

CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To Acord Application. Applications incomplete or unsigned by the applicant are unacceptable.

APPLICANT INFORMATION 1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS) * * IF INSURED HAS EVER WORKED UNDER A DIFFERENT NAME(S), LIST ALL HERE:	2. WEB ADDRESS
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3. NUMBER OF YEARS IN BUSINESS AS OWNER? _____ # OF YEARS OF EXPERIENCE? _____	4. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN:
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5. STATES INSURED OPERATES IN AND IS LICENSED IN? % OF WORK IN THOSE STATES? % OF WORK IN NY CITY? _____	6. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER: 7. DOES INSURED HOLD A LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:
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8. FINANCIALS / STAFFING: TOTAL RECEIPTS \$ _____ COST OF SUB-CONTRACTORS \$ _____ # OF OWNERS _____ # OF FULL TIME EMPLOYEES _____ # OF PART TIME EMPLOYEES _____ EMP. PAYROLL \$ _____	9. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE: A.) _____ B.) _____ C.) _____ D.) _____ E.) _____
10. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A: a. General Contractor _____% VERSUS Artisan or Sub-Contractor _____% (Total = 100%)	
11. Any work done on municipal streets, roads, highways, bridges or culverts? _____% Receipts \$ _____	

12. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED (Total = 100% for each section a, b, & c)			
A. NEW CONSTRUCTION REMODELING OTHER	B. COMMERCIAL RESIDENTIAL	C. INSIDE BUILDING OUTSIDE BUILDING	% % % % % %

13. DESCRIBE ANY LOSSES IN THE PAST THREE YEARS UNDER THE CURRENT BUSINESS NAME? *(Use separate sheet is needed)*

14. CLASSIFICATION OF OPERATIONS - (% OF WORK / PAYROLL / SUB-COSTS)					
Class	Percentage	Sub-Contractor Costs	Class	Percentage	Sub-Contractor Costs
Advertising Sign Co. – Outdoors	%	\$	Herbicide and Pesticide Receipts	%	\$
A/C System Install & Repair (91111)	%	\$	Insulation	%	\$
Appliance Install, Svc, Repair – Home	%	\$	Janitorial	%	\$
Appliance Install, Svc, Repair – Comm	%	\$	Landscape/Gardening/Lawn Care	%	\$
Cable / Subscription TV installation, service & repair	%	\$	Logging	%	\$
Carpentry – Residential < 3 stories	%	\$	Masonry (no EIFS or Synthetic Stucco)	%	\$
Carpentry – Interior / Finish	%	\$	Painting – Exterior < 3 Stories	%	\$
Carpentry – NOC	%	\$	Painting – Interior	%	\$
Ceiling or Wall Installation – Metal	%	\$	Paperhanging – Wallpapering	%	\$
Chimney Cleaning / Inspection	%	\$	Plumbing – Residential	%	\$
Concrete Construction	%	\$	Plumbing – Commercial	%	\$
Debris Removal – Const. Site No Haz.	%	\$	Power Washing	%	\$
Door, Window Installation	%	\$	Roofing – Residential	%	\$
Driveway – Sealing & Paving	%	\$	Roofing – Commercial	%	\$
Drywall or Wallboard Installation	%	\$	Septic Tank Systems – Install / Repair	%	\$
Electrical Apparatus Install, Service	%	\$	Sheet Metal Work – Outside < 3 Stories	%	\$
Electrical Work Within Buildings	%	\$	Siding Installation	%	\$
Excavation	%	\$	Tile, Stone, Marble – Interior	%	\$
Fence Erection – No Electrified	%	\$	Other:	%	\$
Floor Covering Install – No Tile / Stone	%	\$	Other:	%	\$
Glass Dealer & Glaziers < 3 Stories	%	\$	Other:	%	\$
Grading of Land	%	\$	Other:	%	\$
Remodeling – Residential	%	\$			
Heating / AC Install Repair – No LPG	%	\$			

14. PLEASE ANSWER QUESTIONS BELOW:

NUMBER OF RESIDENTIAL SNOWPLOWING ACCOUNTS? _____	RESIDENTIAL EXTERIOR? (Y/N) _____
NUMBER OF COMMERCIAL SNOWPLOWING ACCOUNTS? _____ (Any snowplowing of streets or road) (Y/N)	COMMERCIAL INTERIOR? (Y/N) _____
ANY HARDWOOD FLOOR REFINISHING? (Y/N) _____	COMMERCIAL EXTERIOR? (Y/N) _____
RAGS STORES IN METAL CONTAINERS ON JOB SITE? (Y/N) _____	COMMERCIAL ROOFING? (Y/N) _____ %
SPRAYING PAINTING? (If yes) (Y/N) _____	RESIDENTIAL ROOFING? (Y/N) _____ %
RESIDENTIAL INTERIOR? (Y/N) _____	TEAR OFF ROOFING? (Y/N) _____ %
	RE ROOFING? (Y/N) _____ %
	HOT APPLICATION (Y/N) _____ %

15. SUB-CONTRACTORS		YES	NO			YES	NO
A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED?	<input type="checkbox"/>	<input type="checkbox"/>		F. ARE CERTIFICATES OF INSURANCE OBTAINED?	<input type="checkbox"/>	<input type="checkbox"/>	
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>		H. WHAT LIMITS ARE REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ CGL OCCURRENCE			
				\$ _____ GEN. AGGREGATE			
				\$ _____ P.-C. OPS AGG.			

16. OPERATIONS / EQUIPMENT		YES	NO
A. TRACT HOUSING / CONDO / TOWNHOUSE			
(1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, APARTMENT BUILDINGS, CONDOMINIUMS OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE: _____%		<input type="checkbox"/>	<input type="checkbox"/>
(2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES?		<input type="checkbox"/>	<input type="checkbox"/>
(3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDO, APARTMENT, TOWNHOUSES OR TRACT HOMES _____%			
B. DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS?		<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES PLEASE DESCRIBE:		<input type="checkbox"/>	<input type="checkbox"/>
D. SCAFFOLDING:			
DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-4 below)		<input type="checkbox"/>	<input type="checkbox"/>
(1) IS SCAFFOLDING: OWNED? <input type="checkbox"/> RENTED? <input type="checkbox"/> LEASED? <input type="checkbox"/>			
(2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS?		<input type="checkbox"/>	<input type="checkbox"/>
(3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY)			
SCISSOR LIFTS <input type="checkbox"/> AERIAL LIFTS <input type="checkbox"/> ARTICULATING BOOM LIFTS <input type="checkbox"/>			
CRANES <input type="checkbox"/> CHERRY PICKERS <input type="checkbox"/> MAXIMUM HEIGHT WORKED _____			
E. HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE: _____		<input type="checkbox"/>	<input type="checkbox"/>
F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED: _____			
G. DOES INSURED RENT/LEASE EQUIPMENT? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT?		<input type="checkbox"/>	<input type="checkbox"/>
H. ANY WATERPROOFING, LEAD ABATEMENT, MOLD REMOVAL BEING DONE BY INSURED?		<input type="checkbox"/>	<input type="checkbox"/>

17. ADDITIONAL INSUREDS:		YES	NO
1. IS APPLICANT HIRED AS A SUB-CONTRACTOR BY ANY OTHER CONTRACTOR?		<input type="checkbox"/>	<input type="checkbox"/>
2. IF YES, DOES THIS CONTRACTOR REQUIRE TO BE NAMED AS ADDITIONAL INSURED?		<input type="checkbox"/>	<input type="checkbox"/>
3. WHAT ARE THE OPERATIONS OF THE ADDITIONAL INSURED? _____			
4. WHAT % OF THE ADDITIONAL INSURED RECEIPTS ARE SUB CONTRACTED? _____%			

Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.	DATE COMPLETED
	SIGNED BY APPLICANT
	TITLE

Producer Signature/Date: