



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

CONTRACTOR'S SUPPLEMENTAL APPLICATION

General Contractor/Artisan Contractor

(To be attached to ACORD applications)

NAME AND MAILING ADDRESS OF APPLICANT:

LOCATION ADDRESS:

1. Time in business: _____ Years of experience: _____
 Licensed? Yes No Year of license: _____ License #: _____ Kind of License: _____
 Any previous/current license in another other state? Yes No If so, list state(s): _____

2. Percentage of Operations: General Contractor _____% Developer _____%
 Subcontractor _____% With Penalty Clause _____%
 Construction Manager _____% (for a fee only)

3. Are there any other operations owned, operated, or managed by you? Yes No
 Please explain: _____

 Is coverage in place elsewhere for these operations? Yes No

4. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? Yes No
 Please explain: _____

5. Radius of operations from main location: _____ States worked in: _____

6. Payroll of owners, officer, and partners active at job sites or performing supervisory duties \$ _____
 Payroll of employees other than owners, officers, partners, and clerical \$ _____
 Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
 Total payroll \$ _____

7. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? Yes No

8. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? Yes No
 Please explain: _____

9. List the percentage of work you have done or plan to do in the following categories:

Overall operations: Commercial _____% Public Works _____% Residential _____%
 Other (explain) _____%

Commercial: New _____% or Remodel _____%		Residential: New _____% or Remodel _____%	
Industrial	_____%	Apartments	_____%
Institutional	_____%	Condominiums/Townhouses	_____%
Mercantile	_____%	Custom Homes	_____%
Office	_____%	Tract Homes	_____%
Remodeling – Structural	_____%	Remodeling – Structural	_____%
Remodeling – Nonstructural	_____%	Remodeling – Nonstructural	_____%
Other:	_____%	Other:	_____%
Have you ever been or are currently involved in any residential project exceeding twenty (20) homes/units?			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. **SUBCONTRACTORS**

- Do you obtain Certificates of Insurance for GL and WC from all subcontractors? Yes No
- What are the minimum General Liability limits you require? _____
- Are written contracts obtained from all subcontractors Yes No
- Do all contracts contain a Hold Harmless clause in your favor? Yes No
- Are you named as an Additional Insured on all subcontractor policies? Yes No
- Do you normally use the same subcontractors? Yes No
- Do you use any casual labor? Yes No
- Do you use any leased employees? *If yes, provide copy of contract.* Yes No
- Are you responsible for providing benefits, Worker's Compensation for these employees? Yes No
- What percentage of your work do you sub out? _____%
- Do you carry Worker's Compensation insurance? Yes No

11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5 th prior year	\$ _____	\$ _____	\$ _____
4 th prior year	\$ _____	\$ _____	\$ _____
3 rd prior year	\$ _____	\$ _____	\$ _____
2 nd prior year	\$ _____	\$ _____	\$ _____
Last year	\$ _____	\$ _____	\$ _____
Projected next 12 months	\$ _____	\$ _____	\$ _____

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$ _____	
		\$ _____	
		\$ _____	

13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	
	\$	

14. Please provide the dollar value of an average completed job (including all materials, equipment, and labor):\$ _____

15. How many additional insured endorsements do you anticipate needing in the next year? _____

16. Is there any equipment rental to others? Yes No If yes, sales/receipts: \$ _____
 List equipment: _____
Attach a copy of the contract.

17. Do you lease mobile equipment? Yes No With operators? Yes No
 Type of equipment: _____
 Do you use cranes? Yes No Maximum length of boom: _____

18. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes No

19. Do you use explosives? Yes No
 If yes, please explain: _____

20. Any flammables stored on site? Yes No In approved containers? Yes No
 If yes, please explain: _____

21. Have you done or do you plan any work performed for:
 Refineries Yes No Gas Stations Yes No
 Chemical Plants Yes No Airports Yes No
 Railroads Yes No Hospitals Yes No
 Public Utilities Yes No
 Please explain: _____

22. Have you done or do you plan any project involving:
 Caissons Yes No Piers Yes No
 Retaining Walls Yes No Shoring Yes No
 Underpinning Yes No Other structural engineering? Yes No
 Please explain: _____

23. Have you in the past or do you plan any work to be above two stories in height? Yes No
 Percentage: _____ % What is the maximum height? _____
 Please explain: _____

24. Have you in the past or do you plan any work to be performed below ground level? Yes No
 Percentage: _____ % What is the maximum depth? _____
 Please explain: _____

25. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? Yes No
 Maximum degree of slope: _____

