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) * 2. WEB ADDRESS | | | | | |
|--|------------------------|------------------------|---|--------------------|----------------------|
| 1. NAME (FIRST NAMED INSURED | AND OTHER NAM | IED INSUREDS) " | | | |
| | | | | | |
| * IF INSURED HAS EVER OPERATED | UNDER A DIFFE | RENT NAME(S), LI | ST ALL HERE: | | |
| | | | | | |
| 3. NUMBER OF YEARS IN THIS | 4. DESCRIBE TY | PE OF WORK INS | URED SPECIALIZES IN: | | |
| TYPE OF BUSINESS? | | | | | |
| | | | | | |
| 5. STATES INSURED OPERATES | 6. DESCRIBE AL | L OTHER TYPE OF | F WORK INSURED PERFORMS OR H | AS PERFORMED AND | TYPICAL |
| IN AND IS LICENSED IN? | CUSTOMER: | | | | |
| | | | | | |
| | 7. CONTRACTO | R LICENSE NUMBE | ER(S) AND NAME(S) ON LICENSE(S): | | |
| | | | | | |
| 8. FINANCIALS / STAFFING: | 9. DOES INSURE | ED HOLD ANY OTH | IER LICENSES? VES NO | | |
| | IF YES, DESC | RIBE: | | | |
| TOTAL RECEIPTS \$ | | | | | |
| COST OF SUB-CONTRACTORS | 10. DESCRIBE IN | NSURED'S 5 CURF | RENT/COMPLETED LARGEST PROJE | CTS, ANTICIPATED C | OMPLETION |
| \$ | | | STATE) OF THE SITE: | | |
| * | A.) | | · | | |
| # OF OWNERS | B.) | | | | |
| | D.) | | | | |
| OWNER PAYROLL \$ | E.) | | | | |
| #OF EMPLOYEES | | | | | |
| | 11. WHAT PERC | ENT OF YOUR RE | VENUES HAVE BEEN DERIVED FRO | M YOUR OPERATION | AS A: |
| EMP. PAYROLL \$ | a Canaral Cantra | otor 9/ | VERSUS Artisan or Sub-Contr | actor 9/ | $(T_{otol} - 100\%)$ |
| 12. PERCENT OF CONSTRUCTION | | | | | (10tal = 100%) |
| | | OMMERCIAL | | | % |
| A. NEW CONSTRUCTION REMODELING | | RESIDENTIAL | | E BUILDING | % |
| OTHER | % | CODENTIAL | | | 70 |
| | | | | | |
| 13. CLASSIFICATION OF | OPERATIO | NS (PAYROL | L / SUB-COSTS) | | |
| Class | Employee | Sub-Contractor | Class | Employee | Sub-Contractor |
| | Payroll | Costs | | Payroll | 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 | | | | | |
| | \$ | \$ | | 2 | \$ |
| | \$ | \$ | Buildings | \$ | \$ |
| Floor Covering Install –No Tile / Stone | \$ | \$ | Buildings Tile, Stone, Marble - Interior | \$ | \$ |
| Glass Dealer & Glaziers < 3 Stories | \$ \$ | \$ \$ | Buildings Tile, Stone, Marble - Interior Other: | \$ \$ \$ | \$ \$ |
| - | \$ | \$ | Buildings Tile, Stone, Marble - Interior | \$ | \$ |

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| 14. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING: | | | | | |
|--|---|----------------------------|---|------------------------|---|
| AIRPORTS | % | FIRE SUPPRESSION | % | SHORING/UNDERPINNING | % |
| ASBESTOS REMOVAL | % | GAS/WATER MAINS | % | STEEL | % |
| BLASTING | % | GRADING | % | STEEL (ORNAMENTAL) | % |
| BRIDGE CONSTRUCTION | % | LANDFILLS | % | STEVEDORING | % |
| BORING | % | LEAD PAINT REMOVAL | % | STREET/ROAD | % |
| BOILER INSPECTION | % | MAINTENANCE | % | SUB AQUEOUS | % |
| BLDG. – RAISING OR MOVING | % | MASONRY | % | SUBWAYS | % |
| COFFERDAM OR CAISSON WORK | % | MECHANICAL | % | SUPERVISORY ONLY | % |
| DAMS/RESERVOIRS | % | MUNICIPALITY WORK | % | TUNNELS | % |
| DEMOLITION | % | PIER OR WHARF CONSTRUCTION | % | WATERPROOFING | % |
| DRILLING | % | PIPELINE | % | WRAP-UPS | % |
| EIFS OR RELATED WORK | % | PLASTERING/STUCCO | % | OTHER (DESCRIBE BELOW) | % |
| EXCAVATION | % | POLLUTION ABATEMENT | % | | |
| EQUIPMENT RENTAL TO OTHERS | % | RAILWAY | % | | |

| ROOFING | | | | | |
|---|-----------|---------------|-------------------------------------|--|--|
| 15. HAVE YOU EVER DONE OR WILL YOU DO ANY ROOFING THIS YEA (IF "NO", SKIP TO QUESTION #25) | .R? □ | YES 🗌 NO | | | |
| 16. a. WHAT IS THE MAXIMUM BUILDING SIZE (NUMBER OF STORIES |) YOU WO | ORK ON? | | | |
| b. WHAT IS THE AVERAGE BUILDING SIZE NUMBER OF STORIES | | | | | |
| c. WHAT % OF THE TOTAL NUMBER OF ANNUAL JOBS ARE OVER | 3 STORI | ES? | | | |
| 17. WHAT ROOF TYPES DO YOU INSTALL? | | | | | |
| | | | | | |
| 18. ARE THERE ANY ROOF TYPES THAT YOU HAVE JUST BEGUN TO I IF YES, WHICH TYPES? | NSTALL I | N THE LAST TW | O YEARS? YES NO | | |
| 19. LOSS CONTROL PROGRAM: | YES | <u>NO</u> | | | |
| a. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM? | | | | | |
| b. IS IT IN WRITING? | | | WHAT IS YOUR WORKERS | | |
| c. WHICH OF THE FOLLOWING ELEMENTS DOES IT INCLUDE: | | _ | COMPENSATION EXPERIENCE | | |
| 1. SAFETY RULES AND REGULATIONS? | | | MODIFICATION FACTOR? | | |
| 2. SAFETY MEETINGS? HOW FREQUENTLY? | | | | | |
| ATTENDANCE MANDATORY? | | | | | |
| 3. SITE SAFETY INSPECTION LIST? | | H | | | |
| 4. FIRE PREVENTION/PROTECTION TRAINING? | | H | | | |
| 5. HAZARDOUS MATERIAL HANDLING TRAINING? (MSDS) | | | | | |
| 6. SAFETY REQUIREMENTS FOR SUBCONTRACTORS? | | | | | |
| d. WHO IS RESPONSIBLE FOR LOSS CONTROL? | | | | | |
| (INCLUDE TITLE) | | | | | |
| | | | | | |
| 20. IF YOU OR YOUR SUBCONTRACTORS USE HOT TAR, TORCH DOW USED? | /N, OR 01 | THER HEAT PRO | CESSES, WHAT SAFETY PRECAUTIONS ARE | | |
| | | | | | |
| | | | | | |
| 21. WHAT % OF ANNUAL JOBS ARE HOT TAR, TORCH DOWN, OR OTH | IER HEAT | PROCESS? | | | |
| IS ANY HEAT PROCESS WORK SUBBED OUT? | | | | | |
| 22. DESCRIBE HOW THE JOB SITE IS SECURED AT THE END OF WOR | KDAY: | | | | |
| | | | | | |
| 23. ARE ALL JOBS INSPECTED BY MANAGEMENT AT COMPLETION, BEFORE LEAVING THE JOB SITE? | | | | | |
| 24. DETAIL ANY OTHER SPECIAL EXPOSURES: | | | | | |

25. SUBCONTRACTORS

| A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB- CONTRACTED? | | E. DOES INSURED USE HELP FROM FRIENDS OR RELATIVES ON OCCASION? | |
|--|--|--|--|
| B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS? | | F. ARE CERTIFICATES OF GL & WC INSURANCE OBTAINED? | |
| C. DO SUBS CARRY WC INSURANCE? | | G. WHAT LIMITS ARE REQUIRED? \$CGL OCCURRENCE \$GEN. AGGREGATE | |
| D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED? | | \$ PC.OPS AGG. \$ WORKERS COMP | |

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| 26. | OPERATIONS/EQUIPMENT | <u>YES</u> | <u>NO</u> | | |
|-----|--|------------|-----------|--|--|
| (| 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:% (2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES? (3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDO, ROW HOUSES, TOWNHOUSES OR TRACT HOMES | | | | |
| В. | DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS? | | | | |
| C. | HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES, PLEASE DESCRIBE: | | | | |
| D. | SCAFFOLDING: DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-4 below) (1) IS SCAFFOLDING: OWNED? RENTED? LEASED? | | | | |
| | (1) IS CHE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS? (2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS? (3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY) SCISSOR LIFTS ARRIAL LIFTS ARTICULATING BOOM LIFTS CRANES CHERRY PICKERS MAXIMUM HEIGHT WORKED | | | | |
| E. | HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE: | | | | |
| F. | F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED: | | | | |
| G. | DOES INSURED RENT/LEASE EQUIPMENT? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT? | | | | |

| 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 h | history of losses in the past 5 ye | ears 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 |