

Contractor Supplement

(Complete In Addition to Acord Applications)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant Information

Name: _____

Is the Applicant or any proposed named Insured a:

- Consultant
 Developer
 Owner/Builder
 Subcontractor/Artisan
 Const. Manager
 General Contractor
 Other: _____

State/Area of Operations: _____ License # & Expiration: _____

Radius of Operations from Main Location: _____ Does Insured Hold any other License? Yes No

If yes, describe: _____

Details of Operations

1. Indicate the % of work on a typical project performed by the following:

| | | |
|----------------------------------|--------------------------|---------------------------|
| Casual Labor _____ % | Subcontractors _____ % | Volunteer Workers _____ % |
| Uninsured Subcontractors _____ % | Leased Employees _____ % | Other: _____ % |

2. Indicate the % of work on a typical project:

| | | |
|--------------------------|------------------------------------|--------|
| Residential Work _____ % | Commercial Work _____ % | = 100% |
| New Construction _____ % | Renovation/Remodeling Work _____ % | = 100% |

3. For New Residential work, indicate the % of work on a typical project:

| | | |
|----------------------|---------------------|--------|
| Custom Homes _____ % | Tract Homes _____ % | = 100% |
|----------------------|---------------------|--------|

Tract Homes are defined as more than 20 starts in any one year

4. If this is a **NEW** operation, has any work been started or completed prior to insurance being put in place? Yes No

5. If this is an **ONGOING** operation, has the applicant been uninsured for more than **45 days prior** to the expected date insurance will start? Yes No

6. Are there any other operations owned, operated, or managed by you? Yes No

If yes, explain: _____

Contractor Supplement (continued)

Rating Exposure Basis

| | Current Year | 1st Prior Year | 2nd Prior Year | 3rd Prior Year | 4th Prior Year |
|----------------------------|--------------|----------------|----------------|----------------|----------------|
| Annual Gross Receipts | | | | | |
| Employee Payroll | | | | | |
| Cost of Subcontracted work | | | | | |

7. List all active owners, partners, officers and their job duties/ responsibilities:

| Individual | Duties/Responsibilities |
|------------|-------------------------|
| | |
| | |
| | |

a. Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent/broker? Yes No

If yes, explain: _____

b. If Yes, has professional liability coverage been obtained covering that exposure? Yes No

8. Does the applicant have a permanent yard for the storage or maintenance of equipment and material? Yes No

If yes, please provide annual payroll for employees who work solely in the yard: \$ _____

9. List all employed supervisors- who supervise through foremen- and their actual payroll:

| Individual | Duties/Responsibilities | Payroll |
|------------|-------------------------|---------|
| | | \$ |
| | | \$ |
| | | \$ |

Subcontractors Exposures

If you NEVER hire subcontractors please check here and skip to the next section - Other Exposures.

10. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for General Liability Insurance? Yes No

If Yes, what limits of liability: \$ _____ \$ _____ \$ _____
Occurrence Aggregate Products

11. Do you normally use the same subcontractors? Yes No

12. Do you require that all subcontractors add you (named insured) as Additional Insured on a primary & noncontributory basis? Yes No

13. Do you have use a contract for all subcontractors that has a hold harmless agreement in your favor? Yes No

Contractor Supplement (continued)

Type of Work Performed

14. Please indicate any work or operations involving the following, even if subbed out: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Painting - Exterior |
| <input type="checkbox"/> Appliance Installation (Residential) | <input type="checkbox"/> Flooring Installation (not stone or tile) | <input type="checkbox"/> Smoke/Fire/Water Restoration |
| <input type="checkbox"/> Appliance Installation (Commercial) | <input type="checkbox"/> Glass or Glazing Work | <input type="checkbox"/> Retaining Walls |
| <input type="checkbox"/> Concrete Construction | <input type="checkbox"/> High Pressure Cleaning | <input type="checkbox"/> Shoring/Underpinning |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Inspection or Appraisal Work | <input type="checkbox"/> Sign Manufacturing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Sign Erection, Install, Repair |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Locksmith Services | <input type="checkbox"/> Trucking |
| <input type="checkbox"/> Debris Removal (construction site) | <input type="checkbox"/> Metal Fabrication/Erection - Structural | <input type="checkbox"/> Tile, Stone, Terrazzo |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Metal Fabrication/Erection Ornamental | <input type="checkbox"/> Waxing Floors |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mold/Fungus Remediation Work | <input type="checkbox"/> Window or Door Installation |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Painting - Interior | |

If Other, please describe work in detail: _____

15. Do you anticipate getting into any of the above type work? Yes No

If Yes, provide details: _____

Other Exposures

16. Does the applicant or your subcontractors perform Demolition? Yes No

17. Do you perform exterior height work in excess of two stories? Yes No

If Yes, please explain: _____

18. Does the applicant or your subcontractors perform any roofing operations? Yes No

Loss Control

19. Does the applicant have a certified drug free workplace? Yes No

20. Does the applicant adhere to all OSHA standards to promote a safe workplace? Yes No

21. Has the applicant ever been cited for safety violations? Yes No

22. Is the public kept a safe distance from insured's operations and work areas? Yes No

Contractor Supplement (continued)

Indicate type of security used on a project: (Check all that apply)

- Fencing Lighting Watchmen
 Cones Signs Area Roped off Other: _____

23. Are all trenches, ditches, excavations, holes in the ground and holes made in the surface always properly and clearly identified and protected against others falling into them? Yes No
24. Are all jobs inspected by management at completion, before leaving the job site? Yes No

General Information

25. Do you have model homes? Yes No
If Yes, how many? _____

26. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? Yes No
If Yes, please explain: _____

a. Percent of Grade _____%

- b. Prior Soils Testing (geological, topical) Yes No
If Yes, please explain: _____

- c. Any subsidence losses? Yes No
If Yes, please explain: _____

27. Do you use Green Building technologies? Yes No
If Yes, are you certified by the USBGBC as lead accredited professionals for Green Building technology? Yes No
If Yes, are your subs that are involved in Green Building certified by the USBGBC as well? Yes No

28. Do you offer warranties? **If Yes, attach copies of warranty** Yes No

29. Have you ever had a claim or loss involving faulty workmanship, whether or not any amount was paid? Yes No
If Yes, please provide complete written narrative: _____

30. Are there any claims or legal actions pending against any of the entities named in the application? Yes No

31. Have you been accused of breaching a contract in the past five years? Yes No

32. How many additional insured endorsements do you anticipate requiring in the upcoming year? _____

33. Does insured use help from friends or relatives on occasion? Yes No

34. Please describe any types of projects that you have discontinued (i.e. no longer build, etc.): _____

Contractor Supplement (continued)

35. Describe your three largest projects currently underway or planned for the next year, including values:

| Start Date | End Date | Value | Description |
|------------|----------|-------|-------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent: _____ Date: _____