

## Supplemental Application for Contractors

Applicant Name: \_\_\_\_\_  
 Business Address \_\_\_\_\_ Website \_\_\_\_\_

### GENERAL INFORMATION

Years in business(current name): \_\_\_\_\_ Years Industry experience: \_\_\_\_\_  
 License number: \_\_\_\_\_ Other business names used/in use \_\_\_\_\_  
 Industry Affiliations or Memberships: \_\_\_\_\_

### CONTRACTING OPERATIONS

Narrative Description of Operations : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate your Percentage of Work that is:

1. \_\_\_\_\_% New Construction \_\_\_\_\_% Remodeling = 100%

2. \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% Residential = 100%

Total # Employees: \_\_\_\_\_ Percentage of Work performed by your employees: \_\_\_\_\_%

Please describe the work performed by your employees in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Do you perform job site supervision?  Yes  No  
 Do you/will you provide any construction trade work for other contractors?  Yes  No  
 Do you/have you ever leased employees?  Yes  No  
 Do you or any employees perform architect, engineering or draftsman work?  Yes  No

	<b>PAYROLL</b>	<b>Subcontract Cost *</b>	<b>Gross Receipts</b>
Next 12 Months			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			

Complete the following for 3 largest projects **currently in progress,**  
**completed or scheduled** over the next twelve months

	Project Name/Location	Start/End Dates	On-site Employees/# of Subcontractors	Project Value
1.				
2.				
3.				

Provide breakdown by type of work shown below that is performed by your  
 employees or by subcontractors

Type	By You or Your Employees	By Subs	Not Done	Type	By You or Your Employees	By Subs	Not Done
Airports				Insulation			
Boiler Work				Masonry			
Bridges				Roofing			
Concrete				Sewer			
Cranes/Hoists				Sprinklers			
Dams/Reservoirs				Utilities			
Excavation				Welding—on site			
Fireproofing				Wharfs/Piers			
Grading				Work > 3 stories			
Highways/Road							

Do you/have you used EFIS or have plans to use it in the future?  Yes  No  
 Do you ever work as a construction manager?  Yes  No  
 Has or will the insured perform any operations outside the state of New York?  Yes  No  
 Does applicant or applicant's subcontractors perform any **exterior work OR work over three stories** in height from grade (other than interior work)?  Yes  No

If yes, please describe : \_\_\_\_\_

If yes, maximum # of stories \_\_\_\_\_ stories If Yes, percentage of total work \_\_\_\_\_ %

Does applicant or applicant's subcontractors perform any **work below grade**?  Yes  No

If yes, please describe : \_\_\_\_\_

If yes, maximum depth \_\_\_\_\_ Feet If Yes, percentage of total work \_\_\_\_\_ %

Any past, current or planned involvement in  
 blasting activities?  Yes  No

building demolition?  Yes  No

Removal/remediation of lead, asbestos, radon, PCB's or other hazardous materials?  Yes  No

use of scaffolding?  Yes  No

Shoring, underpinning, tunneling, cofferdam or caisson work?  Yes  No

Do you perform any Mold Remediation Work?  Yes  No

Do you own or lease any heavy equipment?  Own  Lease  Both  Never Use

If applicable list Heavy Equipment that is owned or leased: \_\_\_\_\_

If you own your own equipment, do you rent or lease this equipment to others?  Yes  No

If yes, is this done with or without operators?  With  Without

Have you/will you be involved in the construction of townhomes, condo or new tracts?  Yes  No

Have you/will you be involved in the construction, repair or renovation of apartments?  Yes  No

Have you or will you convert apartments to condominiums?  Yes  No

Any past or current involvement with Wrap-Up/OCIP work?  Yes  No

### **INFORMATION ON SUBCONTRACTORS**

Do you use subcontractors?  Yes  No

If yes, do you normally use the same subcontractors?  Yes  No

Percentage of work performed by Insured Subcontractors: \_\_\_\_\_%

Please describe the work performed by your subcontractors in detail: \_\_\_\_\_

- Subcontract Cost for this Year \_\_\_\_\_\* Actual Cost Last year \_\_\_\_\_
- Subcontract Cost = all materials & equipment you purchase for use by your subcontractors in their work and all your materials and equipment they purchase plus their labor cost

Are all subcontractors, including sole proprietors with no employees required to provide proof of Workers Compensation and General Liability Insurance?  Yes  No

If yes, indicate the minimum limits required for General Liability  
 \$ \_\_\_\_\_ Ea. Occ.  
 \$ \_\_\_\_\_ Gen. Agg.  
 \$ \_\_\_\_\_ Prod/CO Agg.

Do you collect certificates of insurance from all subcontractors?  Yes  No

How long do you maintain certificates of insurance after a completed job? \_\_\_\_\_

Do you use a standard contract with your subcontractors?  Yes  No

How many years has your subcontract agreement been used? \_\_\_\_\_

Does it contain Hold Harmless and Indemnification wording protecting you?  Yes  No

Does it require subcontractors to include you as an additional Insured on their Liability policy?  Yes  No

**JOBSITE SAFETY/LOSS CONTROL**

Do you have a formal safety program in place? { } Yes { } No

**OTHER**

Do you perform any operations outside the realm of contracting?  
During the past three years has any company ever cancelled, non-renewed, declined, or refused to issue similar insurance to the applicant? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

Have you had a construction Defect loss/claim or been involved in a class action Construction Defect suit? If yes please explain: \_\_\_\_\_

Have any known events occurred prior to the proposed effective date that may result in a claim? [ ] Yes [ ] No  
If yes, explain : \_\_\_\_\_

**PRIOR CARRIER INFORMATION**

	Year:	Year:	Year:	Year:	Year:
Carrier .					
Policy No.					
Total Premium					

*This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.*

**Fraud Warning:**

*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 substantial civil penalties.*

*I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_