26. Have you in the past or do you plan any repair, replace or new roofs? Yes No
 Percentage of heat applications: _____ % Percentage of membrane roofing: _____ %
 Please explain: _____
27. In the past three years, have you been fired or replaced on a job in progress? Yes No
 Have you replaced another contractor on a job in progress? Yes No
 Please explain: _____
- Were there any claims, losses, or suits against you in the past five years? Yes No
- Are there any claims or legal actions pending against any of the entities named in the application? Yes No
- Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action? Yes No
- Have you been accused of faulty construction in the past five years? Yes No
- Have you been accused of breaching a contract in the past five years? Yes No
28. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
	\$	%	\$	%	<input type="checkbox"/>
Abatement/Asbestos, Lead, Environmental Cleanup	\$	%	\$	%	<input type="checkbox"/>
Air Conditioning/Heating	\$	%	\$	%	<input type="checkbox"/>
Alarm Systems	\$	%	\$	%	<input type="checkbox"/>
Blasting	\$	%	\$	%	<input type="checkbox"/>
Boiler Installation	\$	%	\$	%	<input type="checkbox"/>
Caisson or Cofferdam Work/Dam	\$	%	\$	%	<input type="checkbox"/>
Carpentry – Dwellings	\$	%	\$	%	<input type="checkbox"/>
Carpentry – Interior	\$	%	\$	%	<input type="checkbox"/>
Carpentry – Other	\$	%	\$	%	<input type="checkbox"/>
Concrete Construction/Repair – Driveways, Sidewalks or Parking Areas	\$	%	\$	%	<input type="checkbox"/>
Concrete Construction/Repair – Foundations, Flat Work / Tiltup Work	\$	%	\$	%	<input type="checkbox"/>
Drilling	\$	%	\$	%	<input type="checkbox"/>
Drywall/Wallboard Installation	\$	%	\$	%	<input type="checkbox"/>
Earthquake Reinforcement	\$	%	\$	%	<input type="checkbox"/>
Electrical Work – Within Buildings	\$	%	\$	%	<input type="checkbox"/>
Electrical Work – Other	\$	%	\$	%	<input type="checkbox"/>
Escalator/Elevator – Install, Maintenance, Repair	\$	%	\$	%	<input type="checkbox"/>
Excavating/Grading of Land	\$	%	\$	%	<input type="checkbox"/>
Fireproofing	\$	%	\$	%	<input type="checkbox"/>
Gas Mains/LPG Work	\$	%	\$	%	<input type="checkbox"/>
Gas Pumps	\$	%	\$	%	<input type="checkbox"/>
Insulation	\$	%	\$	%	<input type="checkbox"/>
Masonry – (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%	<input type="checkbox"/>
Mechanical	\$	%	\$	%	<input type="checkbox"/>
Millwright/Industrial Machinery	\$	%	\$	%	<input type="checkbox"/>
Painting	\$	%	\$	%	<input type="checkbox"/>
Plastering	\$	%	\$	%	<input type="checkbox"/>
Playground Equipment – Maintenance or Repair	\$	%	\$	%	<input type="checkbox"/>

Pile Driving	\$	%	\$	%	<input type="checkbox"/>
Plumbing – Residential	\$	%	\$	%	<input type="checkbox"/>
Plumbing – Commercial	\$	%	\$	%	<input type="checkbox"/>
Road, Highway, Bridge, Overpass	\$	%	\$	%	<input type="checkbox"/>
Roofing – Residential	\$	%	\$	%	<input type="checkbox"/>
Roofing – Commercial	\$	%	\$	%	<input type="checkbox"/>
Seismic Work/Repair	\$	%	\$	%	<input type="checkbox"/>
Describe:					
Sewer/Water Mains	\$	%	\$	%	<input type="checkbox"/>
Sprinkler Installation (Buildings)	\$	%	\$	%	<input type="checkbox"/>
Steel – Ornamental	\$	%	\$	%	<input type="checkbox"/>
Steel – Structural	\$	%	\$	%	<input type="checkbox"/>
Supervisory Only	\$	%	\$	%	<input type="checkbox"/>
Swimming Pool Construction	\$	%	\$	%	<input type="checkbox"/>
Traffic Signals/Controls	\$	%	\$	%	<input type="checkbox"/>
Describe:					
Tunneling	\$	%	\$	%	<input type="checkbox"/>
Underground Tank Removal/Installation	\$	%	\$	%	<input type="checkbox"/>
Waterproofing	\$	%	\$	%	<input type="checkbox"/>
Wrecking/Demolition	\$	%	\$	%	<input type="checkbox"/>

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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 civil penalties.

Name of Applicant

Title

Signature of Applicant

Date