



## Contractors Supplemental Application

**Complete SECTIONS I-X (and other SECTIONS only if they apply) and Acord 125 & 126**

### I. APPLICANT INFORMATION

Applicant:				Years: In Business	Years experience in field:
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other: explain,		
Licenses required:				License #'s <input type="checkbox"/>	

### II. CONSTRUCTION INFORMATION

<b>New Residential Construction:</b> (All Artisan Contractors, <u>and</u> General Contractors)	Is Applicant involved, or have they ever been involved in a development(s) with more than 10 units of apartments, condominiums, cooperatives, town homes, or 10 single family homes in any one development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the Past <input type="checkbox"/>
<b>Existing Construction</b>	Is Applicant involved, or have they ever been involved in conversions of property into multi-unit apartments, condominiums, cooperatives, town homes, or other mixed occupancy habitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the Past <input type="checkbox"/>
Number of On-going Projects	What is the maximum # of ongoing projects the applicant has on-going at any one time?			
Construction Defect Claims	Does the insured have any open or closed construction defect claims within the past 7 years, with or without reserves or payment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit with currently valued loss runs for the last 7 years)			
High Hazard Areas of operation (check all that apply)	<input type="checkbox"/> NYC (5 boroughs) <input type="checkbox"/> NY ( x boroughs) <input type="checkbox"/> Other CD States (AZ, OR, SC, WA)			
	<input type="checkbox"/> ISO Group A States (AK, AR, CA, CO, FL, GA, IN, KS, LA, MN, MS, NV, ND, SD, TX, WV)			
	<input type="checkbox"/> Applicant does not work any of the above High Hazard areas			

### III. DOES APPLICANT USE ANY SCAFFOLDING, CRANES, LIFTS, OR WORK AT HEIGHT ABOVE (3) STORIES (two stories in NY)? Yes No (If Yes, complete)

Is the scaffolding left on the job-site for use by others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is scaffolding:	<input type="checkbox"/> owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented
Does Applicant use any of the following equipment	<input type="checkbox"/> Scissor lift <input type="checkbox"/> aerial lift <input type="checkbox"/> articulating boom lifts <input type="checkbox"/> cranes <input type="checkbox"/> cherry picker		
If cranes are rented, are they with or without operators?	<input type="checkbox"/> N/A <input type="checkbox"/> with <input type="checkbox"/> without		

### IV. PAYROLL / COSTS

Active Owner/Partners	#	Subcontractor Cost	\$	Uninsured Sub Payroll	\$
Number of Employees	#	Employee Payroll	\$	Leased Employee Payroll	\$
Construction Manager 41620	\$	Casual Laborers	\$	Total Gross Annual Sales	\$

### V. SUB-CONTRACTORS Subcontractors are not used (If Applicant does not use Subcontractors check box and move to Section VI.)

Is Applicant named as an AI on the GL policy of each Subcontractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the Minimum GL Limits required from Subs?	\$
Does Applicant have a signed contract with all sub-contractors that include a hold harmless in favor of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are COI's required with limits equal or greater than the Limits the Applicant is requesting? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what are the Minimum GL Limits Applicant requires from each subcontractor? \$			

### VI. PERCENTAGE OF WORK PERFORMED IN?

Type	Commercial	Residential	Industrial	Institutional	Total
New Construction	%	%	%	%	%
Remodeling	%	%	%	%	%
General Repair	%	%	%	%	%
Other (describe below)	%	%	%	%	%
Other					100%

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**VII. OTHER**

Does Applicant provide any Hold Harmless Agreements to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Describe:
Does Applicant employ draftsmen, architects or engineers on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", is E&O coverage in-force? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant loan, lease or rent equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Describe:
Does Applicant ever allowed their license to be used by any other contractor for a project where they are not involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant sell any products under their own name or label? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Describe:
Does Applicant perform any snow removal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your subcontractors ever been involved in the installation or removal of asbestos or asbestos materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the insured had any gaps in insurance coverage prior to the intended effective date of this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No

