



## 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?		YES or 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:	%	OTHER:	%	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	\$	\$	\$

**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?	YES or NO:	
DOES THAT AGREEMENT REQUIRE THE SUBCONTRACTOR TO CARRY WORKERS COMPENSATION INSURANCE?	YES or NO:	
DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS NAMING YOU AS AN ADDITIONAL INSURED?	YES or NO:	
DO YOU REQUIRE ALL SUBCONTRACTORS TO CARRY PRIMARY LIMITS EQUAL TO OR GREATER THAN YOUR OWN?	YES or NO:	
IS THERE A DIARY SYSTEM IN PLACE TO TRACK EXPIRATION DATES OF CERTIFICATES OF INSURANCE?	YES or NO:	
DO YOU REQUIRE ALL SUBCONTRACTORS TO WAIVE THEIR RIGHT OF SUBROGATION AGAINST YOU?	YES or 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.)	YES or 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.)	YES or NO:
IS THE APPLICANT LICENSED AS AN ARCHITECT, ENGINEER OR HAVE A REAL ESTATE LICENSE?	YES or NO:
DOES THE APPLICANT HAVE A WRITTEN SAFETY/QUALITY CONTROL PROGRAM?	YES or NO:
DOES THE APPLICANT COMPLY WITH ALL STATE AND LOCAL GOVERNMENT LICENSING REQUIREMENTS?	YES or NO:
DOES THE APPLICANT ALLOW OTHERS TO USE THEIR CONTRACTING LICENSE TO OBTAIN PERMITS, BID PROJECTS, ETC.?	YES or 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?	
ANY INSTALLATION OR ERECTION OF PLAYGROUND EQUIPMENT, BLEACHERS OR STAGES?	YES or NO:
ANY LEASING OR RENTAL OF EQUIPMENT TO OTHERS?	YES or NO:
ANY BLASTING OPERATIONS?	YES or NO:
ANY EXTERIOR SPRAY PAINTING OPERATIONS?	YES or NO:
ANY WORK RELATED TO FIBER OPTIC CABLE WORK OR INSTALLATION?	YES or NO:
ANY SALES OF CHEMICALS OR THE APPLICATION OF CHEMICALS, SUCH AS HERBICIDES OR PESTICIDES?	YES or 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 <sup>ST</sup> PRIOR YEAR		\$	\$
2 <sup>ND</sup> 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: