

Contractors Supplemental Application

Applicant's Name _____

Agent Name _____

Address _____

Mailing Address _____

Proposed Effective Date:

From _____ To _____

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

Applicant is: Individual Corporation Partnership Joint Venture LLC Other _____

States of Operation _____

Licensed? Yes No

Radius of Operation from main location _____ miles

License Type _____

Years of Experience _____ years

License # _____

Years doing business under current name _____ years

Limits of Liability Requested	
Each Occurrence	\$ _____
Personal & Advertising Injury	\$ _____
Products & Completed Operations Aggregate	\$ _____
General Aggregate	\$ _____
Fire Legal (any one premise)	\$ _____
Medical Expense (any one person)	\$ _____

Applicant is a (% of each)

- General Contractor _____ %
- Developer _____ %
- Owner/Builder _____ %
- Artisan/Subcontractor _____ %
- Other (please explain) _____

Other Coverages, Restrictions, or Endorsements requested:

Deductible \$ _____ BI/PD per Claim - LAE

Description of Operations

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Residential			Commercial		
New _____ %	Remodel _____ %	Demolition _____ %	New _____ %	Remodel _____ %	Demolition _____ %
Apartments _____ %			Industrial _____ %		
Condo's/Townhouses _____ %			Institutional _____ %		
Custom Homes _____ %			Mercantile _____ %		
Tract Housing _____ %			Office _____ %		
Remodeling - Structural _____ %			Remodeling - Structural _____ %		
Remodeling - Non- Structural _____ %			Remodeling - Non-Structural _____ %		
Additions _____ %			Other: _____ %		

Please indicate the Number of each you have or are planning to do in the given time period

	# of Residential Homes	# at Any 1 Project/ Development	# Condominiums/ Town homes	# of Apartments
Next 12 Months				
Prior Year				
Prior Year				
Prior Year				

Please list the 3 largest projects you have completed in the last 3 years

Description of Project	Duration	Cost

Additional Insureds

Interest	Description of Job	Cost of Job	Duration

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Operations By Applicant _____ % of Total Operations

Airports	_____	%	Fire Proofing	_____	%	Power Lines	_____	%
Asbestos Removal	_____	%	Fire/Water Restoration	_____	%	Remove/Install Tanks	_____	%
Blasting	_____	%	Insulation	_____	%	Sewer	_____	%
Bridges/Elevated Roads	_____	%	Maintenance	_____	%	Steel - Ornamental	_____	%
Carpentry	_____	%	Masonry	_____	%	Steel - Structural	_____	%
Communication Lines	_____	%	Mechanical	_____	%	Street/Road	_____	%
Concrete	_____	%	Mold Remediation	_____	%	Supervisory only	_____	%
Drilling	_____	%	Oil/Gas Fields	_____	%	Swimming Pools	_____	%
Earthquake Retrofitting	_____	%	Painting	_____	%	Tunneling	_____	%
EIFS	_____	%	Pipeline/Water Main	_____	%	Underpinning	_____	%
Electrical	_____	%	Plastering	_____	%	Waterproofing	_____	%
Excavating	_____	%	Plumbing	_____	%	Wrecking/Demolition	_____	%

Operations By Subcontractor _____ % of Total Operations

Airports	_____	%	Fire Proofing	_____	%	Power Lines	_____	%
Asbestos Removal	_____	%	Fire/Water Restoration	_____	%	Remove/Install Tanks	_____	%
Blasting	_____	%	Insulation	_____	%	Sewer	_____	%
Bridges/Elevated Roads	_____	%	Maintenance	_____	%	Steel - Ornamental	_____	%
Carpentry	_____	%	Masonry	_____	%	Steel - Structural	_____	%
Communication Lines	_____	%	Mechanical	_____	%	Street/Road	_____	%
Concrete	_____	%	Mold Remediation	_____	%	Supervisory only	_____	%
Drilling	_____	%	Oil/Gas Fields	_____	%	Swimming Pools	_____	%
Earthquake Retrofitting	_____	%	Painting	_____	%	Tunneling	_____	%
EIFS	_____	%	Pipeline/Water Main	_____	%	Underpinning	_____	%
Electrical	_____	%	Plastering	_____	%	Waterproofing	_____	%
Excavating	_____	%	Plumbing	_____	%	Wrecking/Demolition	_____	%

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Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Including Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			
Prior Year			

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Do you or any of your employees hold a Real Estate License? Yes No

If Yes, under what name? _____ If same name we would need to exclude.

Any operations outside of contracting? Yes No

If yes, please describe. _____

Do you lease mobile equipment from others? Yes No

If yes, please describe what equipment and from whom. _____

Do you own vacant land or real estate development property? Yes No

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If yes, please describe _____

Do you have Workers Compensation Coverage in force? Yes No

Do you lease employees from others? Yes No

Do you lease employees to others? Yes No

Are any operations insured elsewhere by an Owner Controlled Insurance Program (OCIP), also referred to as Wrap-Up Coverage? Yes No

If yes, please describe. _____

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

Please list all executive officers, partners, or owners. _____

Have you ever had a construction defect claim/loss or been involved in a class action construction defect suit? Yes No

If yes, please describe/ _____

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ **Date** _____

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Agents Signature _____ Date _____