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GENERAL CONTRACTORS SUPPLEMENTAL APPLICATION

Applicant's Name* _____ Agent _____

(*If more than one entity, attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection / Audit Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection / Audit Contact _____

Insured is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. Your contractor's license number # _____ Type of license _____

3. Indicate the percent of each type of work performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS
New Construction	%	%	%	%
Renovation	%	%	%	%
Real Estate Developer	%	%	%	%

4. Indicate the percentage of work you perform as a General Contractor or as a Subcontractor:

(a) General Contractor _____% (b) Subcontractor _____%

5. Indicate the percentage of work on a typical project performed by the following:

a) Your Employees _____% (b) Subcontractors under your supervision _____%

6. If residential construction, how many homes per year? _____ Total # of homes in project _____

7. Have you ever been involved in the construction or remodeling of apartments, townhouses, condominiums, tract homes or planned multi-unit developments? Yes No

If yes, please provide the types of projects, specific locations, total values, number of units per project and year you worked on them. _____

8. Do you have a written safety program? Yes No

Describe what safety precautions are in place _____

How do you protect the general public from potential injury? _____

9. Is jobsite security provided at night? Yes No

If yes, please describe _____

(If more information, attach separate sheet.)

UNDERWRITING INFORMATION (Continued)

10. What is the maximum height of buildings you work on? (# of stories) _____
11. Does a foreman or qualified individual inspect all jobs upon completion? Yes No
12. Do you perform any out of state work? Yes No
 If yes, in what states and provide details of work performed _____
 (If more information, attach separate sheet.)
13. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? Yes No
 If yes, please describe. _____
14. Have you ever used, sold, installed or removed asbestos? Yes No
 If yes explain in detail _____
15. Do you draw plans, designs or specifications? Yes No
 If yes explain in detail _____
16. Do you lease equipment to others with or without operators? Yes No
 If yes, describe equipment and forward copy of lease agreement. _____
17. Do you employ a soil engineer? Yes No
 If no, do you hire an independent soil engineer? Yes No
 If yes, does he name you as an Additional Insured? Yes No
18. Do you offer warranties? If yes, **attach** copies of warranty..... Yes No
19. Do you have Mobile Equipment that travels over public roads? Yes No
20. Do you perform or subcontract fire restoration and/or water remediation work? Yes No
21. Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material (e.g. landfills, wastes, fuel tanks, etc.)?..... Yes No
22. Do you lease employees to or from other employers? Yes No
23. Do you have a labor interchange with any other business or subsidiaries? Yes No
24. Have you operated under any other name(s)? Yes No
 If yes, list name, address, years in operation, state of operation and exposures. _____

NAME	ADDRESS	YEARS IN OPERATION	STATE OF OPERATION	EXPOSURES

25. Do you perform work below grade?..... Yes No
 If yes, what is the percentage of work _____% and Depth _____
26. Do you now or have you ever built on hillsides, slopes, landfills or other terrain susceptible to subsidence? ... Yes No
 Describe _____
27. Are you involved in any operations outside of the construction industry?..... Yes No
 Describe _____
28. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims?..... Yes No
 Describe _____

UNDERWRITING INFORMATION (Continued)

29. Number of executive supervisors? _____

30. Indicate below the construction experience of your executive supervisors

NAME	YEARS OF EXPERIENCE	ESTIMATED PAYROLL	LARGEST JOB SUPERVISED	YEARS WITH COMPANY

31. Complete the following, if applicable

Number of Model Homes: _____ Development Property: _____ acres

32. Are you a subsidiary of another entity or do you have any subsidiaries? Yes No

33. Any exposure to flammables, explosives, chemicals? Yes No

34. Any operations sold, acquired, or discontinued in last 5 years? Yes No

35. Have you been active in or are you currently active in joint ventures? Yes No

36. Any bankruptcies, tax or credit liens against you in the past 5 years? Yes No

Explain all yes responses: _____

SPECIAL HAZARDS

DO ANY OF YOUR OPERATIONS INVOLVE THE FOLLOWING?

1. Use of cranes Yes No

2. Blasting Yes No

3. Use of tower cranes Yes No

Length of booms: _____ (# of ft.)

4. Shoring or underpinning Yes No

5. EIFS (Exterior Insulation and Finish Systems) Yes No

6. Pile driving Yes No

7. Demolition of structures (other than interior) Yes No

8. Caisson or cofferdam work Yes No

9. Structural alterations Yes No

10. Other Special Hazards Yes No

Explain all yes responses _____

CONTROLLING THE SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors, please check here

1. Are certificates of insurance required from subcontractors? Yes No
2. Do your subcontractors carry coverage or limits less than yours? Yes No
If yes, what are the minimum limits you accept? _____
3. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) Yes No
4. Are you named as an additional insured on the subcontractors' policy? Yes No
5. How long are Certificates of Insurance kept? Until job ends One year Other
If other is checked, provide details _____

Explain all yes responses _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
- EACH OCCURRENCE \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

TYPE OF WORK PERFORMED

Please indicate whether the following trades are:

E – performed by your employees or **S** – performed by subcontractors

DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST	DESCRIPTION	E	ANNUAL PAYROLL	S	ANNUAL COST
Bridge construction	<input type="checkbox"/>		<input type="checkbox"/>		Insulation	<input type="checkbox"/>		<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>		<input type="checkbox"/>		Interior demolition	<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		Landscaping	<input type="checkbox"/>		<input type="checkbox"/>	
Debris removal	<input type="checkbox"/>		<input type="checkbox"/>		Masonry	<input type="checkbox"/>		<input type="checkbox"/>	
Drilling	<input type="checkbox"/>		<input type="checkbox"/>		Painting	<input type="checkbox"/>		<input type="checkbox"/>	
Drywall	<input type="checkbox"/>		<input type="checkbox"/>		Parking lot paving	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical	<input type="checkbox"/>		<input type="checkbox"/>		Plumbing	<input type="checkbox"/>		<input type="checkbox"/>	
Excavation	<input type="checkbox"/>		<input type="checkbox"/>		Roofing	<input type="checkbox"/>		<input type="checkbox"/>	
Framing	<input type="checkbox"/>		<input type="checkbox"/>		Street paving	<input type="checkbox"/>		<input type="checkbox"/>	
Grading	<input type="checkbox"/>		<input type="checkbox"/>		Stucco	<input type="checkbox"/>		<input type="checkbox"/>	
Guard rail installation	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	
HVAC	<input type="checkbox"/>		<input type="checkbox"/>		Other _____	<input type="checkbox"/>		<input type="checkbox"/>	

EXPERIENCE

1. List your gross sales for the last three years.

Year 20 _____ Gross sales \$ _____

Year 20 _____ Gross sales \$ _____

Year 20 _____ Gross sales \$ _____

2. What is your anticipated gross sales for this term? \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

LIST FIVE (5) OF YOUR LARGEST PROJECTS PLANNED FOR THE COMING YEAR:

DESCRIPTION	ESTIMATED JOB COST	ESTIMATED PROJECT DURATION

ADDITIONAL INFORMATION OR COMMENTS:
