



## CONTRACTORS SUPPLEMENTAL APPLICATION

### SUBMISSION REQUIREMENTS

- Complete signed / dated Supplemental Application(s)
- Completed ACORD Applications
- Currently-valued insurance company loss runs for the current policy period plus 4 years

### ACCOUNT INFORMATION

Applicant Name:  
Website: www.

*There is an Additional Information gYwfc below for answers to questions that don't fit in the space provided.*

### SECTION I – GENERAL INFORMATION

- Years in business under current name:
- Provide other names which you have conducted business:
- State(s) in which you will do or have done business:
- Any operations in New York state? Yes No  
If yes, % in New York City, Long Island, and Westchester County % in remainder of the state.
- Percentage of your work: **(ALL COLUMNS MUST TOTAL 100%)**

BUILDING TYPE		NEW vs. REMODEL		INTERIOR vs. EXTERIOR		G.C. vs. ARTISIAN	
Residential / Habitational:	%	New construction	%	Interior work (inside structure):	%	General Contractor:	%
Commercial:	%	Structural remodel / Additions:	%	Exterior work (outside structures):	%	Construction Manager:	%
Industrial:	%	Non-structural Remodels	%			Developer/ Spec Builder:	%
Public Works / Government	%					Artisan Contractor:	%
<b>TOTAL:</b>	<b>100%</b>	<b>TOTAL:</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>

- Direct payroll, Sub-contractor costs and Gross sales

	PAYROLL	SUB-CONTRACTOR COSTS	GROSS RECEIPTS
Next 12 Months	\$	\$	\$
1 <sup>st</sup> Prior Year	\$	\$	\$
2 <sup>nd</sup> Prior Year	\$	\$	\$
3 <sup>rd</sup> Prior Year	\$	\$	\$
4 <sup>th</sup> Prior Year	\$	\$	\$

### SECTION II – OPERATIONS

- Does Applicant use sub-contractors? Yes No  
If yes, complete the following:
  - Percentage of the Applicant's work sub-contracted out: % Annual costs: \$

**Note: Costs to include both costs of sub-contracted labor and materials.**

2. Percentage of work to be performed by the Applicant or on your behalf by sub-contractors over the next 12 months.

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport runways			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofit		
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			Plastering			Water/Gas mains		
Electrical			Plumbing			Other:		

3. Does the Applicant, or has the Applicant, used Exterior Insulation and Finish Systems (EIFS) or have plans to use it in the future? **If yes, provide details:** Yes No

4. Does the Applicant ever work as a construction manager? Yes No

5. Any current or future plans to work on hillsides, in landfills, or areas subject to subsidence? **If yes, list precautions taken:** Yes No

6. Does Applicant or your sub-contractors perform any work over three stories in height from grade (other than interior work)? **If yes, please describe:** Yes No

If yes, maximum number of stories: **If yes, percentage of total work:** %

7. Does Applicant or Applicant's sub-contractors perform any work below grade? Yes No

**If yes, please describe:**  
**If yes, maximum depth:** feet **If yes, percentage of total work:** %

8. Any past, current, or planned involvement in
- a. blasting activities? Yes No
  - b. building demolition? Yes No
  - c. removal/remediation of lead, asbestos, radon, PCBs or other hazardous materials? Yes No
  - d. use of scaffolding? Yes No
  - e. removal or work on fuel tanks or pipelines? Yes No
  - f. shoring, underpinning, cofferdam or caisson work? Yes No
  - g. seismic repair or retrofitting work? Yes No

9. Does the Applicant perform any mold remediation work? Yes No

10. Does the Applicant own or lease any heavy equipment? Own Lease Both Never Use

11. If the Applicant uses sub-contractors, complete the following:
- a. Does the Applicant always collect certificates of insurance from sub-contractors? Yes No  
 What minimum General Liability limit is required: \$
  - b. Does the Applicant obtain a standard written agreement from all sub-contractors? Yes No
  - c. Does each sub-contractor hold the Applicant harmless? Yes No
  - d. Does each sub-contractor give you an indemnification agreement? Yes No
- Note: you may be required to provide a copy of a standard sub-contract to bind coverage.**
- e. Does each sub-contractor agree to add the Applicant as an Additional Insured? Yes No
  - f. How long does the Applicant maintain records of the above documents?

**SECTION III – JOB LIST AND CLAIM INFORMATION**

1. Please list the five largest projects in the past five years:
  1. Contract Value: \$
  2. Contract Value: \$
  3. Contract Value: \$
  4. Contract Value: \$
  5. Contract Value: \$
2. Is the Applicant aware of any circumstance, incident or accusation arising out of its operations performed by you or your sub-contractors which may give rise to a claim? Yes No
3. Has the Applicant had any construction defect claims in the past 5 years? Yes No  
**If yes, please describe:**

**ADDITIONAL INFORMATION**

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Name (Please Print/Type)

Title  
**(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Address (Street, City, State, Zip)

**Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:**

SL License State

SL License No.

Agency Taxpayer ID or SS Number

**NOTICE**

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: [www.insurance.ca.gov](http://www.insurance.ca.gov).
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

**Insured:** \_\_\_\_\_

**Date:**