**VIII. WILL APPLICANT PERFORM ANY WORK FOR/IN/ON/OR AROUND ANY OF THE FOLLOWING** Check all that apply – or Check None

<input type="checkbox"/> Aerospace /Airports / Aircraft parts	<input type="checkbox"/> Earthquake Reinforcement	<input type="checkbox"/> Oil Field Work / Refineries
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Foundation or Structural Reinforcement	<input type="checkbox"/> Pipelines or Underground Storage Tanks
<input type="checkbox"/> Amusement Rides	<input type="checkbox"/> Fire Suppression, extinguishing or proofing	<input type="checkbox"/> Railroads
<input type="checkbox"/> Bridges /Overpasses / Tunnels	<input type="checkbox"/> Fire Escapes or stairs / Ladders / Railings	<input type="checkbox"/> Recreational Vehicles
<input type="checkbox"/> Boilers / Pressure Valves or vessels	<input type="checkbox"/> Flood or Water Damage Remediation	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Chemical Industries	<input type="checkbox"/> Horizontal Boring Under Streets/Roads	<input type="checkbox"/> Tanks / Water Towers / Silos
<input type="checkbox"/> Cell Tower / Antennae > 125 Ft	<input type="checkbox"/> Medical / Hospital / Nursing /Facilities / Clinics	<input type="checkbox"/> Trailer Hitches
<input type="checkbox"/> Cranes / Conveyors / Hydraulic	<input type="checkbox"/> Mining	<input type="checkbox"/> Waterproofing
<input type="checkbox"/> Detention Facilities	<input type="checkbox"/> Mold Remediation	<input type="checkbox"/> Other:
<input type="checkbox"/> Drilling Operations	<input type="checkbox"/> Marine Industry / ship building / wharves /piers	

For all responses that are checked, please provide an explanation of work performed:

**IX. OPERATIONS** (Check all that apply – including work performed by subcontractors on the Applicants behalf)

Classification	Employee	Subs	Classification	Employee	Subs	Classification	Employee	Subs
Carpentry Exterior < 3 Stories (Residential)	<input type="checkbox"/>	<input type="checkbox"/>	Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	Concrete Foundations /Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	Driveway/Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	Drilling	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry NOC Commercial	<input type="checkbox"/>	<input type="checkbox"/>	Drywall	<input type="checkbox"/>	<input type="checkbox"/>	Earthquake Reinforcement	<input type="checkbox"/>	<input type="checkbox"/>
Electrical – w/in Buildings	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Apparatus Install	<input type="checkbox"/>	<input type="checkbox"/>	Excavating	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>
Landscape Gardening	<input type="checkbox"/>	<input type="checkbox"/>	Executive Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Handyperson	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	Floor Covering Installation	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>
Painting Exterior <3= Stories	<input type="checkbox"/>	<input type="checkbox"/>	Furniture/Fixture Installation	<input type="checkbox"/>	<input type="checkbox"/>	Interior Demolition	<input type="checkbox"/>	<input type="checkbox"/>
Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	Home Furnishing Installation	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Plastering/Stucco	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing – Commercial	<input type="checkbox"/>	<input type="checkbox"/>	Interior Decorators	<input type="checkbox"/>	<input type="checkbox"/>	Power Line Or Pole Work	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing – Residential	<input type="checkbox"/>	<input type="checkbox"/>	Painting – Shop Only	<input type="checkbox"/>	<input type="checkbox"/>	Process Piping	<input type="checkbox"/>	<input type="checkbox"/>
Tile Or Marble Work	<input type="checkbox"/>	<input type="checkbox"/>	Paperhanging	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Tree Pruning	<input type="checkbox"/>	<input type="checkbox"/>	Plastering- Interior	<input type="checkbox"/>	<input type="checkbox"/>	Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning Systems	<input type="checkbox"/>	<input type="checkbox"/>	Sign Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Steel – Ornamental	<input type="checkbox"/>	<input type="checkbox"/>
Cable Installation	<input type="checkbox"/>	<input type="checkbox"/>	Sign Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	Steel – Structural	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry Shop Only	<input type="checkbox"/>	<input type="checkbox"/>	Truckers – Household Goods	<input type="checkbox"/>	<input type="checkbox"/>	Underground Storage Tanks	<input type="checkbox"/>	<input type="checkbox"/>
Carpet/Furniture Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Upholstering	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>

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Ceiling Wall Installation	<input type="checkbox"/>	<input type="checkbox"/>	Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Lead or Asbestos Remediation	<input type="checkbox"/>	<input type="checkbox"/>
EIFS	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Work	<input type="checkbox"/>	<input type="checkbox"/>	OTHER ( Explain below)	<input type="checkbox"/>	<input type="checkbox"/>
Other worked Performed:								

**X. ADDITIONAL INSURED & RELATED ENDORSEMENTS (Check and indicate how many are needed - if they apply)**

✓	ENDORSEMENT	HOW MANY
<input type="checkbox"/>	Additional Insured – Ongoing operations (Scheduled) CG2010	
<input type="checkbox"/>	Additional Insured - Ongoing operations (Blanket)–CG2033	N/A
<input type="checkbox"/>	Additional Insured - Completed Operations (Scheduled)	
<input type="checkbox"/>	Additional Insured - Completed Operations (Blanket)	N/A
<input type="checkbox"/>	Primary/Non-Contributory (with individual AI)	
<input type="checkbox"/>	Primary/Non-Contributory (with blanket AI)	N/A
<input type="checkbox"/>	Waiver of Subrogation –CG2404 (with individual AI)	
<input type="checkbox"/>	Blanket Waiver of Subrogation (with blanket AI)	N/A

**XI. ROOFING - Does Applicant – Or Any Subs Working On Their Behalf Do Any Roofing Work?**  Yes (If yes, complete)

What % of your overall business payroll is in roofing? %

Are all open Roof Exposures protected prior to leaving the Jobsite?  Yes  No

What procedures are used for protecting an open roof when away from jobsite?

