

CONTRACTORS SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Complete signed / dated Supplemental Application(s)
- Completed ACORD Applications
- Currently-valued insurance company loss runs for the current policy period plus 4 years

ACCOUNT INFORMATION

Applicant Name: _____
 Contractor's License(s) #: _____
 Website: www. _____
 Risk Management Contact: _____ Risk Management's Phone: _____
 Risk Management Email: _____

There is an Additional Information section below for answers to questions that don't fit in the space provided.

SECTION I – GENERAL INFORMATION

1. Describe your Operations (if your operations are Roofing please complete the Roofing Contractor's Supplemental)

Years in business under current name: _____ Years of Experience in this Field: _____

2. Provide other names which you have conducted business:

3. State(s) in which you will do or have done business:

4. Any operations in Colorado? Yes No

5. Any operations in New York State? Yes No
 If yes, _____ % in New York City, Long Island, and Westchester County % in remainder of the state.

6. Percentage Breakdown of your work: RESIDENTIAL: _____ % + COMMERCIAL: _____ % = 100%

Percentage of your operations: **(ALL COLUMNS MUST TOTAL 100%)**

RESIDENTIAL		COMMERCIAL		INTERIOR vs. EXTERIOR		G.C. vs. DIRECT	
New Construction:	%	New construction:	%	Interior work (inside structure):	%	General Contractor:	%
Structural remodel/Additions:	%	Structural remodel / Additions:	%	Exterior work (outside structures):	%	Construction Manager:	%
Non-structural Remodels:	%	Non-structural Remodels:	%			Developer/ Spec Builder:	%
						Direct Contractor	%
TOTAL:	100%	TOTAL:	100%	TOTAL	100%	TOTAL	100%

7. Has the Applicant in the past or does the Applicant plan during the upcoming term to perform any NEW residential construction in New tracts, condominiums or town home developments? Yes No
- a. Was this work performed in a wrap-up? Yes No
- b. Describe any work of this type performed outside of a wrap-up:

SECTION II - OPERATIONS

1. Direct payroll, Sub-contractor costs and Gross sales

	PAYROLL	SUB-CONTRACTOR COSTS	GROSS RECEIPTS
Next 12 Months	\$	\$	\$
1 st Prior Year	\$	\$	\$
2 nd Prior Year	\$	\$	\$
3 rd Prior Year	\$	\$	\$
4 th Prior Year	\$	\$	\$

If the Applicant uses subcontractors, please complete the following:

a. Percentage of the Applicant's work sub-contracted out: %

Note: Costs to include both costs of sub-contracted labor and materials.

b. Does the Applicant always collect certificates of insurance from sub-contractors? Yes No

What minimum General Liability limit is required: \$

c. Does the Applicant obtain a standard written agreement from all sub-contractors? Yes No

d. Does each sub-contractor hold the Applicant harmless? Yes No

e. Does each sub-contractor name the Applicant as an additional insured, including completed Operations on their GL policy? Yes No

Note: You may be required to provide a copy of a standard sub-contract to bind coverage.

f. How long does the Applicant maintain records of the above documents:

2. Percentage of work to be performed by the Applicant based on (Payroll - Direct) OR on your behalf by sub-contractors (Subcontract costs – Subbed) over the next 12 months.

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport runways	%	%	Excavation	%	%	Roofing	%	%
Blasting	%	%	HVAC	%	%	Seismic/Retrofit	%	%
Bridge building	%	%	Grading	%	%	Sewer	%	%
Carpentry	%	%	Insulation	%	%	Steel/Structural	%	%
Concrete	%	%	Maintenance	%	%	Steel/Ornamental	%	%
Demolition	%	%	Masonry	%	%	Street/Road	%	%
Drilling	%	%	Mechanical	%	%	Supervisory only	%	%
Drywall	%	%	Painting	%	%	Traffic signals	%	%
Earthquake	%	%	Plastering	%	%	Water/Gas mains	%	%
Electrical	%	%	Plumbing	%	%	Other:	%	%
Total of all Direct and Subbed work must equal 100% EACH							%	%

3. Does the Applicant, or has the Applicant, used Exterior Insulation and Finish Systems (EIFS) or have plans to use it in the future? **If yes, provide details:** Yes No

Attach copies of your EIFS Certifications.

4. Does the Applicant ever work as a construction manager? Yes No
If yes, does the Applicant act a construction manager "at-risk"? Yes No

5. Any current or future plans to work on hillsides, in landfills, or areas subject to subsidence? Yes No
If yes, list precautions taken:

6. Does the Applicant or your sub-contractors perform any work over three stories in height from grade (other than interior work)? **If yes, please describe:** Yes No

If yes, maximum number of stories: **If yes, percentage of total work:** %
If yes, please attach a copy of your fall protection procedures.

7. Does the Applicant or Applicant's sub-contractors perform any work below grade? Yes No
If yes, please describe:
If yes, maximum depth: **feet** **If yes, percentage of total work:** **%**
 What precautions are taken to prevent trench collapse?
8. Any past, current, or planned involvement in: Yes No
- a. blasting activities? Yes No
 - b. building demolition? Yes No
 - c. removal/remediation of lead, asbestos, radon, PCBs or other hazardous materials? Yes No
 - d. use of scaffolding? Yes No
 - e. installation or removal or work on fuel tanks or pipelines? Yes No
 - f. shoring, underpinning, cofferdam or caisson work? Yes No
 - g. seismic repair or retrofitting work? Yes No
 - h. soil or ground water remediation? Yes No
 - i. environmental emergency response or landfill contracting work? Yes No
 - j. dredging, mining or petroleum production or hydro fracking work? Yes No
- If yes, please describe:
9. Does the Applicant perform any mold remediation work? Yes No
10. Does the Applicant own or lease any heavy equipment? Own Lease Both Never Use
11. Does the Applicant have a formal job-site safety plan in place? Yes No
 If so, how often are safety held: Weekly Monthly Quarterly Annually

SECTION III – JOB LIST AND CLAIM INFORMATION

1. Please list the largest projects planned for the upcoming term currently or underway:
- 1. Contract Value: \$
 - 2. Contract Value: \$
 - 3. Contract Value: \$
2. Please list the largest projects completed in the past 3 years:
- 1. Contract Value: \$
 - 2. Contract Value: \$
 - 3. Contract Value: \$
3. Is the Applicant aware of any circumstance, incident or accusation arising out of its operations performed by you or your sub-contractors which may give rise to a claim? Yes No
4. Has the Applicant had any construction defect claims in the past 5 years? Yes No
If yes, please describe:
5. Have there been any contractors pollution losses claims or suits against the Applicant or subcontractors in the past three (3) years? Yes No

SECTION IV - DRONES

- | | | |
|---|----------------|----------------|
| 1. Does the Applicant employ the use of drones during the course of its operations? | Yes | No |
| 2. Please describe how drones are used during the course of the Applicant's operations: | | |
| | | |
| 3. If drones are used, is the Applicant the pilot or does the Applicant hire a sub-contractor to pilot them? (Please check below) | | |
| Operator | Sub-contractor | Not Applicable |
| 4. Does the Applicant obtain certificates of insurance from sub-contractors hired to pilot the drones? | | |
| | N/A | Yes No |
| 5. What training has the Applicant completed to pilot the drones? | | |

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE _____

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Address (Street, City, State, Zip)

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile

SL License State

SL License No.

Agency Taxpayer ID or SS Number

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Insured: _____

Date: