



## CONTRACTORS' SUPPLEMENTAL APPLICATION

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

If so, please describe: \_\_\_\_\_

16. Do you perform any roofing work? ☐ Yes ☐ No If yes, complete Roofing Contractors Supplemental Application

17. 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	%	%

18. Do any of your operations involve:

- a) Asbestos Removal? ☐ Yes ☐ No
- b) Pile Driving, shoring or underpinning? ☐ Yes ☐ No
- c) Blasting? ☐ Yes ☐ No
- d) Demolition? ☐ Yes ☐ No
- e) Railroad easement? ☐ Yes ☐ No
- f) Synthetic Stucco (EIFS)? ☐ Yes ☐ No
- g) Work above 3 stories? ☐ Yes ☐ No
- h) Cranes, cherry pickers, manlifts or personnel lifts? ☐ Yes ☐ No
- i) Mold remediation? ☐ Yes ☐ No
- j) Virus remediation? ☐ Yes ☐ No
- k) Caisson work? ☐ Yes ☐ No
- l) Controlled burns or burning of debris? ☐ Yes ☐ No
- m) Underground work? ☐ Yes ☐ No

If Yes, do you contact utility companies to have lines marked prior to digging? ☐ Yes ☐ No

Do you perform directional boring? ☐ Yes ☐ No

If so, do you bore under any streets, roads, buildings or other structures? ☐ Yes ☐ No

- n) Movement of or work on load bearing walls? ☐ Yes ☐ No

If Yes, does an architect or engineer sign off on the plans? ☐ Yes ☐ No

If so, what percentage of your jobs involve load bearing wall work? \_\_\_\_\_

## CONTROLLING THE SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors please check here ☐ and skip to next section-Historical Premium Basis.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor?  
☐ Yes ☐ No
2. Do you utilize a standard contract with all your subcontractors? ☐ Yes ☐ No
3. a) Do you require your subcontractors to carry General (Public) Liability Insurance? ☐ Yes ☐ No  
b) Do you require that you are named as an Additional Insured on their policies? ☐ Yes ☐ No  
c) What limit of liability do you require your subcontractors to carry? \_\_\_\_\_  
d) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3a, 3b, and 3c above? ☐ Yes ☐ No
4. Do you require your subcontractors to carry worker's compensation insurance? ☐ Yes ☐ No

## HISTORICAL PREMIUM BASIS

1. Please complete the following chart

POLICY YEAR	GROSS RECEIPTS	PAYROLL	SUBCONTRACTED COST
Current Policy Term	\$	\$	\$
First Prior Term	\$	\$	\$
Second Prior Term	\$	\$	\$
Third Prior Term	\$	\$	\$
Fourth Prior Term	\$	\$	\$
Fifth Prior Term	\$	\$	\$

2. Please describe the five largest projects undertaken by you in the past five years:

DESCRIPTION	JOB COST	PROJECT DURATION
	\$	
	\$	
	\$	
	\$	
	\$	

3. Please describe the three largest projects planned for the upcoming year:

DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION
	\$	
	\$	
	\$	

4. What is the average dollar value of a completed project? \$
5. Please describe any types of projects that you have discontinued (i.e. no longer build): \_\_\_\_\_  
\_\_\_\_\_

## SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? If so please describe:  
\_\_\_\_\_

2. Have you been involved in or are you aware of pending litigation concerning defective workmanship?

☐ Yes ☐ No. If so please describe: \_\_\_\_\_  
\_\_\_\_\_

3. In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities? ☐ Yes ☐ No

4. Do you purchase or own any of the properties where you perform contracting operations? ☐ Yes ☐ No

If yes, please describe the work, the type of property and what will be done with the property once work is complete:

\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_