What is the maximum height or # of stories you will perform roofing? Average height or # of stories you will perform roofing?

Are cranes used to lift materials to roof site  Yes  No If “Yes”,  with operator  without operator

Does Applicant offer any roof related warranties?  Yes  No If “Yes”, describe:

**% of Roofing by Type and Class:**

Type	Commercial	Residential	Industrial	Total
New Construction	%	%	%	%
Repair/Patching	%	%	%	%
Replacement	%	%	%	%
				<b>100 %</b>

What % of each type of roofing do you perform? (all fields must equal 100%)

Hot Comp	%	Any other Heat Application	%	Polyurethane Foam	%
Metal/Alum	%	Single Ply	%	Sprayed (if so type?)	%
Torch Down	%	Shingles, Tiles, Slate	%	Other (list type)	%

**XII. EXCAVATION - Does Applicant – Or Any Subs Working On Their Behalf Do Any Excavation Or Digging Work?**  Yes (If yes, complete)

Does Applicant identify underground pipes, wiring, and lines using a “Dig Safe” or similar call service prior to digging?  Yes  No

Type of Work:

Type	Commercial	Residential	Industrial	Institutional	Totals
New Construction	%	%	%	%	100%
Remodeling	%	%	%	%	100%
Repair	%	%	%	%	100%
Demolition	%	%	%	%	100%

Location of Work:

Percent	Rural	%	Suburbs	%	Urban	%	100%
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Does Applicant use props to maintain structural support (i.e. shoring) while digging?  Yes  No

If yes, does Applicant use OSHA approved equipment and shoring techniques?  Yes  No

Does Applicant use sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment?  Yes  No

Does Applicant loan, lease or rent equipment to others?  Yes  No If "Yes", Describe:

Does Applicant use a formal safety program for all managers, supervisors, employees?  Yes  No If "Yes", is it OSHA compliant  Yes  No

What is the maximum depth below grade the Applicant has worked, or anticipates they may work?

Does the Applicant work on or near roadways?  Yes  No If "Yes", are flagmen employees or subs?  Employees  Subs

**XIII. WELDING - Does Applicant- Or Any Subs Working On Their Behalf Do Any Welding Work?**  Yes (If yes, complete)

Is Applicant and all other welders working for Applicant certified?  AWS  ASME  not certified

If all welders are not certified, is all work inspected and approved by a certified welder?  Yes  No

Percent of work performed: on premises: % off premises: %

Percent of work performed: New work % Repairs % Other %

Does applicant fabricate to customers' specifications?  Yes  No

Does applicant design, produce, or manufacture any product, part, machine or device?  Yes  No If "Yes", Describe:

**What kind of welding does insured perform?**

<input type="checkbox"/> Brazing	Types:
<input type="checkbox"/> Solid	Types:
<input type="checkbox"/> Gas	Types:
<input type="checkbox"/> Arc	Types:
<input type="checkbox"/> Resistance	Types:

Describe the largest three jobs performed by the insured including the value over last 3 years:

- 1.
- 2.
- 3.

Indicate percent of work performed for any of the following industries.

AEROSPACE	%	CRANES, CONVEYORS OR HYDRAULICS	%	OIL FIELD	%
AIRCRAFT/AIRCRAFT PARTS	%	INDUSTRIAL	%	PIPELINES	%
AMUSEMENT RIDES	%	FIRE ESCAPES /RAILINGS/STAIRS	%	REFINERIES	%
AUTOMOTIVE/TRUCK	%	LADDERS	%	PRESSURIZED VESSELS /TANKS	%
BRIDGES	%	MEDICAL	%	STRUCTURAL WORK > 3 STORIES	%
BOILERS/PRESSURE VESSELS	%	MARINE	%	TRAILER HITCHES /TOWING	%
CHEMICAL	%	MINING	%		
CONDOMINIUMS	%	MOTOR VEHICLES	%		

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**X. JANITORIAL - Does Applicant – Or Any Subs Working On Their Behalf Do Any Janitorial Work?**  Yes (If yes, complete)

What % of Applicants total work involves floor waxing? %

Does Applicant perform work at mercantile or office premises when they are open for business?  Yes  No

Does Applicant perform work in health care or assisted living facilities?  Yes  No

Does Applicant perform work in work in bus, train or airport terminals or on buses, trains or aircrafts?  Yes  No

