

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

CONTRACTORS SUPPLEMENTAL APPLICATION

PLEASE ATTACH THE FOLLOWING:

- **ACORD Application**
- **Five Year Currently Valued Company Loss Runs**
- **C.V./Resume of Principal (if less than three years in business)**
- **List of Proposed Named Insureds and Their Insurable Interest in Overall Business Operations**
- **Standard Subcontractor Agreement (where applicable)**
- **Standard Client Agreement**

GENERAL INFORMATION

1. Business Name _____
2. Describe all operations _____
3. Website _____
4. Years in business under current name _____ Years of experience _____
5. States in which you will do or have done business _____
6. Contractor's license numbers(s) _____
7. Does applicant currently own or operate any other business? Yes No
If yes, list name and describe operations and percentage of ownership _____
8. List and describe operations of all other business names and licenses active or inactive that applicant has used in the last five years _____

BUSINESS INFORMATION

9. Is applicant or any proposed named insured a: (check all that apply)
 Construction Consultant Construction Manager Developer
 General Contractor Subcontractor Spec Builder
 Architect/Engineer Surveyor Real Estate Agent/Broker

10. Using percentage of payroll (under Direct) and percentage of contractor costs (under Subbed), Indicate the anticipated percentage of construction work you will perform over the next 12 months (both columns for each type of applicable work should equal 100 when added together.)

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			HVAC			Seismic Retrofitting		
Bridge Work			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Ornamental		
Demolition			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Electrical			Plumbing			Water/Gas Mains		
Earthquake Damage Repair			Plastering			Other:		

11. Percentage of work projects:
 Commercial _____ Residential _____
12. Percentage of work projects:
 New Construction _____ Remodel/Repair _____
13. Project Summary – (Past, Present, Future)

Complete Unit Information for NEW Residential Starts Only

	New	Repair/ Remodel	# of Units For Next 12 Months	# of Units For previous 12 Months	# of Units 2 nd Year Prior	# of Units 3 rd Year Prior	# of Units 4 th Year Prior
Single Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Duplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Triplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Fourplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Townhomes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Condominiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Cooperatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Tract Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Apartments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Senior Living Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

14. Do you have a formal safety program in place? Yes No
15. Do you have a formal warranty program in place? Yes No
- If yes, please describe: _____

16. Do you or have you preformed any work below grade? Yes No
 If yes, maximum depth: _____ Percentage of operations: _____
17. Do you own vacant land, real estate development property, or model homes? Yes No
 If yes, please describe: _____
18. Do you or have you performed "WRAP-UP" or OCIP projects? Yes No
 If yes, please describe: _____
19. Do you or have you built on hillside, slopes, landfills, or in subsidence areas? Yes No
20. Do you lease cranes, mobile equipment, or other machinery to others? Yes No
21. Do you or have you performed any work at airports? Yes No
22. Do you or have you performed any blasting work? Yes No
23. Do you or have you performed build/demolish work on structures in excess of four stories? Yes No
24. Do you or have you performed repairs of fire, mold, or water damage? Yes No
25. Do you perform or you have performed work involving fuel tanks or pipelines? Yes No
26. Do you or have you performed removal of asbestos or other hazardous materials? Yes No
27. Do you or have you performed any shoring, underpinning, caisson or cofferdam work? Yes No
28. Do you or have you performed work under the US Longshoremen's and Harbor Worker Act? Yes No
29. Do you or have you performed work under the Jones Act? Yes No
30. Do you or have you performed bridge work? Yes No
31. Do you or have you allowed your license to be used by another contractor? Yes No
32. Provide descriptions for any "yes" responses in this section for which no details are provided:

33. Describe your four largest projects over the past five years including values: _____

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

FINANCIAL INFORMATION

35. Fill out business financial information for the last five years and estimates for the next year:

Year	Direct Payroll	Subcontractor Costs (Include labor and materials)	Gross Receipts
Next Year			
Last Year			
2 nd Year Prior			
3 rd Year Prior			
4 th Year Prior			
5 th Year Prior			

36. List total number of employees: _____
37. Have you filed bankruptcy in the past five years? Yes No

INSURANCE/SUBCONTRACTOR INFORMATION

38. Expiring carrier _____ Expiring limits _____ Expiring premium _____
39. Do you carry workers compensation insurance on your employees? Yes No
40. Do you use subcontractors in your business? Yes No
41. Do you always obtain certificates of insurance from subcontractors? Yes No
 If yes, what are the minimum General Liability Limits you require?
 Per occurrence: \$ _____ Products and completed operations aggregate \$ _____
 General aggregate \$ _____
42. Do you require all subcontractors to name you as additional insured? Yes No
43. Do you have a standard formal written contract in place with your contractors? Yes No
 If yes, does the agreement contain an indemnification/hold harmless clause in your favor? Yes No
44. How long do you maintain records of subcontractor documents noted above? _____

LOSS/CLAIM HISTORY INFORMATION

45. Have there been any losses, claims, legal actions, or suits against you in the last five years? Yes No
46. Do any of the proposed named insureds 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 claims or legal action against any proposed named insured? Yes No
47. Have you been accused of faulty construction in the past five years? Yes No
48. Have you been accused of breaching a contract in the past five years? Yes No
49. Have you ever filed any Mechanic Liens in the past five years? Yes No
50. Provide description of circumstances surrounding any "yes" responses in this section:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. This application and all attachments shall be incorporated into and made part of the policy if issued by the Company. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

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.

In 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.

In Oregon and Texas: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

Applicant's Name:	Signature
Title:	Date: