



CONTRACTORS SUPPLEMENTAL APPLICATION

PART A - BASIC INFORMATION

1. Applicants Name: _____
2. Mailing Address: _____
3. Have you operated under any other name or names? Yes No
If so, please list name, address, and years in operation: _____
4. What counties (or cities) do you work in? _____
5. Number of years you have operated your current business: _____
What was the applicant's previous occupation if less than three years prior experience? _____
6. Total number of years experience as a contractor: _____
7. Your contractor's license number and type: _____

PART B - CONSTRUCTION ACTIVITIES

1. Please describe your operations: _____
2. % of work subbed: _____%
3. % of work that is:

a) New Residential Construction _____%	b) Residential Remodeling _____%
c) Office Construction _____%	d) Office Remodeling _____%
e) Government / Institutional _____%	g) Commercial _____%
d) Other _____% Describe: _____	
4. If new residential, do you work on more than 5 homes in any one subdivision? Yes No
5. % of work on a typical project performed by:

a) Your Employees _____%	b) Sub Contractors under your supervision _____%
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TYPES OF WORK PERFORMED

Please indicate whether the following trades are

R - RETAINED (performed by your employees) or
S - SUBCONTRACTED (performed by subcontractors)

Bridge Construction:	R <input type="checkbox"/>	S <input type="checkbox"/>	Guard Rail Installation:	R <input type="checkbox"/>	S <input type="checkbox"/>
Carpentry:	R <input type="checkbox"/>	S <input type="checkbox"/>	Interior Demolition:	R <input type="checkbox"/>	S <input type="checkbox"/>
Concrete:	R <input type="checkbox"/>	S <input type="checkbox"/>	Landscaping:	R <input type="checkbox"/>	S <input type="checkbox"/>
Debris Removal:	R <input type="checkbox"/>	S <input type="checkbox"/>	Masonry:	R <input type="checkbox"/>	S <input type="checkbox"/>
Drilling:	R <input type="checkbox"/>	S <input type="checkbox"/>	Painting:	R <input type="checkbox"/>	S <input type="checkbox"/>
Drywall:	R <input type="checkbox"/>	S <input type="checkbox"/>	Parking Lot Paving:	R <input type="checkbox"/>	S <input type="checkbox"/>
Electrical:	R <input type="checkbox"/>	S <input type="checkbox"/>	Plumbing:	R <input type="checkbox"/>	S <input type="checkbox"/>
Excavation:	R <input type="checkbox"/>	S <input type="checkbox"/>	Roofing:	R <input type="checkbox"/>	S <input type="checkbox"/>
Framing:	R <input type="checkbox"/>	S <input type="checkbox"/>	Street Paving:	R <input type="checkbox"/>	S <input type="checkbox"/>
Grading:	R <input type="checkbox"/>	S <input type="checkbox"/>	Stucco:	R <input type="checkbox"/>	S <input type="checkbox"/>

6. SPECIAL HAZARDS Do any of your operations involve the following:

Asbestos removal: Yes <input type="checkbox"/> No <input type="checkbox"/>	Shoring or under printing: Yes <input type="checkbox"/> No <input type="checkbox"/>
Blasting: Yes <input type="checkbox"/> No <input type="checkbox"/>	Use of cranes? Yes <input type="checkbox"/> No <input type="checkbox"/>
Caisson or cofferdam work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Use of tower cranes? Yes <input type="checkbox"/> No <input type="checkbox"/>
Demolition - other than interior: Yes <input type="checkbox"/> No <input type="checkbox"/>	Length of booms: _____ft.
Pile driving: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you perform work more than two stories in height above grade? Yes No
If so, what percentage? _____%
Please describe: _____

What is the maximum number of stories in structures built? _____ Stories

PART E - SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? Yes No
If so, please describe:
2. Have you been contacted by any general contractor and/or subcontractor regarding a problem at any location you worked on with them? Yes No
If so, please describe:
3. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship? Yes No
If so, please describe:
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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in you operation must be reported to your agent.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name

Agent Address