

General Contractors Supplemental Application

APPLICANT INFORMATION

Applicant Name: _____
 AKA / DBA: _____
 Mailing Address: _____
 Loc Address: _____
 Area of Ops: _____
 Insured Contact: _____ Phone: _____
 Website: _____
 Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Licenses Held	License #	# Owner / Partners	Payroll
_____	_____	_____	_____
_____	_____	_____	_____
Projected Cost Subcontracted Work (labor & materials)		Insured	Uninsured
		\$ _____	\$ _____
Total Receipts \$ _____			

OPERATIONS

Please provide a breakdown of your work as:

General Contractor _____% Subcontractor _____%
 Developer _____% Construction Manager / Consultant Only _____%

% of Work	Breakdown %	% New	% Remodel	Tot New/Remodel
Residential	_____	_____	_____	100%
Commercial	_____	_____	_____	100%
Industrial	_____	_____	_____	100%
Total Work	100%			

If new residential construction work is being done, please indicate type:

Apartments _____% Condos/Townhouses _____%
 Custom Homes _____% Tract Homes _____%

Provide a description of the type of work done by you and your employees: _____

Have you operated or been licensed under any other name(s) during the past 10 years? Yes No

If "Yes," provide prior name and describe type of operations: _____

Indicate percentage of payroll for each type of construction work performed by **your employees**:

Alarm Systems	_____ %	Excavating	_____ %	Rigging	_____ %
Asbestos/Lead Removal	_____ %	Fire Proofing	_____ %	Roofing	_____ %
Blasting	_____ %	Fire Restoration	_____ %	Seismic Retrofitting	_____ %
Boiler Work	_____ %	Foundation	_____ %	Septic Tank	_____ %
Boring	_____ %	Framing of Buildings	_____ %	Sewer	_____ %
Bridges/Elevated Roads	_____ %	Gas Mains	_____ %	Sheet Metal Work	_____ %
Building Raising/Moving	_____ %	Grading of Land	_____ %	Siding	_____ %
Caisson/Cofferdam Work	_____ %	Insulation	_____ %	Soil Stabilization	_____ %
Cantilevered Construction	_____ %	Landscaping	_____ %	Steel (ornamental)	_____ %
Carpentry	_____ %	Maintenance	_____ %	Steel (structural)	_____ %
Communication Lines	_____ %	Masonry	_____ %	Street/Road Construction	_____ %
Concrete	_____ %	Mechanical	_____ %	Stevedoring	_____ %
Construction Defect Remediation	_____ %	Mold & Spore Remediation	_____ %	Supervisory Only	_____ %
Dam/Reservoir Construction	_____ %		_____ %	Swimming Pools	_____ %
Debris Removal	_____ %	Oil & Gas Fields	_____ %	Tile/Stone/Marble	_____ %
Demolition	_____ %	Painting	_____ %	Tunneling	_____ %
Dredging	_____ %	Pile Driving	_____ %	Underpinning/Shoring	_____ %
Drilling	_____ %	Pipeline/Water Main	_____ %	Waterproofing	_____ %
Dywall	_____ %	Plastering	_____ %	Water Restoration	_____ %
Earthquake Reinforcement	_____ %	Plumbing	_____ %	Welding	_____ %
EIFS	_____ %	Power Lines	_____ %	Other:	_____ %
Electrical	_____ %	Process Piping	_____ %		
Equipment Rental to Others	_____ %	Removal/Installation of Underground Tanks	_____ %	Total	100 %

Any construction of the following?

- Airports Nuclear Plants
 Railroads Stadiums
 Subways

SUBCONTRACTOR INFO / RISK TRANSFER

Indicate type of construction work performed by **your subcontractors**:

Alarm Systems	_____ %	Excavating	_____ %	Rigging	_____ %
Asbestos/Lead Removal	_____ %	Fire Proofing	_____ %	Roofing	_____ %
Blasting	_____ %	Fire Restoration	_____ %	Seismic Retrofitting	_____ %
Boiler Work	_____ %	Foundation	_____ %	Septic Tank	_____ %
Boring	_____ %	Framing of Buildings	_____ %	Sewer	_____ %
Bridges/Elevated Roads	_____ %	Gas Mains	_____ %	Sheet Metal Work	_____ %
Building Raising/Moving	_____ %	Grading of Land	_____ %	Siding	_____ %
Caisson/Cofferdam Work	_____ %	Insulation	_____ %	Soil Stabilization	_____ %
Cantilevered Construction	_____ %	Landscaping	_____ %	Steel (ornamental)	_____ %
Carpentry	_____ %	Maintenance	_____ %	Steel (structural)	_____ %
Communication Lines	_____ %	Masonry	_____ %	Street/Road Construction	_____ %
Concrete	_____ %	Mechanical	_____ %	Stevedoring	_____ %
Construction Defect Remediation	_____ %	Mold & Spore Remediation	_____ %	Supervisory Only	_____ %
Dam/Reservoir Construction	_____ %		_____ %	Swimming Pools	_____ %
Debris Removal	_____ %	Oil & Gas Fields	_____ %	Tile/Stone/Marble	_____ %
Demolition	_____ %	Painting	_____ %	Tunneling	_____ %
Dredging	_____ %	Pile Driving	_____ %	Underpinning/Shoring	_____ %
Drilling	_____ %	Pipeline/Water Main	_____ %	Waterproofing	_____ %
Dywall	_____ %	Plastering	_____ %	Water Restoration	_____ %
Earthquake Reinforcement	_____ %	Plumbing	_____ %	Welding	_____ %
EIFS	_____ %	Power Lines	_____ %	Other:	_____ %
Electrical	_____ %	Process Piping	_____ %		
Equipment Rental to Others	_____ %	Removal/Installation of Underground Tanks	_____ %	Total	100 %

Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor?

- Yes No

If "No," please explain: _____

Are Certificates of Insurance obtained from subcontractors?

- Yes No

Do you require all subs to have equal limits? Yes No
 Are you named as an additional insured on all subcontractors' policies? Yes No
 Do you normally use the same subcontractors? Yes No
 If you are a Project Manager/Consultant, do you contract with the subcontractors? Yes No

OTHER

Any work performed above four stories in height? Yes No
 Maximum number of stories: _____
 Any work performed below grade? Yes No
 Maximum depth: _____
 Is scaffolding owned, rented or erected? Yes No
 Are other contractors at the job site allowed to use it? Yes No
 Any mobile equipment leased from others? Yes No
 Type of equipment leased? _____
 Are operators provided? Yes No
 Do you have a formal safety program in force? Yes No
 Do you have Workers' compensation coverage in force? Yes No
 Any employees working under:
 U.S. Longshoremen's and Harborworkers' Act? Yes No
 Jones Maritime Act? Yes No
 Do you or any of your employees hold a Real Estate Agent's license? Yes No
 Do you own any vacant land? Yes No
 If "Yes", is property zoned: Residential Commercial
 Number of acres: _____
 Do you plan to develop this property within the next policy term? Yes No
 If "Yes", please provide details: _____
 Have you ever been involved in any construction defect claims? Yes No
 If "Yes", please provide details: _____
 Do you participate in any owner-controlled insurance program (OCIP) or Wrap-Up insurance? Yes No
 Does applicant have other business ventures for which coverage is not requested? Yes No
 If "Yes", explain and advise where insured: _____
 Has the applicant or majority partner filed for bankruptcy within the past five years? Yes No

CURRENT OR RECENT PROJECTS

Project Description	Cost of Project	Duration
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No
 If "Yes", please explain: _____
 Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

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.

Applicable in Maine

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.

Applicable in Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in 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 include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____