

CONTRACTORS' SUPPLEMENTAL APPLICATION

1.	Named Insured:								
2.	Years In Business Under Current Name:								
3.	List all Previous Business Names:								
4.									
5.									
6.	Provide a detailed description of your contracting operations, including any discontinued or planned operations.								
7.	Percentage of Work performed as a: a) General Contractor:								
	b) Sub Contractor:								
8.	Percentage of Work that is:								
	a) Commercial:								
	b) Residential:								
	c) Industrial: d) Other (describe):								
9.	Percentage of Work that is:								
	a) New Construction:								
	b) Remodel/Repair:								
10.	If you are performing residential work on new home construction, how many new homes are worked on in a year?								
11.	Estimate for next 12 months:								
	Payroll: \$ Sub-Contract Cost: \$ Sales: \$								
	12. Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction?								
	☐ Yes ☐ No								
	13. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrains susceptible to subsidence?								
	☐ Yes ☐ No If so, please describe:								
	14. Do you draw any plans or blueprints used in your construction work? ☐ Yes ☐ No								
	If so, please describe:								
	15. Do you perform any roofing work? Yes No If yes, complete Roofing Contractors Supplemental Application								

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16. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

Direct / Subbed		Direct / Subbed			Direct / Subbed			
Blasting	%	%	Excavation	%	%	Railroad	%	%
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%
Carpentry	%	%	Insulation	%	%	SeismicRetro-Fitting	%	%
Concrete	%	%	Landscaping	%	%	Sewer	%	%
Demolition	%	%	Marine Const.	%	%	Steel (Structural)	%	%
Drilling	%	%	Masonry	%	%	Steel (Ornamental)	%	%
Earthquake Rep	%	%	Painting	%	%	Street / Road	%	%
Electrical	%	%	Plastering	%	%	Supervisory	%	%
Other	%	%	Plumbing	%	%	Water / Gas Mains	%	%

	cuicai		70	70	Plastering	70	70	Supervisory	%	
Oth	ner		%	%	Plumbing	%	%	Water / Gas Mains	s %	
17.	17. Do any of your operations involve:									
	a) Asbestos Removal?						No			
		b)	Pile Driving,	shoring or	underpinning?		☐ Yes ☐ I	No		
		c)	Blasting?				☐ Yes ☐ I	No		
	d) Demolition?				☐ Yes ☐ N	No				
	e) Railroad easement?			☐ Yes ☐ N	No					
	f) Synthetic Stucco (EIFS)?				No					
		g)	Work above 3	3 stores?			☐ Yes ☐ I	No		
	h) Cranes, cherry pickers, manlifts or personnel lifts? Yes No									
	i) Mold remediation?					No				
	j) Caisson work?				No					
		k)	Controlled bu	ırns or burı	ning of debris?		☐ Yes ☐ N	No		
	I) Underground work?				No					
	If Yes, do you contact utility companies to have lines marked prior to digging?						☐ Yes ☐ N	10		
	Do you perform directional boring?							☐ Yes ☐ N	10	
	If so, do you bore under any streets, roads, buildings or other structures?						uctures?	☐ Yes ☐ N	10	
СО	CONTROLLING THE SUBCONTACTORS EXPOSURE									
If y	ou NEVE	ER h	ire subcontrad	ctors pleas	e check here	and skip to	next section	-Historical Premium	Basis.	
1.	1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor?									
	☐ Yes ☐ No									
2.	2. Do you utilize a standard contract with all your subcontractors?									
3.	a) Do	you	require your s	subcontrac	tors to carry Ger	neral (Public	c) Liability Ins	urance?] Yes ☐ No	
	b) Do	you	require that y	ou are nan	ned as an Addition	onal Insure	d on their poli	cies?] Yes ☐ No	

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c) What limit of liability do you require your subcontractors to carry?

	, ,	ertificates of Insurance from subco ☐ Yes ☐ No	ntractors in order to verify	compliance with items 3a, 3b, and		
4.		ubcontractors to carry worker's co	mpensation insurance?	☐ Yes ☐ No		
HIS	STORICAL PREMIUM	BASIS				
1.	Please complete the					
	POLICY YEAR	GROSS RECEIPTS	PAYROLL	SUBCONTRACTED COST		
First Se Thi For Fift	rrent Policy Term st Prior Term cond Prior Term rd Prior Term urth Prior Term h Prior Term	\$ \$ \$ \$ ve largest projects undertaken by	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$		
	SCRIPTION	ve largest projects undertaken by	JOB COST	PROJECT DURATION		
			\$ \$ \$ \$			
3.	Please describe the th	nree largest projects planned for th	ne upcoming year:			
DE	SCRIPTION		EST. JOB COST	EST. PROJECT DURATION		
			\$ \$ \$			
4.	What is the average d	lollar value of a completed project?	? \$			
5.	5. Please describe any types of projects that you have discontinued (i.e. no longer build):					
SU	PPLEMENTAL INFOR	MATION				
1.	Are you involved in ar	ny other business besides contract	ing? If so please descri	ibe:		
2.	2. Have you been involved in or are you aware of pending litigation concerning defective workmanship? ☐ Yes ☐ No. If so please describe:					
	construction activ	ears, present policy period or upcor vities for multi-unit residential proje- d residential communities?	•	will any of your work involve new s, townhouses, tract house subdivisions		

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The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and from a part of such policy.

Signature of applicant:		-	
Date:		<u>-</u>	
Signing this questionnaire do	es not bind the applicant or the insurer or the	e underwriting manager to provide the	insurance

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