

## Contractor Supplemental Application

(Submit in addition to Acord Applications)

Named Insured: \_\_\_\_\_ Agency: \_\_\_\_\_

Insureds Website: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GENERAL INFORMATION

1. Type of contracting operation: \_\_\_\_\_

2. Years experience in this type of operation: \_\_\_\_\_

3. Years in business under this business name and same management \_\_\_\_\_

4. Has the applicant changed names in the last 5 years or operated other business entities?  Yes  No

**If Yes, please explain:** \_\_\_\_\_

5. Has the applicant discontinued operations in the last 10 years?  Yes  No

**If Yes, please explain:** \_\_\_\_\_

### 6. Provide payroll and receipt data:

Annual Payroll	Prior Year Payroll	2nd Year Prior Payroll
Annual Receipts	Prior Year Receipts	2nd Year Prior Receipts

7. Demographics of the applicant's business:

#### Work Profile

Work Performed	Interior/Exterior Operations	Project Types	Construction Contracts
New %	Interior %	Wrap Up %	GCs %
Structural Renovation %	Exterior (At Grade) %	Non-Wrap %	Prime Contractor %
Other Renovation %	Exterior (Above Grade) %	<b>Total 100%</b>	Subcontractor %
Condo Conversion %	<b>Total 100%</b>		CM %
Maintenance %			Building Supply Co. %
Demolition %			Owner (i.e. Government/Institution Land or Property Owner) %
<b>Total 100%</b>			Property Manager %
			<b>Total 100%</b>

  

Select sub-industries that apply, if any:	
<input type="checkbox"/> Concrete Contractor	<input type="checkbox"/> Street and Road Contractor
<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Underground Contractor
<input type="checkbox"/> Mechanical Contractor	

Contractor Supplemental Application (continued)

**Construction Projects**

Building		Non-Building	
Commercial Building	%	Surface Transportation	% (i.e. Road/Bridge/Rail)
Industrial Building	%	Energy Related	% (i.e. Wind/Solar/Other)
Institutional Building*	%	Utility – under or above ground	% (i.e. Water/Sewer/Gas/Other)
Residential Building*	%	Other	% (i.e. Grading/Levee/Dam)
<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>

8. # Full time employees: \_\_\_\_\_ # Part time employees: \_\_\_\_\_ # Job specific hires annually: \_\_\_\_\_ = \_\_\_\_\_

**Workforce**

Core Labor		Field Supervision	
Average size of workforce _____	> 15% Turnover _____	Average size of workforce _____	> 15% Turnover _____
	11-15% _____		11-15% _____
	0-10% _____		0-10% _____

9. As part of the hiring practices, does the applicant perform:

- a. Pre hire/Post hire physical examinations?  Yes  No
- b. Pre hire/Post hire drug & alcohol screenings?  Yes  No
- c. Use an Employee Leasing Company?  Yes  No
- d. Are all hires subject to background checks?  Yes  No

10. Employee training provided?

- a. At hire?  Yes  No
- b. Annually?  Yes  No
- c. Specific to project?  Yes  No
- d. Continuing education requirements?  Yes  No

**APPLICANT'S OPERATIONS**

1. Work two stories or below: \_\_\_\_\_ % Work above two stories: \_\_\_\_\_ % > 10 stories: \_\_\_\_\_ % = 100%

2. Does the applicant rent construction equipment to others with or without operators?  Yes  No

**If Yes, please attach a copy of the rental agreement.**

3. Does the applicant use scaffolding?  Yes  No

**If Yes, to what height? \_\_\_\_\_ feet**

Contractor Supplemental Application (continued)

4. Does the applicant allow other contractors at the jobsite to use their scaffolding?  Yes  No

**If Yes, explain what risk transfer is used:** \_\_\_\_\_

5. Does the applicant contact utilities prior to digging?  Yes  No

**If Yes, do they record the locate ticket, wait for required "wait period" and renew the locate ticket before it expires?**  Yes  No

6. Does the applicant rent cranes?  Yes  No

To others  or from others  With operators  or without operators

7. Project site security:

a. Is job site secured?  Yes  No

**Locked?**  Yes  No **Fenced?**  Yes  No

b. Is job site security provided at night?  Yes  No

c. Security services are subcontracted?  Yes  No

d. Are security services armed?  Yes  No

8. Are pre-construction job site hazard analysis performed?  Yes  No

a. All jobs?  Yes  No

b. Based on size & complexity?  Yes  No

9. Does the company have a written Safety Program?  Yes  No

**If Yes, does the program include:**

a. Regular safety meetings?  Yes  No

b. New employee orientation policy and training?  Yes  No

c. Supervisor training (Competent Person)?  Yes  No

d. Vehicle safety policies, including distracted driving policy?  Yes  No

e. Guidelines for personal auto used in business of insured?  Yes  No

f. Guideline for personal use of insured vehicle?  Yes  No

g. Written job safety procedures?  Yes  No

h. Fall protection policy and training?  Yes  No

i. Mobile equipment procedures and training?  Yes  No

j. Material handling/lifting training?  Yes  No

k. Providing required PPE (personal protective equipment) with training on proper use?  Yes  No

10. Quality Control Program:

a. Certificate of Insurance (COI) is obtained from all suppliers?  Yes  No

b. Foreign made materials to be installed are imported directly by the contractor?  Yes  No

c. 'Completed projects' records include photographs, documentation, and sign off by the customer(s)?  Yes  No

Contractor Supplemental Application (continued)

**CONTRACTING INFORMATION (if applicable please reply to the following questions)**

**Contracts (When account is in the HIGHER TIER position, even if they principally operate as a subcontractor)**

1. Does the applicant hire subcontractors?  Yes  No

**IF YES, ATTACH A COPY OF THE CONTRACT USED**

If Yes, does the applicant use a written contract all the time?  Yes  No

**IF YES, ATTACH A COPY OF THE CONTRACT**

Which of the following does the applicant's contract require?

- a. Subcontractor will provide DEFENSE, INDEMNIFICATION & HOLD HARMLESS protection to the fullest extent permitted by law?  Yes  No
- b. Subcontractor is required to add as an Additional Insured (AI) for Premises/Operations AND Completed Operations?  Yes  No
- c. Provides PRIMARY & NONCONTRIBUTORY status on AI position?  Yes  No
- d. Require insurance carrier minimum AM Best of A- or better?  Yes  No
- e. Specify minimum limits subcontractor must carry?  Yes  No
- f. The contract has been reviewed within the past 3 years by an attorney with contract law experience in all states where work is performed?  Yes  No
- g. Require AI endorsement for a specified period after job is completed?  Yes  No
- h. Have a designated person with responsibility for maintaining oversight of all contracts, including management of the evidence of continuing insurance throughout the duration of the project(s)?  Yes  No
- i. Receive copies of AI endorsements (annually)?  Yes  No

2. Annual cost (cost includes labor and materials): \_\_\_\_\_

3. Percentage of work subbed out: \_\_\_\_\_%

**4. List type of trade contracted:**

Work type subcontracted	Cost or % of total costs

**CONTRACTS THE ACCOUNT ENTERS WHEN ACTING AS A SUB-CONTRACTOR**

1. Owner or assigned individual reviews all contracts for acceptability of indemnity and insurance requirement provisions?  Yes  No

2. As a sub-contractor, unacceptable indemnity or insurance requirements are altered to be favorable or the project is not bid/accepted?  Yes  No

Contractor Supplemental Application (continued)

**CONSTRUCTION DEFECTS**

1. Within the past 10 years does the applicant have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that may potentially give rise to any future claim or legal action?  Yes  No  
**If Yes, please explain:** \_\_\_\_\_
2. Within the past 10 years has the applicant been named in any claims and/or litigation regarding faulty or defective construction or workmanship?  Yes  No  
**If Yes, please explain:** \_\_\_\_\_
3. Does the applicant retain all job files for at least the statute of repose time period for each state where you do work?  Yes  No
4. Does the applicant have a formal and documented quality control program?  Yes  No

**POLLUTION**

1. Have you had any pollution-related losses or events in the last 5 years?  Yes  No  
**If Yes, please explain:** \_\_\_\_\_
2. Are you aware of any circumstance you have been involved that could result in a pollution-related claim?  Yes  No  
**If Yes, please explain:** \_\_\_\_\_
3. In the past 5 years, have you been cited or fined for any contracting activities?  Yes  No  
**If Yes, please explain:** \_\_\_\_\_
4. Do you handle, transport, store on site, or deliver fuel or other pollutants?  Yes  No
5. If SPEC (Stand Alone Pollution Policy) is requested please provide the following information:  
 Carrier (current): \_\_\_\_\_  
 Limits: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_ Retention: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

Contractor Supplemental Application (continued)

**JOB LISTING**

Please list the last 10 jobs the applicant has worked on during the last year, or attach a copy of jobs completed in the last 12 months.

