

## General Contractors Supplemental Application

1. Applicant:				
2. Address:				
3. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? Attach loss runs for the past 5 years, if available.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
a. If "yes", please explain:				
4. Describe all operations in detail:				
5. Date of Corporate Filing or DBA:				
6. Length of time in business:			Years	Months
7. Years of experience			Years	Months
8. Are you licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
a. Kind of license:			b. Year license issued:	
c. License No.:				
9. Number of:				
a. Owners:			b. Partners	
c. Full Time Employees			d. Part Time Employees	
e. Leased Employees:			f. Day Laborers	
10. State / Area of operations:	/			
a. Radius of operations from main location:				Miles
11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.):				
Type of Work Performed	Receipts	Location	Start Date	End Date
12. Account history for prior 3 years:				
	Current Year	Last Year	Year Before Last	
Employee Payroll				
Total Receipts				
Total Subcontracted Costs (Labor and Materials)				
13. Are certificates of insurance obtained from subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Are you named as an additional insured on the subcontractors' policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Do you normally use the same subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

16. How long are certificates retained after the completion of work:			Years /	Months	
17. Do you use a standard service contract or agreement that sets out your responsibilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
a. Please attach a sample copy of your contract, agreement and/or warranty:			<input type="checkbox"/> Attached		
18. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Are all jobs inspected by a foreman or supervisor upon completion?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Is there a written record of the inspection made and retained with the job file:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
21. Operations performed by subcontractors for you:					
<b>Operation</b>			<b>Percentage</b>		
22. Indicate type of work performed by you or <b>your</b> employees(direct payroll) and the full cost of subcontracted work (subbed):					
	Direct	Subbed		Direct	Subbed
Airport or Tower Work			Mechanical		
Asbestos or Mold Removal			Oilfield		
Blasting or Mining			Painting		
Boiler work			Plastering		
Carpentry			Plumbing		
Concrete			Process Piping		
Debris Removal			Retaining Wall Construction		
Electrical			Roofing		
Excavating			Septic Tanks		
Exterior Spray Painting			Sewer Mains		
Flooring Installation			Supervisory only		
Gas Mains			Underground Cable Work		
Insulation			Water Mains		
Lead Paint Removal			Waterproofing		
LPG Work			Wrecking / Demolition		
Masonry			Other:		
<b>TOTAL</b>					
23. Indicate % of work performed in:					
New construction		Repair / Remodeling		Demolition	
Commercial		Industrial		Institutional	
Residential		Condos		Single family dwellings	
Outside building		Inside building		Construction manager for fee	
Contract basis		With penalty clause		Time & material	
24. Are you currently or have you ever been involved as a General Contractor in the building of:					
a. Residential Homes?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Condominiums?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Townhouses?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Apartment Buildings?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. If yes, maximum number built during any 12-month period during the last five years:					
25. Any work performed above two stories in height from grade?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Maximum number of stories:			Stories		

26. Any work performed below grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Maximum depth:		ft
b. Percentage of total work:		
27. Is scaffolding owned, rented or erected?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are other contractors at job site allowed to use it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do you have a formal safety program in operation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide a copy:		<input type="checkbox"/> Attached
29. Do you own any vacant land or real estate development property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, provide:	Location:	Acres
30. Is any heavy equipment, including cranes owned or operated?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of equipment:		
31. Any mobile equipment leased from others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of equipment leased:		
b. Operators provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Lease basis:		
32. Are any of your employee drivers subject to:		
MVR verifications performed prior to hiring?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fleet maintenance and driver safety programs in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do you have Workers' Compensation coverage in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Do you do any work outside your state of domicile? If yes, where? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Do you do any work as a construction or project manager working on a fee basis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Do you do any work on hillsides, terraces, landfills, or any areas that may be exposed to sinkholes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do you work on any projects insured under an OCIP or Wrap insurance policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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PRODUCER'S SIGNATURE DATE:

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE:

**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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.