

CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To Acord Application. Applications incomplete or unsigned by the applicant are unacceptable. Attach additional information sheet if necessary.

APPLICANT INFORMATION		2. WEB ADDRESS			
1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS) *					
* IF INSURED HAS EVER OPERATED UNDER A DIFFERENT NAME(S), LIST ALL HERE:					
3. NUMBER OF YEARS IN <u>THIS</u> TYPE OF BUSINESS?	4. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN:				
5. STATES INSURED OPERATES IN AND IS LICENSED IN?	6. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER:				
	7. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S):				
8. FINANCIALS / STAFFING: TOTAL RECEIPTS \$ _____ COST OF SUB-CONTRACTORS \$ _____ # OF OWNERS _____ OWNER PAYROLL \$ _____ #OF EMPLOYEES _____ EMP. PAYROLL \$ _____	9. DOES INSURED HOLD ANY OTHER LICENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:				
	10. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE: A.) _____ B.) _____ C.) _____ D.) _____ E.) _____				
	11. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A: a. General Contractor _____ % VERSUS Artisan or Sub-Contractor _____ % (Total = 100%)				
12. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED (Total = 100% for each section a, b, & c)					
A. NEW CONSTRUCTION _____ %	B. COMMERCIAL _____ %	C. INSIDE BUILDING _____ %			
REMODELING _____ %	RESIDENTIAL _____ %	OUTSIDE BUILDING _____ %			
OTHER _____ %					
13. CLASSIFICATION OF OPERATIONS (PAYROLL / SUB-COSTS)					
Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Advertising Sign Co. – Outdoors	\$	\$	Heating / AC Install Repair – No LPG	\$	\$
A/C System Install & Repair (91111)	\$	\$	Insulation	\$	\$
Appliance Install, Svc, Repair - Home	\$	\$	Masonry (no EIFS or Synthetic Stucco)	\$	\$
Appliance Install, Svc, Repair - Comm	\$	\$	Painting – Exterior < 3 Stories	\$	\$
Cable / Subscription TV Companies	\$	\$	Painting – Interior	\$	\$
Carpentry – Residential < 3 stories	\$	\$	Paperhanging - Wallpapering	\$	\$
Carpentry – Interior / Finish	\$	\$	Plumbing – Residential	\$	\$
Carpentry - NOC	\$	\$	Plumbing – Commercial	\$	\$
Ceiling or Wall Installation - Metal	\$	\$	Roofing - Residential	\$	\$
Chimney Cleaning / Inspection	\$	\$	Roofing - Commercial	\$	\$
Concrete Construction	\$	\$	Septic Tank Systems Cleaning	\$	\$
Debris Removal – Const. Site No Haz.	\$	\$	Septic Tank Systems – Install / Repair	\$	\$
Door, Window Installation	\$	\$	Sewer Cleaning	\$	\$
Drywall or Wallboard Installation	\$	\$	Sheet Metal Work – Outside < 3 Stories	\$	\$
Electrical Apparatus Install, Service	\$	\$	Siding Installation	\$	\$
Electrical Work Within Buildings	\$	\$	Sign Painting or Lettering Inside Bldgs.	\$	\$
Fence Erection – No Electrified	\$	\$	Sign Painting or Lettering On Buildings	\$	\$
Floor Covering Install –No Tile / Stone	\$	\$	Tile, Stone, Marble - Interior	\$	\$
Glass Dealer & Glaziers < 3 Stories	\$	\$	Other:	\$	\$
Handyperson – Residential	\$	\$	Other:	\$	\$

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26. OPERATIONS/EQUIPMENT	YES	NO
A. TRACT HOUSING / CONDO / TOWNHOUSE		
(1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, ROW HOUSES, 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, ROW HOUSES, 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"/>

27. LOSS HISTORY		
a) Please provide a history of all loss in the past 3 years under your current business name. Use additional paper if available space is insufficient.		
CARRIER	COVERAGE DATES	DESCRIPTION AND AMOUNT OF LOSS
b) Please provide a history of losses in the past 5 years under any other trade name. Use additional paper if available space is insufficient.		
CARRIER	COVERAGE DATES	DESCRIPTION AND AMOUNT OF LOSS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.	
Signature of Authorized Representative	Producer's Name
Date	Producer's Signature