

## Glazier - Window - Door Supplement

(Complete In Addition to Acord Applications)

Applicant Name:	_____
	_____
Applicant Address:	_____
	_____

Agency Name:	_____
Address:	_____
	_____
Phone	_____

<b>Residential Work%</b>	<b>Commercial Work %</b>	<b>Industrial Work %</b>	<b>Municipal Work %</b>
_____	_____	_____	_____

### States Of Operation

State	Percentage of Work	State	Percentage of Work
_____	_____	_____	_____
_____	_____	_____	_____

### Description of three largest jobs

Description of Job	Location	Date	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Percentage of Work Performed

Store Fronts _____%	Offices _____%	Skylights _____%	Ornamental Metal _____%
Windows/Doors _____%	Curtain Walls _____%	Showers/Mirrors _____%	Other _____%
Railings _____%	Exterior _____%	Cladding _____%	

Describe Railings: \_\_\_\_\_

Describe Exterior: \_\_\_\_\_

Describe Other: \_\_\_\_\_

Glazier - Window - Door Supplement (continued)

**General Information Section**

**Number of Employees** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_

**Annual Payroll** Current Year \_\_\_\_\_ 1st Prior \_\_\_\_\_ 2nd Prior \_\_\_\_\_

**Annual Receipts** Current Year \_\_\_\_\_ 1st Prior \_\_\_\_\_ 2nd Prior \_\_\_\_\_

**Does the applicant sign a written contract with its customers? (If yes, attach a sample copy)**  Yes  No

**Are subcontractors used?**  Yes  No Cost \$ \_\_\_\_\_

**Does the applicant sign a contract with the subcontractors? (Attach a sample copy)**  Yes  No

**Does the applicant work as a subcontractor?**  Yes  No

**Does the applicant sign a written contract when working as a subcontractor? (If yes, attach a copy)**  Yes  No

**Subcontractor duties performed (two most recent jobs)**

Description of Job	Cost
_____	\$ _____
_____	\$ _____

How are subcontractors and their work supervised?

Does applicant obtain Certificates of Insurance for: GL  Yes  No Workers Comp  Yes  No

Limits of insurance required from subcontractors: \$ \_\_\_\_\_

Is the applicant named as an additional insured and held harmless on the subcontractors GL policy?  Yes  No

**Attach a copy.**

**Miscellaneous Information**

Does the applicant perform any municipal work?  Yes  No

**If yes, please describe:** \_\_\_\_\_

Does the application perform any manufacturing?  Yes  No

**If yes, please describe:** \_\_\_\_\_

Does the applicant install replacement window work in apt buildings that are more than 4 family?  Yes  No

**If yes, please describe:** \_\_\_\_\_

Does the applicant perform sandblasting?  Yes  No

**If yes, please describe:** \_\_\_\_\_

Glazier - Window - Door Supplement (continued)

Does the applicant perform work in airports or transit systems?  Yes  No

**If yes, please describe:** \_\_\_\_\_

Any rooftop work?  Yes  No

**If yes, please describe:** \_\_\_\_\_

Any exterior work or work in excess of two stories?  Yes  No

**If yes, please describe:** \_\_\_\_\_

Does the applicant have a website?  Yes  No

**If yes, please provide:** \_\_\_\_\_

**Attach copy of the applicant's standard written contract AND a copy of the applicant's two most recent customers written contracts.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_