

## General Liability Contractor Supplemental

\*Required Fields

### APPLICANT INFORMATION

Requested Effective Date*			
Owner*			
Address*	City*	State*	Zip*
Phone*	Email*		

### INSURED INFORMATION

Named Insured*		DBA	
Mailing Address*	City*	State*	Zip*
Premises Address*	City*	State*	Zip*
Website	Years in Business	Years of related experience	
Is applicant a new venture, ever operated under another name or discontinued any operations? If yes, please explain:		Yes	No

Description of Operations

Is the applicant certified or licensed for trade, if applicable? N/A    Yes    No	If yes, license #:	Name of Licensee:
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### OPERATIONS

#### PERCENT OF WORK

New Construction	%	Residential	%
Remodeling	%	Commercial	%
Service	%	Industrial	%
<b>TOTAL</b>	<b>= 100 %</b>	Other	%
		<b>TOTAL</b>	<b>= 100 %</b>

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### WORK PERFORMED BY EMPLOYEES (please check all that apply)

Foreman	Concrete	Carpentry	Door/Window Install	Electrical	Excavation
Flooring	Fence	Framing	Driveway/Sidewalk	Painting	Plumbing
Fire/Water Cleanup	Debris Removal	Demolition	Janitorial	Handyman	HVAC
Plastering/Drywall	Insulation	Glass/Glazier	Land Grading	Landscaping	Lawn Care
Masonry	Roofing	Siding Install	Sheet Metal/Gutters	Sign Erection	Tile Install
Swimming Pools	Tree Pruning	Metal Erection	Waterproofing	Solar Install	Other: _____

### ANY EXPOSURE TO OR CONSTRUCTION OPERATIONS/SERVICES PERFORMED ON THE FOLLOWING

Mold Remediation	Environmental Remediation	Sewer/Utilities	Dams/Levies
Tunneling	Lead Paint/Asbestos Abatement	Highways/Bridges	Airports
Blasting/Mining	EIFS	Petroleum/Chemical Facilities	Navigable Waterways
Playgrounds	Traffic Controls	Railroads	

Any work above 3 stories?	Yes	No	Any work below ground?	Yes	No
Maximum Height:	Feet	Stories	If yes, what depth?	Feet	
Radius of Operations?			Any work outside of applicant's home State?	Yes	No
			If yes, which States?		

	PROJECTED	TERM EXPIRING	TERM 1ST PRIOR
Gross Receipts	\$	\$	\$
Number of Active Owners			
Number of Full Time Employees			
Full Time Payroll (Exclude Owners, Sales & Clerical)	\$	\$	\$
Number of Part Time Employees			
Part Time Payroll (Exclude Owners, Sales & Clerical)	\$	\$	\$
Insured Sub Costs, including Materials	\$	\$	\$
Uninsured Sub Costs, including Materials	\$	\$	\$

### SUBCONTRACTOR INFORMATION

Percent of work that is subcontracted to others? %

(Please check all activities performed by subcontractors)

Site Supervision	Concrete	Carpentry	Door/Window Install	Electrical	Excavation
Flooring	Fence	Framing	Driveway/Sidewalk	Painting	Plumbing
Fire/Water Cleanup	Debris Removal	Demolition	Janitorial	Handyman	HVAC
Plastering/Drywall	Insulation	Glass/Glazier	Land Grading	Landscaping	Lawn Care
Masonry	Roofing	Siding Install	Sheet Metal/Gutters	Sign Erection	Tile Install
Swimming Pools	Tree Pruning	Metal Erection	Waterproofing	Solar Install	Other: _____

Do you have any work done by Uninsured Subcontractors? Yes No

If yes, anticipated cost of Uninsured Subcontractor Labor: \$

Do you have any Cash/1099 Labor? Yes No If yes, anticipated cost of Cash Labor: \$

Work Performed:

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Check the types of subcontractor agreements you require:	Standard (AGC, AIA contracts)	Custom	Other:
Do you use written subcontractor agreements containing hold harmless/indemnity agreements?	Yes	No	
Does that agreement require the subcontractor to carry workers compensation insurance?	Yes	No	
Do you obtain certificates of insurance from all subcontractors naming you as an additional insured?	Yes	No	
Do you require all subcontractors to carry primary limits equal to or greater than your own?	Yes	No	
Is there a diary system in place to track expiration dates of certificates of insurance?	Yes	No	
Do you require all subcontractors to waive their right of subrogation against you?	Yes	No	
How long does the applicant keep copies of certificates on file?	YEARS		

ADDITIONAL INFORMATION		
Is the applicant a construction manager? (Contractor working for the owner, and observing the day-to-day work on site. Subs are employed by and paid by the owner. The construction manager will work for the owner, assuring compliance with codes And quality work, but will not direct the daily operation of the sub contractors.)	Yes	No
Is the applicant a real estate developer? (Contractor who purchases large, unimproved tracts of land, and makes them ready for building by adding streets, roads, utilities, etc.)	Yes	No
Is the applicant licensed as an architect, engineer or have a real estate license?	Yes	No
Does the applicant have a written safety/quality control program?	Yes	No
Does the applicant comply with all state and local government licensing requirements?	Yes	No
Does the applicant allow others to use their contracting license to obtain permits, bid projects, etc.?	Yes	No
Any new construction, repair or remodeling of condominiums, condo conversions, tract housing or town homes? If yes, what is the maximum # of residential units per development?	Yes	No
Any installation or erection of playground equipment, bleachers or stages?	Yes	No
Any leasing or rental of equipment to others?	Yes	No
Any blasting operations?	Yes	No
Any exterior spray painting operations?	Yes	No
Any work related to fiber optic cable work or installation?	Yes	No
Any sales of chemicals or the application of chemicals, such as herbicides or pesticides?	Yes	No
Any sales, installation, service or repair to wood, coal or waste oil-burning stoves?	Yes	No
Any grading and excavating on slopes of greater than 30 degrees or work on retaining walls over 6 feet in height?	Yes	No
Any work for "clean rooms", industrial, petroleum, chemical, mining facilities or power generation plants?	Yes	No
Any work performed at hospitals, student/senior housing, assisted living/retirement homes or schools?	Yes	No
Any installation, repair or maintenance in grain elevators, traffic lights, underground storage tanks, skylights or EIFs?	Yes	No
Any sales, installation, service or repair alarm systems, automatic fire extinguishing systems, boilers, elevators, escalators, surveillance systems or tv monitoring systems, either commercial or residential?	Yes	No
Are records kept for each job including the description of materials and equipment used or installed?	Yes	No
Has any officer, owner, or partner of the company been convicted of a felony?	Yes	No
Is any officer, owner or partner currently involved in bankruptcy proceedings?	Yes	No
Have you ever had insurance canceled, declined, or a renewal refused?	Yes	No

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### DESCRIBE 5 LARGEST PROJECTS COMPLETED OR IN PROGRESS IN THE PAST 12 MONTHS:

CONST. SVCS. PROVIDED & DESCRIPTION OF PROJECT	CUSTOMER NAME	CITY, STATE	PROJECT VALUE
			\$
			\$
			\$
			\$
			\$

### PREMIUM AND LOSS HISTORY

	CARRIER	PREMIUM	LOSSES
Current		\$	\$
1st Prior Year		\$	\$
2nd Prior Year		\$	\$

It is a crime to knowingly and intentionally attempt to defraud an insurance company by providing false or misleading information or concealing material information during the application process or when filing a claim. Such conduct could result in the policy being voided and subject you to criminal and civil penalties.

Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_