



Underwriting Service Management Co

P.O. Box 323
Tylersport, PA 18971
(215)647-9600

CONSTRUCTION MANAGER/CONSULTANT'S SUPPLEMENTAL APPLICATION

****COMPLETE IN ADDITION TO ACORD COMMERCIAL GENERAL LIABILITY**

APPLICATION**

APPLICANT NAME:

APPLICANT ADDRESS:

WEBSITE:

1. Years of experience as a consultant:
2. Estimated sales for the policy term: \$
3. Estimated gross payroll: \$
4. Estimated Construction value of all projects in which you will be involved in during the policy term: \$
5. Please list and describe the last five (5) projects completed:

Job Location	Amount of your Sales	Construction value of project	Did you contract with any subcontractors directly?	Term of Project
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Please list and describe the last five (5) projects currently underway:

Job Location	Estimated Amount of your Sales	Estimated Construction value of project	Did you contract with any subcontractors directly?	Estimated Term of Project
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. What percentage of your work is at the project sites vs performed within the office? %
8. Do you carry separate Professional Liability Coverage? Yes No
If "Yes", please provide carrier, limits of liability and effective dates of coverage:

9. Please provide details on any liability claims made against you in the past three (3) to five (5) years, including professional liability:

10. Are you named as an Additional Insured on the subcontractor's policies? Yes No
11. Are you named as an Additional Insured on the Owner's/Client's policies? Yes No
12. Do you require a waiver of subrogation endorsement from subcontractors? Yes No

13. Do you require a waiver of subrogation endorsement from the owner/client? Yes No
14. Do you sign a contract with your clients? Yes No
 If "Yes",
 a. What type: Yes No
 b. Does it contain indemnification and/ or "hold harmless" wording? Yes No
 c. Is the indemnification and "hold harmless" wording mutual and does it favor one party over the other? Yes No
15. Do you sign contracts or work orders with the subcontractors? Yes No
 If "Yes", Is it signed in your name? Yes No
16. Do you sign contracts or work orders on behalf of your client? Yes No
 If "Yes", do you have permission from your client to sign contracts or work orders with subcontractors on their behalf?

THE FOLLOWING SET OF QUESTIONS APPLY TO YOUR INVOLVEMENT WITH SUBCONTRACTORS

1. Are you responsible for hiring/firing all subcontractors on all jobs you are involved with? Yes No
2. Will you exercise control over any contractor activities or direct their activities in any way? Yes No
3. Will all contractors at the projects understand that you are present to observe their work and that you can't instruct them on how they should perform their work? Yes No

For projects where you directly contract with subcontractors, please provide the following:

4. If you are contracting with subcontractors directly, what is the estimated subcontractor costs of such contracts for the policy term: \$
5. What is the amount of sales related to jobs where you directly contract with subcontractors: \$
6. Please explain why and when you would directly contract with subcontractors vs. acting as an 'owner's rep':
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7. When entering into contracts directly with subcontractors, do you sign contracts and receive hold harmless, indemnification and Additional Insured wording in your favor? Yes No
 a. Please provide two (2) Executed contracts and certs from when you recently contracted directly with Subcontractors.

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.
 I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE