

Contractors Supplemental Application
(To be submitted with ACORD Applications)

1. Applicant:				
2. Website Address:				
3. Have you had any claims during the last 3 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes", please explain:				
b. Total amount paid/reserved for each claim?				
4. Describe all contracting 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

Contractors Supplemental Questionnaire
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Applicant:	
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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 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 subcontractor for you:		
Operation	Percentage	
22. Indicate type of construction work performed by you or your employees:		
Maintenance	Alarm System Installation	Excavating
Alarm Monitoring	Janitorial	Underground Cable Work
Painting	Masonry	Wrecking / Demolition
Exterior Spray Painting	Carpentry	Septic Tanks
Lead Paint Removal	Floor Sanding, Stripping or Buffing	Snowplowing
Plastering	Roofing	Sewer Mains
Plumbing	Electrical	Gas Mains
Mechanical	Insulation	Water Mains
LPG Work	High Voltage Wiring	Pesticide / Herbicide Application
Process Piping	Tree Trimming / Removal	Supervisory only
Boiler work	Retaining Wall Construction or Repair	Concrete
Blasting or Mining	Airport or Tower Work	Oilfield
Asbestos or Mold Removal	<u>Other:</u>	<u>Other:</u>
<u>TOTAL</u>		
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	

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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 employees subject to:		
a. U.S. Longshoremen's and Harborworkers' Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, what percent of payroll:		
b. Jones Maritime Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, what percent of payroll:		
33. Do you have Workers' Compensation coverage in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Do you do any work in the States of Nevada, California or South Carolina?		<input type="checkbox"/> Yes <input type="checkbox"/> No

_____ PRODUCER'S SIGNATURE	_____ DATE:
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_____ APPLICANT'S SIGNATURE	_____ DATE:
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<p>APPLICABLE IN THE STATE OF NEW YORK:</p> <p>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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p>
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<p>FRAUD WARNING:</p> <p>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.</p>
