractors to carry? _____

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

HISTORICAL PREMIUM BASIS

1. 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	\$	\$	\$

2. Please describe the five largest projects undertaken by you in the past five years:

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

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

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

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

5. 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

4. Do you purchase or own any of the properties where you perform contracting operations? ☐ Yes ☐ No

If yes, please describe the work, the type of property and what will be done with the property once work is complete:

Signature of applicant: _____

Date: _____