



CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

| | | |
|--|--|--|
| EFFECTIVE DATE: | NAMED INSURED: | DBA: |
| ADDRESS: | CITY: | STATE: ZIP: |
| WEB ADDRESS: | YEARS IN BUSINESS: | YEARS OF RELATED EXPERIENCE: |
| IS APPLICANT A NEW VENTURE, EVER OPERATED UNDER ANOTHER NAME OR DISCONTINUED ANY OPERATIONS? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PLEASE EXPLAIN: | | |
| DESCRIPTION OF OPERATIONS: | | |
| IS THE APPLICANT CERTIFIED OR LICENSED FOR TRADE, IF APPLICABLE? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | IF YES, LICENSE #: |

OPERATIONS

PERCENT OF WORK

| | | | | | | |
|-------------------|---|-------------|---|-------------|---|-------------|
| NEW CONSTRUCTION: | % | REMODELING: | % | SERVICE: | % | MUST = 100% |
| RESIDENTIAL: | % | COMMERCIAL: | % | INDUSTRIAL: | % | MUST = 100% |

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

| | | | | | |
|--|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> GENERAL CONTRACTING | <input type="checkbox"/> CONCRETE | <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> DOOR/WINDOW INSTALL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> EXCAVATION |
| <input type="checkbox"/> FLOORING | <input type="checkbox"/> FENCE | <input type="checkbox"/> FRAMING | <input type="checkbox"/> DRIVEWAY/SIDEWALK | <input type="checkbox"/> PAINTING | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> FIRE/WATER CLEAN-UP | <input type="checkbox"/> DEBRIS REMOVAL | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> JANITORIAL | <input type="checkbox"/> HANDYMAN | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> PLASTERING/DRYWALL | <input type="checkbox"/> INSULATION | <input type="checkbox"/> GLASS/GLAZIER | <input type="checkbox"/> LAND GRADING | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> LAWN CARE |
| <input type="checkbox"/> MASONRY | <input type="checkbox"/> ROOFING | <input type="checkbox"/> SIDING INSTALL | <input type="checkbox"/> SHEET METAL/GUTTERS | <input type="checkbox"/> SIGN ERECTION | <input type="checkbox"/> TILE INSTALL |
| <input type="checkbox"/> SWIMMING POOLS | <input type="checkbox"/> TREE PRUNING | <input type="checkbox"/> METAL ERECTION | <input type="checkbox"/> WATER PROOFING | <input type="checkbox"/> SOLAR INSTALL | <input type="checkbox"/> OTHER: |

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

| | | | | |
|--|--|--|--|------------------------------------|
| <input type="checkbox"/> MOLD REMEDIATION | <input type="checkbox"/> ENVIRONMENTAL REMEDIATION | <input type="checkbox"/> SEWER/UTILITIES | <input type="checkbox"/> DAMS/LEVIES | <input type="checkbox"/> TUNNELING |
| <input type="checkbox"/> LEAD PAINT/ASBESTOS ABATEMENT | <input type="checkbox"/> HIGHWAYS/BRIDGES | <input type="checkbox"/> AIRPORTS | <input type="checkbox"/> BLASTING/MINING | <input type="checkbox"/> EIFS |
| <input type="checkbox"/> PETROLEUM/CHEMICAL FACILITIES | <input type="checkbox"/> NAVIGABLE WATERWAYS | <input type="checkbox"/> PLAYGROUNDS | <input type="checkbox"/> TRAFFIC CONTROLS | <input type="checkbox"/> RAILROADS |
| ANY WORK ABOVE 3 STORIES? | <input type="checkbox"/> YES <input type="checkbox"/> NO | MAXIMUM HEIGHT | FEET STORIES | |
| ANY WORK BELOW GROUND? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT DEPTH? | FEET | |
| RADIUS OF OPERATIONS? | ANY WORK OUTSIDE OF APPLICANT'S HOME STATE? | | <input type="checkbox"/> YES <input type="checkbox"/> 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 | \$ | \$ | \$ |



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SUBCONTRACTOR INFORMATION

PERCENT OF WORK THAT IS SUBCONTRACTED TO OTHERS?

% (please check all activities performed by subcontractors)

| | | | | | |
|--|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> SITE SUPERVISION | <input type="checkbox"/> CONCRETE | <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> DOOR/WINDOW INSTALL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> EXCAVATION |
| <input type="checkbox"/> FLOORING | <input type="checkbox"/> FENCE | <input type="checkbox"/> FRAMING | <input type="checkbox"/> DRIVEWAY/SIDEWALK | <input type="checkbox"/> PAINTING | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> FIRE/WATER CLEAN-UP | <input type="checkbox"/> DEBRIS REMOVAL | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> JANITORIAL | <input type="checkbox"/> HANDYMAN | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> PLASTERING/DRYWALL | <input type="checkbox"/> INSULATION | <input type="checkbox"/> GLASS/GLAZIER | <input type="checkbox"/> LAND GRADING | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> LAWN CARE |
| <input type="checkbox"/> MASONRY | <input type="checkbox"/> ROOFING | <input type="checkbox"/> SIDING INSTALL | <input type="checkbox"/> SHEET METAL/GUTTERS | <input type="checkbox"/> SIGN ERECTION | <input type="checkbox"/> TILE INSTALL |
| <input type="checkbox"/> SWIMMING POOLS | <input type="checkbox"/> TREE PRUNING | <input type="checkbox"/> METAL ERECTION | <input type="checkbox"/> WATER PROOFING | <input type="checkbox"/> SOLAR INSTALL | <input type="checkbox"/> OTHER: |

| | | | |
|--|--|---|--|
| UNINSURED SUBCONTRACTORS | | IF YES, ANTICIPATED COST OF UNINSURED SUBCONTRACTOR LABOR: \$ | |
| CASH/1099 LABOR? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, ANTICIPATED COST OF CASH LABOR \$ | WORK PERFORMED? |
| CHECK THE TYPES OF SUBCONTRACTOR AGREEMENTS YOU REQUIRE: | | <input type="checkbox"/> STANDARD (AGC, AIA CONTRACTS) <input type="checkbox"/> CUSTOM <input type="checkbox"/> OTHER | |
| DO YOU USE WRITTEN SUBCONTRACTOR AGREEMENTS CONTAINING HOLD HARMLESS/INDEMNITY AGREEMENTS? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS NAMING YOU AS AN ADDITIONAL INSURED? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU REQUIRE ALL SUBCONTRACTORS TO CARRY PRIMARY LIMITS EQUAL TO OR GREATER THAN YOUR OWN? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS THERE A DIARY SYSTEM IN PLACE TO TRACK EXPIRATION DATES OF CERTIFICATES OF INSURANCE? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU REQUIRE ALL SUBCONTRACTORS TO WAIVE THEIR RIGHT OF SUBROGATION AGAINST YOU? | | | <input type="checkbox"/> YES <input type="checkbox"/> 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.) | <input type="checkbox"/> YES <input type="checkbox"/> 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.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS THE APPLICANT LICENSED AS AN ARCHITECT, ENGINEER OR HAVE A REAL ESTATE LICENSE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DOES THE APPLICANT HAVE A WRITTEN SAFETY/QUALITY CONTROL PROGRAM? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DOES THE APPLICANT COMPLY WITH ALL STATE AND LOCAL GOVERNMENT LICENSING REQUIREMENTS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DOES THE APPLICANT ALLOW OTHERS TO USE THEIR CONTRACTING LICENSE TO OBTAIN PERMITS, BID PROJECTS, ETC.? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY NEW CONSTRUCTION, REPAIR OR REMODELING OF CONDOMINIUMS, CONDO CONVERSIONS, TRACT HOUSING OR TOWNHOMES? IF YES, WHAT IS THE MAXIMUM # OF RESIDENTIAL UNITS PER DEVELOPMENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY INSTALLATION OR ERECTION OF PLAYGROUND EQUIPMENT, BLEACHERS OR STAGES? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY LEASING OR RENTAL OF EQUIPMENT TO OTHERS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY BLASTING OPERATIONS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY EXTERIOR SPRAY PAINTING OPERATIONS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY WORK RELATED TO FIBER OPTIC CABLE WORK OR INSTALLATION? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY SALES OF CHEMICALS OR THE APPLICATION OF CHEMICALS, SUCH AS HERBICIDES OR PESTICIDES? | <input type="checkbox"/> YES <input type="checkbox"/> NO |



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| ANY SALES, INSTALLATION, SERVICE OR REPAIR TO WOOD, COAL OR WASTE OIL-BURNING STOVES? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY GRADING AND EXCAVATING ON SLOPES OF GREATER THAN 30 DEGREES OR WORK ON RETAINING WALLS OVER 6 FEET IN HEIGHT? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY WORK FOR "CLEAN ROOMS", INDUSTRIAL, PETROLEUM, CHEMICAL, MINING FACILITIES OR POWER GENERATION PLANTS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY WORK PERFORMED AT HOSPITALS, STUDENT/SENIOR HOUSING, ASSISTED LIVING/RETIREMENT HOMES OR SCHOOLS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY INSTALLATION, REPAIR OR MAINTENANCE IN GRAIN ELEVATORS, TRAFFIC LIGHTS, UNGROUND STORAGE TANKS, SKYLIGHTS OR EIFS? | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE RECORDS KEPT FOR EACH JOB INCLUDING THE DESCRIPTION OF MATERIALS AND EQUIPMENT USED OR INSTALLED? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAS ANY OFFICER, OWNER, OR PARTNER OF THE COMPANY BEEN CONVICTED OF A FELONY? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS ANY OFFICER, OWNER OR PARTNER CURRENTLY INVOLVED IN BANKRUPTCY PROCEEDINGS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER HAD INSURANCE CANCELLED, DECLINED, OR A RENEWAL REFUSED? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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

| CONSTRUCTION SERVICES PROVIDED/DESCRIPTION OF PROJECT | CUSTOMER NAME | CITY, STATE | PROJECT VALUE |
|---|---------------|-------------|---------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

PREMIUM AND LOSS HISTORY

| | CARRIER | PREMIUM | LOSSES |
|----------------------------|---------|---------|--------|
| CURRENT | | \$ | \$ |
| 1 ST PRIOR YEAR | | \$ | \$ |
| 2 ND 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: | AGENT SIGNATURE: |
| DATE: | DATE: |