

Contractors Supplemental Application

9. Indicate the percentage of construction work performed by you: (MUST TOTAL 100%)

RESIDENTIAL _____%	COMMERCIAL _____%
New Construction _____%	New Construction _____%
Remodeling _____%	Remodeling _____%
Other _____%	_____%

10. Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	%	%	Type of Work	%	%	Type of Work	%	%
	Direct	Subbed		Direct	Subbed		Direct	Subbed
Airport Runways	_____	_____	Excavation	_____	_____	Roofing	_____	_____
Blasting	_____	_____	HVAC	_____	_____	Seismic/Retrofitting	_____	_____
Bridge Building	_____	_____	Grading	_____	_____	Sewer	_____	_____
Carpentry	_____	_____	Insulation	_____	_____	Steel/Structural	_____	_____
Concrete	_____	_____	Maintenance	_____	_____	Steel/Ornamental	_____	_____
Demolition	_____	_____	Masonry	_____	_____	Street/Road	_____	_____
Drilling	_____	_____	Mechanical	_____	_____	Supervisory Only	_____	_____
Drywall	_____	_____	Painting	_____	_____	Traffic Signals	_____	_____
Earthquake	_____	_____	Plumbing	_____	_____	Water/Gas Mains	_____	_____
Electrical	_____	_____	Plastering	_____	_____	Other:	_____	_____

11. Describe your four largest projects over the past five years, including values:

12. List current projects currently underway or planned for the next year, including values:

13. How many new homes will you build as a general contractor in the next year? _____
14. What is the greatest number of new homes you have built in any one-year? _____
How long ago? _____
15. How many additional insured endorsements do you anticipate needing in the next three years?

- How many Waivers of Subrogation do you anticipate needing in the next year? _____
16. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? Yes No
Has any other licensing authority taken any action against you? Yes No
17. Have you built or will you build on hillsides, terraces, landfills or subsidence areas? Yes No
18. Do you use scaffolding? Yes No
If yes, please explain: _____
19. Have you been involved or will you be involved with blasting operations or any other hazardous work activity? Yes No
If yes, please explain: _____
20. Do you perform synthetic stucco work (EIFS)? Yes No
Do any of your subcontractors perform EIFS work? Yes No
21. Have you built/demolished or will you build/demolish buildings or other structures in excess of four stories? Yes No
If yes, please explain: _____
22. Do you perform work above two stories in height? (other than interior remodel) Yes No
If yes, what percentage? _____% Maximum Height? _____
Please describe: _____
23. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? Yes No
24. If you are roofing contractor, subcontractor or performing roofing work, do you use:

- | | | | |
|-------|---|-----|----|
| | Hot Tar _____% | Yes | No |
| | Torch Down | Yes | No |
| | Modified Bitumen (HOT) | Yes | No |
| | Modified Bitumen (COLD) | Yes | No |
| | Hot Air Welding | Yes | No |
| | Other: _____ | | |
| <hr/> | | | |
| 25. | Do you perform any Mold Remediation Work? | Yes | No |
| | Do any of your subcontractors perform Mold Remediation Work? | Yes | No |
| | If yes, is coverage in place? | Yes | No |
| | Name of Carrier? | Yes | No |
| 26. | Have you performed or will you or your subcontractors perform any work below grade? | Yes | No |
| | Maximum Depth: _____% % of operations _____ | | |
| | Any shoring, underpinning, cofferdam or caisson work? | Yes | No |
| | If yes, please explain: _____ | | |
| <hr/> | | | |
| 27. | Have you worked or will you or your employees work under U.S Longshoreman's and Harbor Workers Act or Jones Maritime Act? | Yes | No |
| 28. | Do you have a formal safety program in place? | Yes | No |
| 29. | Will any work involve the construction of, or be for condominiums or townhouses? | Yes | No |
| | If yes, is the work new construction? | Yes | No |
| | Repair only? | Yes | No |
| 30. | Will any work involve the construction of, or be for apartments? | Yes | No |
| | If yes, is the work new construction? | Yes | No |
| | How many units in the entire building? _____ | | |
| | Repair only? | Yes | No |
| 31. | Will you be working in any new tracts? | Yes | No |
| | (if yes, maximum number of homes in ENTIRE tract _____) | | |
| 32. | Have you ever worked in new Apartments? | Yes | No |
| | If yes, how long ago? _____ | | |

33. Have you ever worked in new condominiums/townhouses? Yes No
 If yes, how long ago? _____ How many units in the entire building? _____
34. Have you ever worked in new tract developments? Yes No
 If yes, how long ago? _____ How many units in the entire development? _____
35. Any current or past involvement with Wrap-Up/OCIP? Yes No
 If yes, how long ago? _____ Type of project? _____
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36. Have you ever worked in assisted living facilities? Yes No
 If yes, how long ago? _____ How many units in the entire development? _____
37. Have you or will you ever convert apartments to condominiums? Yes No
38. Any usual exposures/operations not otherwise covered by this questionnaire? Yes No
 If yes, please explain: _____
39. Have there been any losses, claims or suits against you in the past five years? Yes No
- a. Are there any claims or legal actions pending against any of the entities named on the application? Yes No
 - b. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any such entity? Yes No
 - c. Have you been accused of faulty construction the past 5 years? Yes No
 - d. Have you been accused of breaching a contract in the past 5 years? Yes No
 - e. Have you ever filed any Mechanic Liens in the past 5 years? Yes No

DEFINITIONS

EIFS- Exterior Instalation Finishing System- muli layered exterior wall systems (which resemble stucco in appearance) that are used on both commerical buildings and residential homes.

GENERAL CONTRACTOR- A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

RESIDENTIAL CONTRACTOR

Single or multit unit-family housing, including apartments, condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

SUBSIDENCE

Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of hill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

TORCH APPLIED ROOFING (MODIFIED BITUMEN)

This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidified in place. The asphalt component in the membrane serve as an adhesive between the surface material and roof substrate.

HOT AIR WELDING

Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING

Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WRAP-UP (OCIP)

A policy providing coverage(s) for all interests in a major construction project. Also knew as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WARRANTY: The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein (consisting of 5 pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant:* _____

Printed Name: _____ Title _____

Date: _____

* Must be owner, executive officer or partner of the company