

# CONTRACTOR'S SUPPLEMENTAL APPLICATION

## General Contractor/Artisan Contractor

(To be attached to ACORD applications)

NAME AND MAILING ADDRESS OF APPLICANT:

LOCATION ADDRESS:

- 
1. Time in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_  
Licensed? ☐ Yes ☐ No Year of license: \_\_\_\_\_ License #: \_\_\_\_\_ Kind of License: \_\_\_\_\_  
Any previous/current license in another other state? ☐ Yes ☐ No If so, list state(s): \_\_\_\_\_
2. Percentage of Operations: General Contractor \_\_\_\_\_% Developer \_\_\_\_\_%  
Subcontractor \_\_\_\_\_% With Penalty Clause \_\_\_\_\_%  
Construction Manager \_\_\_\_\_% (for a fee only)
3. Are there any other operations owned, operated, or managed by you? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_  
Is coverage in place elsewhere for these operations? ☐ Yes ☐ No
4. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_
5. Radius of operations from main location: \_\_\_\_\_ States worked in: \_\_\_\_\_
6. Payroll of owners, officer, and partners active at job sites or performing supervisory duties \$ \_\_\_\_\_  
Payroll of employees other than owners, officers, partners, and clerical \$ \_\_\_\_\_  
Cost of leased, temporary, staffing service, casual labor (if not included above) \$ \_\_\_\_\_  
Total payroll \$ \_\_\_\_\_
7. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? ☐ Yes ☐ No
8. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? ☐ Yes ☐ No  
Explain: \_\_\_\_\_

9. List the percentage of work you have done or plan to do in the following categories:

Overall operations: Commercial \_\_\_\_\_% Public Works \_\_\_\_\_% Residential \_\_\_\_\_%  
Other (explain) \_\_\_\_\_%

Commercial: New _____% or Remodel _____%		Residential: New _____% or Remodel _____%	
Industrial	_____%	Apartments	_____%
Institutional	_____%	Condominiums/Townhouses	_____%
Mercantile	_____%	Custom Homes	_____%
Office	_____%	Tract Homes	_____%
Remodeling – Structural	_____%	Remodeling – Structural	_____%
Remodeling – Nonstructural	_____%	Remodeling – Nonstructural	_____%
Other:	_____%	Other:	_____%
Have you ever been or are currently involved in any residential project exceeding twenty (20) homes/units?			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. **SUBCONTRACTORS**

Do you obtain Certificates of Insurance for GL and WC from all subcontractors? ☐ Yes ☐ No

What are the minimum General Liability limits you require? \_\_\_\_\_

Are written contracts obtained from all subcontractors ☐ Yes ☐ No

Do all contracts contain a Hold Harmless clause in your favor? ☐ Yes ☐ No

Are you named as an Additional Insured on all subcontractor policies? ☐ Yes ☐ No

Do you normally use the same subcontractors? ☐ Yes ☐ No

Do you use any casual labor? ☐ Yes ☐ No

Do you use any leased employees? *If yes, provide copy of contract.* ☐ Yes ☐ No

Are you responsible for providing benefits, Worker's Compensation for these employees? ☐ Yes ☐ No

What percentage of your work do you sub out? \_\_\_\_\_%

Do you carry Worker's Compensation insurance? ☐ Yes ☐ No

11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5 <sup>th</sup> prior year	\$ _____	\$ _____	\$ _____
4 <sup>th</sup> prior year	\$ _____	\$ _____	\$ _____
3 <sup>rd</sup> prior year	\$ _____	\$ _____	\$ _____
2 <sup>nd</sup> prior year	\$ _____	\$ _____	\$ _____
Last year	\$ _____	\$ _____	\$ _____
Projected next 12 months	\$ _____	\$ _____	\$ _____

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$ _____	
		\$ _____	
		\$ _____	

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

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	
	\$	

14. Please provide the dollar value of an average completed job (including all materials, equipment, and labor):  
\$ \_\_\_\_\_

15. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_

16. Is there any equipment rental to others? ☐ Yes ☐ No If yes, sales/receipts: \$ \_\_\_\_\_  
List equipment: \_\_\_\_\_  
Attach a copy of the contract.

17. Do you lease mobile equipment? ☐ Yes ☐ No With operators? ☐ Yes ☐ No  
Type of equipment: \_\_\_\_\_  
Do you use cranes? ☐ Yes ☐ No Maximum length of boom: \_\_\_\_\_

18. Do you or have you performed repairs of fire damage, water damage, or mold damage? ☐ Yes ☐ No

19. Do you use explosives? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

20. Any flammables stored on site? ☐ Yes ☐ No In approved containers? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

21. Have you done or do you plan any work performed for:  
 Refineries ☐ Yes ☐ No Gas Stations ☐ Yes ☐ No  
 Chemical Plants ☐ Yes ☐ No Airports ☐ Yes ☐ No  
 Railroads ☐ Yes ☐ No Hospitals ☐ Yes ☐ No  
 Public Utilities ☐ Yes ☐ No  
 Please explain: \_\_\_\_\_

22. Have you done or do you plan any project involving:  
 Caissons ☐ Yes ☐ No Piers ☐ Yes ☐ No  
 Retaining Walls ☐ Yes ☐ No Shoring ☐ Yes ☐ No  
 Underpinning ☐ Yes ☐ No Other structural engineering? ☐ Yes ☐ No  
 Please explain: \_\_\_\_\_

23. Have you in the past or do you plan any work to be above two stories in height? ☐ Yes ☐ No  
 Percentage: \_\_\_\_\_ % What is the maximum height? \_\_\_\_\_  
 Please explain: \_\_\_\_\_

24. Have you in the past or do you plan any work to be performed below ground level? ☐ Yes ☐ No  
 Percentage: \_\_\_\_\_ % What is the maximum depth? \_\_\_\_\_  
 Please explain: \_\_\_\_\_

25. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? ☐ Yes ☐ No  
 Maximum degree of slope: \_\_\_\_\_



26. Have you in the past or do you plan any repair, replace or new roofs? ☐ Yes ☐ No

Percentage of heat applications: \_\_\_\_\_ % Percentage of membrane roofing: \_\_\_\_\_ %

Please explain: \_\_\_\_\_

27. In the past three years, have you been fired or replaced on a job in progress? ☐ Yes ☐ No

Have you replaced another contractor on a job in progress? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

Were there any claims, losses, or suits against you in the past five years? ☐ Yes ☐ No

Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☐ No

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action?

☐ Yes ☐ No

Have you been accused of faulty construction in the past five years? ☐ Yes ☐ No

Have you been accused of breaching a contract in the past five years? ☐ Yes ☐ No

28. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
Abatement/Asbestos, Lead, Environmental Cleanup	\$	%	\$	%	<input type="checkbox"/>
Air Conditioning/Heating	\$	%	\$	%	<input type="checkbox"/>
Alarm Systems	\$	%	\$	%	<input type="checkbox"/>
Blasting	\$	%	\$	%	<input type="checkbox"/>
Boiler Installation	\$	%	\$	%	<input type="checkbox"/>
Caisson or Cofferdam Work/Dam	\$	%	\$	%	<input type="checkbox"/>
Carpentry – Dwellings	\$	%	\$	%	<input type="checkbox"/>
Carpentry – Interior	\$	%	\$	%	<input type="checkbox"/>
Carpentry – Other	\$	%	\$	%	<input type="checkbox"/>
Concrete Construction/Repair – Driveways, Sidewalks or Parking Areas	\$	%	\$	%	<input type="checkbox"/>
Concrete Construction/Repair – Foundations, Flat Work / Tiltup Work	\$	%	\$	%	<input type="checkbox"/>
Drilling	\$	%	\$	%	<input type="checkbox"/>
Drywall/Wallboard Installation	\$	%	\$	%	<input type="checkbox"/>
Earthquake Reinforcement	\$	%	\$	%	<input type="checkbox"/>
Electrical Work – Within Buildings	\$	%	\$	%	<input type="checkbox"/>
Electrical Work – Other	\$	%	\$	%	<input type="checkbox"/>
Escalator/Elevator – Install, Maintenance, Repair	\$	%	\$	%	<input type="checkbox"/>
Excavating/Grading of Land	\$	%	\$	%	<input type="checkbox"/>
Fireproofing	\$	%	\$	%	<input type="checkbox"/>
Gas Mains/LPG Work	\$	%	\$	%	<input type="checkbox"/>
Gas Pumps	\$	%	\$	%	<input type="checkbox"/>
Insulation	\$	%	\$	%	<input type="checkbox"/>
Masonry – (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%	<input type="checkbox"/>
Mechanical	\$	%	\$	%	<input type="checkbox"/>
Millwright/Industrial Machinery	\$	%	\$	%	<input type="checkbox"/>
Painting	\$	%	\$	%	<input type="checkbox"/>
Plastering	\$	%	\$	%	<input type="checkbox"/>
Playground Equipment – Maintenance or Repair	\$	%	\$	%	<input type="checkbox"/>
Pile Driving	\$	%	\$	%	<input type="checkbox"/>

Plumbing – Residential	\$	%	\$	%	<input type="checkbox"/>
Plumbing – Commercial	\$	%	\$	%	<input type="checkbox"/>
Road, Highway, Bridge, Overpass	\$	%	\$	%	<input type="checkbox"/>
Roofing – Residential	\$	%	\$	%	<input type="checkbox"/>
Roofing – Commercial	\$	%	\$	%	<input type="checkbox"/>
Seismic Work/Repair	\$	%	\$	%	<input type="checkbox"/>
Describe:					
Sewer/Water Mains	\$	%	\$	%	<input type="checkbox"/>
Sprinkler Installation (Buildings)	\$	%	\$	%	<input type="checkbox"/>
Steel – Ornamental	\$	%	\$	%	<input type="checkbox"/>
Steel – Structural	\$	%	\$	%	<input type="checkbox"/>
Supervisory Only	\$	%	\$	%	<input type="checkbox"/>
Swimming Pool Construction	\$	%	\$	%	<input type="checkbox"/>
Traffic Signals/Controls	\$	%	\$	%	<input type="checkbox"/>
Describe:					
Tunneling	\$	%	\$	%	<input type="checkbox"/>
Underground Tank Removal/Installation	\$	%	\$	%	<input type="checkbox"/>
Waterproofing	\$	%	\$	%	<input type="checkbox"/>
Wrecking/Demolition	\$	%	\$	%	<input type="checkbox"/>

**Fair Credit Report Act Notice:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**Fraud Warning:** ANY PERSON WHO KNOWINGLY AND WITH 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. I UNDERSTAND THAT LIQUOR LIABILITY IS A SEPARATE COVERAGE PART AND THE LIMITS REQUESTED IN THIS APPLICATION APPLY SOLELY TO LIQUOR LIABILITY COVERAGE AND MAY DIFFER FROM THE GENERAL LIABILITY LIMITS AFFORDED IN MY COMMERCIAL PACKAGE POLICY. I FURTHER UNDERSTAND THAT THE COMPANY IS RELYING UPON STATEMENTS I HAVE MADE IN THIS APPLICATION AS AN INDUCEMENT TO PROVIDE INSURANCE FOR LIQUOR LIABILITY COVERAGE.

Signed by: \_\_\_\_\_

(Named Insured)

Date: \_\_\_\_\_