

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 consultant: _____

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: \$ _____

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	_____
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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	_____
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

What percentage of your work is at the project sites vs performed within the office?: _____ %

Construction Manager/Consultant's Supplemental Application (continued)

Do you carry separate Professional Liability Coverage? Yes No
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 No

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 No

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? Yes No

If "Yes", do you have permission from your client to sign contracts or work orders with subcontractors on their behalf? Yes No

If performing inspections, are any inspections performed at height? Yes No

If yes what equipment is used? _____

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 No

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 and that you can't instruct them on how they should perform their work? Yes No

Construction Manager/Consultant's Supplemental Application (continued)

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

If you are contracting with subcontractors directly, what is the estimated subcontractor costs of such contracts for the policy term:
\$: _____

What is the amount of sales related to jobs where you directly contract with subcontractors: \$ _____

Please explain why and when you would directly contract with subcontractors vs. acting as an 'owner's rep':

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 Printed Name: _____

Applicant Signature: _____ Date: _____

Agent or Broker's Name: _____ License No.: _____

Agent or Broker's Signature: _____ Date: _____