
Commercial Contractors Supplemental Application

Insured: _____ Years in business _____

List all Named Insureds and their operations: _____ Website: _____

Answer all questions completely. If question does not apply, please indicate "none".

1. In what capacity does the Insured operate: General Contractor ___%
Owner/ Builder ___% Subcontractor ___% Prime Contractor ___%,

2. In what states and for what % of work does the Insured perform their operations? _____

3. What percentage of work is:
Commercial _____ Industrial _____ Residential _____ Municipal _____
(Residential construction includes: single family homes, apartment buildings, cooperative and condominium housing)

4. Does the Insured perform residential related construction or have they in the past? Do they plan to in the future? ___ Yes ___ No. If yes, explain _____

5. Describe all operations currently performed by applicant and attach current job list including location, contract cost and the start and estimated completion date of each job. _____

6. Describe five largest jobs completed in the past five years including contract cost.

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7. Indicate the annual payroll and contract cost for each type of construction operation in which the applicant is engaged:

Classification	Payroll	Contract Cost

8. What were the total annual contract costs for each of the last 3 years?

Year	\$	Year	\$	Year	\$

9. Estimated construction cost for coming year ? _____

10. What is % of subcontracted work and the estimated amount for this year? _____

11. What trades are sublet? _____

12. Does the Insured require signed written contracts from all subcontractors? Yes No
 Please provide a copy of the contract.

13. Does the contract require subcontractors to indemnify and hold the Insured harmless ? Yes No

14. Are certificates of insurance required of all subcontractors? Yes No
 Does the Insured monitor the receipt of certificates ? How? Yes No

15. What limit of liability are subcontractors required to provide for GL, AL and EL? _____

Is the Insured listed as an additional insured on subcontractor's policy? Yes No

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16. Do construction agreements include assumption of liability of others? Yes No
If Yes, explain and attach sample contract. _____

17. Does the Insured have any claim activity, past or present, open or closed, related to EIFS or Construction Defects? If yes, explain _____

Does the Insured's work involve:

- a. Any process piping? Yes No
If Yes, explain in detail: _____

- b. Asbestos removal? Yes No
If Yes, explain in detail: _____

- c. Boiler work? Yes No
If Yes, explain in detail: _____
- d. Fire retardant lumber? Yes No
(use or installation, past or present)
If Yes, explain in detail: _____

- e. Underground work? Yes No
If Yes, explain in detail & include maximum depth: _____

- f. Swimming pool Installation? Yes No
If Yes, explain in detail: _____

- g. Blasting? Yes No
If Yes, explain in detail: _____

- h. Tunneling? Yes No
If Yes, explain in detail: _____

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- | | | | |
|----|---|-----|----|
| i. | Service or install street lights
or traffic control devices? | Yes | No |
| | If Yes, explain in detail: _____
_____ | | |
| j. | Install or service alarms? | Yes | No |
| | If Yes, explain in detail: _____
_____ | | |
| k. | Machinery rewiring? | Yes | No |
| | If Yes, explain in detail: _____
_____ | | |
| l. | Service or install Fire sprinklers? | Yes | No |
| | If Yes, explain in detail: _____
_____ | | |
| m. | Airport work? | Yes | No |
| | If Yes, explain in detail: _____
_____ | | |

18. Does the insured have employed architects or engineers? Yes No

19. Do they provide architectural or engineering plans for others? Yes No
If Yes, give details and include amount of E&O insurance carried and carrier.

20. Indicate percentage of total gross receipts for this type of construction or service, if any:

Bridges/ Highway	_____	Elevator Install/Repair	_____
Excavation	_____	Marine	_____
Buildings over 5 stories	_____	Scaffolding	_____
Dams	_____	Sewer	_____
Pile driving	_____	Street & Road	_____
Demolition	_____	Structural Steel Erect	_____

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21. Does the insured lease or rent equipment to others? Yes No
 With or without operators? With Without

If Yes, provide the type of equipment, rental receipts and sample contract _____

22. Does Insured's operation include the usage of cranes? Yes No
- a. number of owned cranes _____
 maximum boom height _____
- b. if rented, with or without operator _____
 maximum boom height _____

23. Describe any joint ventures/wrap up projects. _____

24. Are any operations, different from those above, being planned for the next 12 months?

If Yes, describe _____

25. Any Discontinued Operations or types of construction activities no longer undertaken?
 Explain: _____

27. Describe the Insured's Safety and Loss Prevention activities: _____

 Name of Insured's Corporate Officer

 Title

 Signature of Insured's Corporate Officer

 Title

Agent or Broker Name: _____