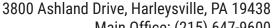


Construction Manager/Consultant's Supplemental Application

(Complete in Addition to Acord Commercial General Liability Application)

Applicant Name:					
Applicant Address:					
Website:					
Years of experience as a cor	nsultant:				
Estimated sales for the policy term: \$					
Estimated gross payroll: \$					
Estimated Construction value of all projects in which you will be involved in during the policy term: \$					
Estimated Construction valu	e of all projects in which y	ou will be involved in during the	policy term: \$		
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	
	\$	\$	Yes No		
	\$	\$	Yes No		
	\$	\$	Yes No		
	\$	\$	Yes No		
	\$	\$	Yes No		
	\$	\$	Yes No		
Please list and describe the	last five (5) projects curre	ently underway			
		Estimated Construction Value of Project	Did you contract with any subcontractors directly?	Estimated Term of Project	
	\$	\$	Yes No		
	\$	\$	Yes No		
	\$	\$	Yes No		
	\$	\$	Yes No		
	\$	\$	☐ Yes ☐ No		
	\$	\$	Yes No		
			- 		



Main Office: (215) 647-9600

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Construction Manager/Consultant's Supplemental Application (continued) Yes Do you carry separate Professional Liability Coverage? If "Yes", please provide carrier, limits of liability and effective dates of coverage: Please provide details on any liability claims made against you in the past three (3) to five (5) years, including professional liability: Are you named as an Additional Insured on the subcontractor's policies? Yes Are you named as an Additional Insured on the Owner's/Client's policies? Yes No Do you require a waiver of subrogation endorsement from subcontractors? Yes No Do you require a waiver of subrogation endorsement from the owner/client? Yes Do you sign a contract with your clients? Yes No If "Yes". a. What type: 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 Do you sign contracts or work orders with the subcontractors? Yes No If "Yes", Is it signed in your name? Yes No Do you sign contracts or work orders on behalf of your client? No Yes If "Yes", do you have permission from your client to sign contracts or work orders with subcontractors on Yes No their behalf? THE FOLLOWING SET OF QUESTIONS APPLY TO YOUR INVOLVEMENT WITH SUBCONTRACTORS Are you responsible for hiring/firing all subcontractors on all jobs you are involved with? Yes Will you exercise control over any contractor activities or direct their activities in any way? Yes No Will all contractors at the projects understand that you are present to observe their work Yes and that you can't instruct them on how they should perform their work?



Construction Manager/Consultant's Supplemental Application (continued)

For projects where you directly contract with subcontractors, please provide the	he following:
If you are contracting with subcontractors directly, what is the estimated subco \$:	ontractor costs of such contracts for the policy term:
What is the amount of sales related to jobs where you directly contract with sub	bcontractors:\$
Please explain why and when you would directly contract with subcontractors v	rs. acting as an 'owner's rep":
When entering into contracts directly with subcontractors, do you sign contracts indemnification and Additional Insured wording in your favor? a. Please provide two (2) Executed contracts and certs from when you recently	
FRAUD WARNING Any person who knowingly and with intent to defraud any insurance compan orstatement of claim containing any materially false information, or conconcerning any fact material thereto, may be committing a fraudulent insurance.	ceals for the purpose of misleading, information
DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS AF I have reviewed the contents of this application and with my signature, d statements herein are true and no material facts have been suppressed of may be inspected by the Insurance	leclare that to the best of my knowledge that all or misstated. I am also aware that my operation
SIGN AND DATE	
Applicant Printed Name:	
Applicant Signature:	Date:
Agent or Broker's Name:	License No.:
Agent or Broker's Signature:	Date: