

Contractors Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

Account

1. What year was the current business started?
2. Have the operations or trade changed since the current business started? Yes No Unknown
Please explain:
3. Please list all states where work is performed:
4. Is the contractor licensed and certified in the states where they work? Yes No Unknown
5. Is there a website? Yes No Unknown
Please provide URL:

Liability

6. Please list the type of work the employees perform and the payroll for each type.

Type of Work	Payroll

7. Does the business operate as a General Contractor? Yes No Unknown
(GC's are defined as contractors who contract directly with the owner for new or renovation projects. The GC may perform some of the work or subcontract is out.)
Please describe the type of construction projects the business is involved in:

8. Does the business subcontract work to others? Yes No Unknown

Please describe the type of work subcontracted to others and the cost of each.

Type of Work	Cost

9. Please indicate the percent of business that involves one or two family residential work and other than one or two family residential:

1 or 2 Family Residential %

Other than Residential %

Please describe the "Other than Residential" work.

10. Please indicate the percent of business that falls into each of the following categories:

a. New Construction %

b. Repair or maintenance %

c. Additions to existing structures %

d. Other %

Please explain:

11. Has the business worked on new construction of condominiums, town houses or tract homes in the last 10 years? Yes No Unknown

12. On average, how many jobs does the business work on at the same time?

13. How many jobs did the business complete last year?

14 Please list the last five jobs the business was involved in.

Type of Job	Location	Job Duration

15. Please list the number of full time employees:

Please list the number of part time or seasonal employees:

16. Please check any/all of the following which applies to the business:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Rents or leases any equipment (with or without operators) or tools to others | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Engages in or subcontracts for demolition or blasting operations | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Operations for lead paint or asbestos removal or abatement, now or at any time | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Performs or has performed work in connection with EIFS
(Exterior Insulation and Finish Systems) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Removes underground storage tanks | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Draws plans, designs or specifications for others, now or at any time | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Participates in wrap-up projects | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Operations to remove or remediate mold or mold damage | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> None of the above | |

If Yes to any of the above questions, please describe:

17. Please check which of the following apply to the job site safety program:

- New Employee Orientation
- Tool Box Safety Talk
- Accident Investigation Program
- Personal Protective Equipment Supplied To Employees
- Call before Dig
- Other
- Unknown

Please Describe:

18. Has the business been involved in a construction defect lawsuit in the past ten years?

- Yes No Unknown

19. Does the business perform as a subcontractor for others?

- Yes No Unknown

a. Who reviews the contracts entered into? Check all that apply:

- The business owner
- The business' loss control or legal representative
- Insurance Agent
- Attorney
- Other
- Unknown

Please Describe:

- b. Are jobs refused because of unacceptable contractual obligations? Yes No Unknown
- c. Are copies of all contracts and certificates kept? Yes No Unknown
- How long are they kept?
- Until the job has been completed less than 1 year
- 1-3 years more than 3 years Unknown
- Additional Comments:

20. Is work subcontracted to others? Yes No Unknown
- Please check all that apply:
- Subcontractors are required to sign contracts. Unknown
- Contracts require subcontractors to indemnify the business and hold it harmless. Unknown
- Contracts require subcontractors to name the business as an additional insured on their Commercial General Liability policy. Unknown
- Contracts require subcontractors to carry Commercial General Liability, Automobile and Workers Compensation Insurance with limits at least equal to that of the business's. Unknown
- Subcontractors are required to provide the business with Certificates of Insurance Unknown
- Additional Comments:

21. Are MVR's obtained on new and existing drivers? Yes No Unknown
- What action is taken if a driver has a poor driving record?

22. Are any of the vehicles primarily used for personal use? Yes No Unknown
- Please explain:

23. Are commercial driver's licenses required? Yes No Unknown

24. Is there a formal vehicle preventative maintenance program? Yes No Unknown
- Who performs the maintenance?
- Employees
- Contracted Dealer
- Contracted Garage
- Other
- Unknown
- Please Describe:

25. Is HIRED / NON-OWNED Optional Coverage being Requested? Yes No Unknown
- a. Are long-term leased autos specifically covered on the business auto policy? Yes No Unknown
- b. What is the annual cost of hire?
- c. Do any hired vehicle agreements extend over 6 months? Yes No Unknown
- d. If business is a partnership; number of partners: N/A