Job Description	Location (city, state)	Duration of Job	Cost

1. List all states the applicant has performed work in the last 10 years: \_\_\_\_\_  
 \_\_\_\_\_

2. List all states the applicant expects to perform work this year: \_\_\_\_\_  
 \_\_\_\_\_

3. Average size of jobs (cost): \_\_\_\_\_

4. On average, how many jobs are ongoing at the same time? \_\_\_\_\_

5. How many jobs were completed during the last 12 months? \_\_\_\_\_

6. Does the applicant use a written contract with **all customers**?  Yes  No

7. How long does the applicant maintain records of contracts and job records? \_\_\_\_\_

8. Radius work is performed from base locations:  
 < 50 Miles: \_\_\_\_\_% 50-200 Miles: \_\_\_\_\_% > 200 Miles: \_\_\_\_\_% **Total = 100%**

9. On average, number of job sites attended by a core worker: \_\_\_\_\_

10. Do job sites involve work near or on roadways or walkways?  Yes  No

11. Hours of operation:  
 Day work: \_\_\_\_\_% Night work: \_\_\_\_\_% 7 days per week: \_\_\_\_\_% 24 hour: \_\_\_\_\_% **Total 100%**

Contractor Supplemental Application (continued)

## Contractor Supplemental Addendum

Contractors Name: \_\_\_\_\_

Number of Licensed Professionals: **Plumbers and Gasfitters** Master \_\_\_\_\_ Journeymen \_\_\_\_\_ Apprentices \_\_\_\_\_  
**Electricians** Master \_\_\_\_\_ Journeymen \_\_\_\_\_ Apprentices \_\_\_\_\_  
**Boiler** Master \_\_\_\_\_ Journeymen \_\_\_\_\_ Apprentices \_\_\_\_\_

**Mechanical Construction self-performed operation estimates for typical year (unshaded to total to 100% by category)**

Project Type	New %	Rehab %	Other Contractor Features	%	Customer/Occupancy Type	%	
Electrical Source			Typical job duration		Bio-technology	%	
Ultra-Low Voltage <50V	%	%	• Less than a day	%	Commercial (office or retail)	%	
Low Voltage <100V	%	%	• One day to two days	%	Institutional (schools, church)	%	
High Voltage >1000V <35KV	%	%	• More than 2 days	%	Industrial and Manufacturing	%	
Extremely High Voltage >35KV	%	%	• Ongoing at a Facility(s)	%	Processing; Petrochem	%	
Nature of Service			Typical size of job (revenue)	\$	Processing; nonPetrochem	%	
Air conditioning	%	%	Typical work heights		Residential (single family)	%	
Boiler Installation/Service	%	%	• Below Ground level	%	Residential (multifamily)	%	
• Low Pressure	%	%	• Ground level	%	Technology	%	
• High Pressure	%	%	• <10' Above grade	%	Transportation Centers	%	
• Processing	%	%	• >10' Above grade	%	Radius of operation		
• Heating	%	%	Modularization (e.g. built system)	Y/N	Local (50 miles or less)	%	
Cooling Tower or Chiller	%	%	• Electrical		Intermediate (50 to 100)	%	
Heating – install or service	%	%	• Plumbing		Long Distance (>100)	%	
• Household type	%	%	Environmental condition worked		Y/N	Hours of Operation	
• Commercial	%	%	• Confined Spaces		Daytime (day light hours)	%	
Generator installation	%	%	• Explosive (e.g. dust, gas, fumes)		Night work	%	
• 14kW or less	%	%	• Hot/Energized		Weekends	%	
• 14kW to 100kW	%	%	• Wet Environments		24/7	%	
• Greater than 100kW	%	%	• Occupied and active facility				
Geothermal systems	%	%	• Other				
• Mechanical	%	%	Equipment Deployed		Y/N		
• Ground Loop	%	%	Aerial Lifts				

Contractor Supplemental Application (continued)

**Mechanical Construction self-performed operation estimates for typical year (unshaded to total to 100% by category) (continued)**

Project Type	New %	Rehab %	Other Contractor Features	%	Customer/Occupancy Type	%
Nature of Service (cont.)			Equipment Deployed (cont.)	Y/N		
Millwright	%	%	Bucket Trucks			
Plumbing – install or service	%	%	Rented Cranes with operator			
• Household	%	%	Scaffolding			
• Commercial	%	%	Self-operated cranes			
• Industrial	%	%	Professional Design Work	Y/N		
• Process Piping	%	%	If Yes:			
Refrigeration	%	%	• Inhouse	%		
• Commercial (Retail)	%	%	• Outsourced	%		
• Industrial	%	%	Inspection Services	Y/N		
• Industrial Ammonia System	%	%				
• All other industrial	%	%				
Sheet metal fabrication	%	%				
Steam pipe/boiler insulation	%	%				
Tank or vessel	%	%				
• Non-pressurized	%	%				
• Pressurized	%	%				

**Revenue (all sources to add to 100%)**

Private	Public (Government)	Public (Private Partnership)