



CONTRACTORS SUPPLEMENTAL INSURANCE APPLICATION

IMPORTANT: SUBMITTING AN APPLICATION DOES NOT BIND COVERAGE

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response on an additional sheet of paper and attach it to this application. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Please complete the following:

Applicant Name: _____

Doing Business As (DBA): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Legal Status: Individual Partnership Corporation Joint Venture For Profit Non-Profit
 Tax Exempt Other

Mailing Address: _____

City: _____ State: _____ Zip: _____

Area of Operations: _____

Insurance Contact: _____ FEIN: _____

2. Years in business: _____ Total experience in this type of business: _____

3. Please state the number of employees: Full-time: _____ Part-time: _____

Contract: _____ Seasonal: _____

4. Licenses Held:

License Type	License Number



- 5. Payroll: Owners/Partners: \$ _____ Employees: \$ _____
- 6. Projected cost subcontracted work (labor & materials):
Insured: \$ _____ Uninsured: \$ _____
- 7. Total receipts: \$ _____

SECTION 2: OPERATIONS

- 1. Please provide a breakdown of your work as:
General Contractor: _____% Subcontractor: _____%
Developer: _____% Construction Manager/Consultant Only: _____%

- 2. Complete the following:

% of Work	Breakdown %	% New	% Remodel	Total New/Remodel
Residential				100%
Commercial				100%
Industrial				100%
Total Work	100%			

- 3. If new residential construction work is being done, please indicate type:

- Apartments: _____% Condos/Townhouses: _____%
- Custom Homes: _____% Tract Homes: _____%

- 4. Provide a description of the type of work done by you and your employees: _____

- 5. Have you operated or been licensed under any other name(s) during the past 10 years? Yes No
If yes, please provide prior name and describe type of operations: _____

- 6. Indicate percentage of payroll for each type of construction work **performed by your employees:**

Alarm Systems	____%	Excavating	____%	Rigging	____%
Asbestos/Lead Removal	____%	Fire Proofing	____%	Roofing	____%
Blasting	____%	Fire Restoration	____%	Seismic Retrofitting	____%
Boiler Work	____%	Foundation	____%	Septic Tank	____%
Boring	____%	Framing of Buildings	____%	Sewer	____%
Bridges/Elevated Roads	____%	Gas Mains	____%	Sheet Metal Work	____%
Building Raising/Moving	____%	Grading of Land	____%	Siding	____%
Caisson/Cofferdam	____%	Insulation	____%	Soil Stabilization	____%
Work					
Cantilevered Construction	____%	Landscaping	____%	Steel (ornamental)	____%
Carpentry	____%	Maintenance	____%	Steel (structural)	____%
Communication Lines	____%	Masonry	____%	Street/Road Construction	____%
Concrete	____%	Mechanical	____%	Stevedoring	____%
Construction Defect Remediation	____%	Mold & Spore Remediation	____%	Supervisory Only	____%
Dam/Reservoir	____%		____%	Swimming Pools	____%



Construction					
Debris Removal	____%	Oil & Gas Fields	____%	Tile/Stone/Marble	____%
Demolition	____%	Painting	____%	Tunneling	____%
Dredging	____%	Pile Driving	____%	Underpinning/Shoring	____%
Drilling	____%	Pipeline/Water Main	____%	Waterproofing	____%
Dywall	____%	Plastering	____%	Water Restoration	____%
Earthquake Reinforcement	____%	Plumbing	____%	Welding	____%
EIFS	____%	Power Lines	____%	Other:	____%
Electrical	____%	Process Piping	____%		
Equipment Rental to Others	____%	Removal/Installation of Underground Tanks	____%	Total	100%

7. Any construction of the following? Airports Nuclear Plants Railroads Stadiums Subways

8. Indicate type of construction work performed by your subcontractors:

Alarm Systems	____%	Excavating	____%	Rigging	____%
Asbestos/Lead Removal	____%	Fire Proofing	____%	Roofing	____%
Blasting	____%	Fire Restoration	____%	Seismic Retrofitting	____%
Boiler Work	____%	Foundation	____%	Septic Tank	____%
Boring	____%	Framing of Buildings	____%	Sewer	____%
Bridges/Elevated Roads	____%	Gas Mains	____%	Sheet Metal Work	____%
Building Raising/Moving	____%	Grading of Land	____%	Siding	____%
Caisson/Cofferdam Work	____%	Insulation	____%	Soil Stabilization	____%
Cantilevered Construction	____%	Landscaping	____%	Steel (ornamental)	____%
Carpentry	____%	Maintenance	____%	Steel (structural)	____%
Communication Lines	____%	Masonry	____%	Street/Road Construction	____%
Concrete	____%	Mechanical	____%	Stevedoring	____%
Construction Defect Remediation	____%	Mold & Spore Remediation	____%	Supervisory Only	____%
Dam/Reservoir Construction	____%		____%	Swimming Pools	____%
Debris Removal	____%	Oil & Gas Fields	____%	Tile/Stone/Marble	____%
Demolition	____%	Painting	____%	Tunneling	____%
Dredging	____%	Pile Driving	____%	Underpinning/Shoring	____%
Drilling	____%	Pipeline/Water Main	____%	Waterproofing	____%
Dywall	____%	Plastering	____%	Water Restoration	____%
Earthquake Reinforcement	____%	Plumbing	____%	Welding	____%
EIFS	____%	Power Lines	____%	Other:	____%
Electrical	____%	Process Piping	____%		
Equipment Rental to Others	____%	Removal/Installation of Underground Tanks	____%	Total	100%

9. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? Yes No

If no, please explain: _____

10. Are Certificates of Insurance obtained from subcontractors? Yes No

11. Do you require all subs to have equal limits? Yes No

12. Are you named as an additional insured on all subcontractors' policies? Yes No



13. Do you normally use the same subcontractors? Yes No
14. If you are a Project Manager/Consultant, do you contract with the subcontractors? Yes No
15. Any work performed above four stories in height? Yes No
Maximum number of stories: _____
16. Any work performed below grade? Yes No
Maximum depth: _____
17. Is scaffolding owned, rented, or erected? Yes No
Are other contractors at the job site allowed to use such scaffolding? Yes No
18. Any mobile equipment leased from others? Yes No
Type of equipment leased: _____
Are operators provided? Yes No
19. Do you have a formal safety program in force? Yes No
20. Do you have Worker's Compensation coverage in force? Yes No
21. Any employees working under:
a. U.S. Longshoremen's and Harborworkers' Act? Yes No
b. Jones Maritime Act? Yes No
22. Do you or any of your employees hold a Real Estate Agent's license? Yes No
23. Do you own any vacant land? Yes No
a. Is property zoned? Yes No
b. Number of acres: _____
c. Do you plan to develop this property within the next policy term? Yes No
If yes, please provide details: _____
24. Have you ever been involved in any construction defect claims? Yes No
If yes, please provide details: _____
25. Do you participate in any owner-controlled insurance program (OCIP) or Wrap-Up insurance? Yes No
26. Does Applicant have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____
27. Has the Applicant or majority partner filed for bankruptcy within the past five years? Yes No

SECTION 3: CURRENT OR RECENT PROJECTS

Project Description	Cost of Project	Duration



SECTION 4: LOSS INFORMATION

- Was prior coverage ever cancelled or non-renewed? Yes No
If yes, please explain: _____
- Loss information for the past 3 years: No Losses No Prior Coverage

Year	# of Claims	Incurred Amounts	Description

SECTION 5: FRAUD WARNINGS, DECLARATION, SIGNATURES

Applicable in Arkansas, Louisiana, and West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicable in Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who



knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I hereby certify that all information is accurate to the best of my knowledge.

Signatures:

Date: _____

Applicant:

Signature

Print Name

Title