Does Applicant perform work in industrial facilities?  Yes  No

Does Applicant perform work in operations involving hood/duct cleaning, water removal/extraction, or fire suppression systems?  Yes  No

Does Applicant perform work in insurance claim response, mold remediation, or handle any hazardous material or infectious waste?  Yes  No

**XI. LANDSCAPING - Does Applicant– Or Any Subs Working On Their Behalf Do Any Landscaping, Grading Of Land Or Tree Pruning Work?**

Yes (If yes, complete)

Does Applicant use any pesticides, herbicides or chemicals?  Yes  No If "Yes" list common names of each:

Does Applicant perform any fumigating or spraying?  Yes  No

Does Applicant manufacture, compound or sell any chemicals  Yes  No If "Yes" provide EPA Number

Does Applicant perform any grading of land or excavation work  Yes  No

Does Applicant perform any work near power lines?  Yes  No

Does Applicant perform stump removal  Yes  No

If Applicant performs tree cutting or pruning, is a area roped off from public?  Yes  No

If Applicant performs tree cutting or pruning, is a formal training and/or safety program used?  Yes  No

**XII. WRECKING/DEMOLITION - Does Applicant– Or Any Subs Working On Their Behalf Do Any Wrecking /Demolition?** (Classes 99986 &7)

Yes (If yes, complete)

Types of buildings demolished? (explain, e.g. residential, commercial, high rise, freestanding, etc.)

What demolition methods does Applicant use (check all that apply):  wrecking ball  explosives  Other: explain,

Will Applicant perform any demolition of structures with shared walls or that is within 20 feet of another structure?  Yes  No

Has Applicant, or any other person for whom coverage is being requested, ever been fined, or cited for performing unsafe work?  Yes  No

Will perimeter of demolition area be barricaded with at least a 6ft high fence?  Yes  No

Does Applicant use a standard demolition contract (even if modified per contract)?  Yes  No (If "Yes" please provide)

Does Applicant check for PCB's and a sbestos prior to demolition?  Yes  No

Does Applicant remove asbestos or hire sub-contractors to remove asbestos?  Yes  No

Does Applicant get written confirmation that all utilities have been turned off?  Yes  No

Does Applicant remove debris?  Yes  No If "Yes" is Applicant involved in Salvage  Yes  No

What is the average demolition job cost? \$

**XIII. LOGGING OR LUMBERING - Does Applicant– Or Any Subs Working On Their Behalf Do Any Logging Or Lumbering Work?**

Yes (If yes, complete)

Are all of Applicants employees OSHA trained?  Yes  No

Describe geographical area of operation?

Check areas of operation that apply:  Bureau of Land Management  US Forestry system  Private land

What methods are used to determine boundaries and identify trees for cutting?

Are fire extinguishers available and/or mounted on all logging equipment?  Yes  No

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Describe precautionary measure taken to address erosion or landslide prevention:

Are established fire prevention procedures at all job sites?  Yes  No

Is Applicant responsible for preventing trespassing and vandalism?  Yes  No

Check if Subcontractors are used for:  Logging  Blasting  Log hauling

*Check all types of operations that apply:*

Slash by burning	<input type="checkbox"/>	Sawmill operations	<input type="checkbox"/>	Reforestation	<input type="checkbox"/>
Blasting/explosives	<input type="checkbox"/>	Planing	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Skidding	<input type="checkbox"/>	Residential Tree Trimming	<input type="checkbox"/>	Spraying, dusting, fumigating	<input type="checkbox"/>
Paving	<input type="checkbox"/>	Road Building	<input type="checkbox"/>	Chemical applications	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	Forestry	<input type="checkbox"/>	Other	<input type="checkbox"/>

**XIV. ALARM SYSTEM INSTALLATION OR REPAIR - Does Applicant – Or Any Subs Working On Their Behalf Do Any?** Class 91127 only

Yes (If yes, complete)

Does Applicant perform any alarm monitoring or fire suppression services?  Yes  No

Does Applicant perform alarm consulting services?  Yes  No If "Yes" does Applicant carry Professional E&O coverage  Yes  No

Percent of operation that is:	Residential	%	Commercial	%	Municipal	%	Industrial	%	<b>100%</b>
Check if Applicant performs at, or any of the following:	<input type="checkbox"/> Medical Alert Systems <input type="checkbox"/> Motor Vehicle alarms <input type="checkbox"/> Airports								
	<input type="checkbox"/> Correctional facilities <input type="checkbox"/> Nursing homes or hospitals <input type="checkbox"/> Financial Institutions								

**I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.**

APPLICANT NAME

APPLICANT SIGNATURE: \_\_\_\_\_

DATE:

PRODUCER NAME:

SIGNATURE \_\_\_\_\_