



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

<b>Broker Name and Mailing Address</b>

**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  
 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) \_\_\_\_\_%

<b>Commercial:</b> New _____% or Remodel _____%		<b>Residential:</b> 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 <sup>th</sup> prior year	\$ _____	\$ _____	\$ _____
4 <sup>th</sup> prior year	\$ _____	\$ _____	\$ _____
3 <sup>rd</sup> prior year	\$ _____	\$ _____	\$ _____
2 <sup>nd</sup> 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 Describe:	\$	%	\$	%	<input type="checkbox"/>
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 Describe:	\$	%	\$	%	<input type="checkbox"/>
Tunneling	\$	%	\$	%	<input type="checkbox"/>
Underground Tank Removal/Installation	\$	%	\$	%	<input type="checkbox"/>
Waterproofing	\$	%	\$	%	<input type="checkbox"/>
Wrecking/Demolition	\$	%	\$	%	<input type="checkbox"/>

**Fair Credit Report Act Notice:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**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. I UNDERSTAND THAT LIQUOR LIABILITY IS A SEPARATE COVERAGE PART AND THE LIMITS REQUESTED IN THIS APPLICATION APPLY SOLELY TO LIQUOR LIABILITY COVERAGE AND MAY DIFFER FROM THE GENERAL LIABILITY LIMITS AFFORDED IN MY COMMERCIAL PACKAGE POLICY. I FURTHER UNDERSTAND THAT THE COMPANY IS RELYING UPON STATEMENTS I HAVE MADE IN THIS APPLICATION AS AN INDUCEMENT TO PROVIDE INSURANCE FOR LIQUOR LIABILITY COVERAGE.

Signed by: \_\_\_\_\_

(Named Insured)

Date: \_\_\_\_\_