



Contractors Supplemental

CONTRACTORS SUPPLEMENTAL APPLICATION

Submit along with a completed Acord application.

1. Applicant's Name _____ Website Address _____

2. Loss information for the past three years: None

Year	# of Claims	Incurred Amounts	Description
		\$	
		\$	
		\$	

3. Years in business under this name _____ Years of experience in this field _____

4. The applicant has never operated under any other name(s). True False

a. If false, what name(s) _____

b. If false, what was the reason for the change? _____

5. The applicant never performed and does not plan on performing construction operations in AZ, CA, FL, HI, LA, NV, or TX. True False

6. Applicant operates as _____% General Contractor _____% Subcontractor _____% Artisan/Trade Contractor
 _____% Construction Manager _____% Architect/ Engineer _____% Real Estate Developer

Receipts: Last 12 months \$ _____ Projected this year \$ _____

Subcontractor Costs (include Labor & Materials): Last 12 months \$ _____ Projected this year \$ _____

7. Number of employees (including leased) other than owners listed below: Full Time _____ Part Time _____

8. The applicant does not use casual laborers. True False

If false, include employees in question 7 and payroll in question 13.

9. If the applicant uses subcontractors, complete the following regarding the owner(s) responsibilities:

Name of Owner	Clerical (✓)	Supervision (✓)	Laborer (Indicate type of work performed)

10. The applicant is the primary entity responsible for the management of the construction projects, including the hiring of subcontractors, the quality of construction materials and work, and for providing a safe environment for the public and all contractors on the jobsite? True False

11. Describe the three largest jobs undertaken in the past three years or since the applicant's inception if less than three years.

Description	Location (City, State)	Cost	Duration
		\$	
		\$	
		\$	

12. Percentage of work that is:

	New	Renovation		New	Renovation
Single Family	%	%	Office Building	%	%
2-4 Family	%	%	Mercantile Bldg	%	%
Apartments	%	%	Institutional Bldg	%	%
Condominiums	%	%	Industrial Bldg	%	%
Townhouses	%	%			

13. Indicate whether the applicant retains the following operations by providing the payroll (including casual labor) for each trade performed by the applicant, their employees, and/or casual laborers.

Classification	Payroll	Classification	Payroll
Air Conditioning Systems	\$	Masonry	\$
Cable Installation	\$	Paperhanging	\$
Carpentry-Residential <= 4 Stories	\$	Painting-Exterior	\$
Carpentry-Interior	\$	Painting-Interior	\$
Carpentry-Commercial	\$	Painting-Shop Only	\$
Carpentry-Shop Only	\$	Plastering/Stucco-Exterior	\$
Carpet, Rug, Furniture Cleaning	\$	Plastering/Stucco-Interior	\$
Concrete Work	\$	Plumbing-Commercial	\$
Door/Window Installation	\$	Plumbing-Residential	\$
Drilling	\$	Ceiling/Wall Installation-Metal	\$
Dry Wall	\$	Power Lines	\$
Earthquake Reinforcement	\$	Process Piping	\$
Electrical-Within Building	\$	Roofing	\$
Excavating	\$	Siding	\$
Executive Supervisor	\$	Sign Painting-Interior	\$
Fire Proofing	\$	Sign Painting-Exterior	\$
Floor Covering Installation	\$	Steel (ornamental)	\$
Framing of Buildings	\$	Steel (structural)	\$
Furniture or Fixture Installation	\$	Tile/Marble Work	\$
Handyman	\$	Tree Pruning	\$
Home Furnishing Installation	\$	Underground Storage Tanks	\$
HVAC	\$	Waterproofing	\$
Insulation	\$	Window Cleaning	\$
Interior Demolition	\$	Other	\$
Janitorial Services	\$	Other	\$
Landscape Gardening	\$	Other	\$

14. Complete the following questions only if the applicant retains operations per question 13 above:

The applicant does not perform any:

- | | | |
|--|-------------------------------|--------------------------------|
| a. Wood floor sanding or refinishing | <input type="checkbox"/> True | <input type="checkbox"/> False |
| b. Installation of overhead garage doors | <input type="checkbox"/> True | <input type="checkbox"/> False |
| c. Alarm monitoring or security system installation, service, maintenance or repair work | <input type="checkbox"/> True | <input type="checkbox"/> False |
| d. Rigging work or use of cranes | <input type="checkbox"/> True | <input type="checkbox"/> False |
| e. Ice or snow treatment/removal services | <input type="checkbox"/> True | <input type="checkbox"/> False |
| f. Fire, water, soot, mold, asbestos or any other type of property damage remediation | <input type="checkbox"/> True | <input type="checkbox"/> False |
| g. Fire suppression or sprinkler work | <input type="checkbox"/> True | <input type="checkbox"/> False |
| h. Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities | <input type="checkbox"/> True | <input type="checkbox"/> False |

- i. Boiler system installation, service or repair True False
- j. Work on foundations or chimneys True False
- k. Waterproofing operations True False
- l. Demolition work (except incidental non-load bearing interior work) True False
- m. Work involving adding stories onto existing structures True False
15. The applicant has never or will not ever:
- a. Retain work in any operations other than those listed in question 13 True False
- b. Build more than three homes at a single construction site True False
- c. Be involved in projects in any capacity for the construction of new apartments, condominiums, townhouses or tract homes (More than five homes in a given subdivision/development) True False
- d. Build on piers, pilings, hillsides, over landfills or in subsidence areas True False
- e. Perform EXTERIOR operations in excess of four stories True False
16. The applicant has not been involved in or aware of pending litigation regarding defective workmanship True False
17. The applicant does not lease or rent any equipment to others True False
18. The applicant uses subcontractors True False
- a. If true, certificates of insurance evidencing General Liability coverage are required True False
19. Please place an 'X' next to each classification representing work performed by the applicant or a subcontractor on the applicant's behalf:

NONE OF THESE OPERATIONS	Pile Driving	Airport Facilities	
Street, Road or Highway Construction	Pipeline Construction	Subway Construction	
Blasting	Tower Construction	Stevedoring	
Commercial Boiler Inspection Service Repair	Equipment Rental to Others	Soil Stabilization	
Race Track or Stadium Construction	Pollution Abatement	Fire Restoration	
Bridge & Elevated Highway Construction	Debris/Refuse Removal	Underpinning Work	
Waste & Reclamation Facilities	Tank Construction	Asphalt Work	
Cantilevered Construction	Tunnel Construction	Structure Demolition	
Pier or Wharf Construction	Wrap-up Construction	Power Line Work	
Power Generating Facilities	Railroad Construction	Caisson or Cofferdam Work	
Sewer/Gas/Water Main Construction	Boring Under Streets		

20. Place an 'X' next to each classification representing work performed by subcontractors on the applicant's behalf:

Air Conditioning Systems	Framing of Buildings	Process Piping	
Cable Installation	Furniture or Fixture Installation	Roofing	
Carpentry-Residential	Home Furnishing Installation	Siding	
Carpentry-Interior	HVAC	Sign Painting-Interior	
Carpentry-Commercial	Insulation	Sign Painting-Exterior	
Carpentry-Shop Only	Interior Demolition	Street/Driveway Paving	
Carpet, Rug, Furniture Cleaning	Landscape Gardening	Steel (ornamental)	
Concrete Work	Masonry	Steel (structural)	
Door/Window Installation	Paperhanging	Tile/Marble Work	
Drilling	Painting	Tree Pruning	
Dry Wall	Painting-Shop Only	Underground Storage Tanks	
Earthquake Reinforcement	Plastering / Stucco	Waterproofing	
Electrical-Within Building	Plumbing-Commercial	Window Cleaning	
Excavating/Grading	Plumbing-Residential	Other	
Fire Proofing	Ceiling / Wall Installation-Metal	Other	
Floor Covering Installation	Power Lines	Other	

21. INSPECTION AND AUDIT CONTACTS

Inspection Contact Name: _____ Telephone Number: _____ Email Address: _____

Audit Contact Name: _____ Telephone Number: _____ Email Address: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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.

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

New York Fraud Statement: 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
