



CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To Acord Application. Applications incomplete or unsigned by the applicant are unacceptable.

APPLICANT INFORMATION 1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED(S) * * IF INSURED HAS EVER OPERATED UNDER A DIFFERENT NAME(S), LIST ALL HERE:		2. WEB ADDRESS																																																																																																																														
3. NUMBER OF YEARS IN <u>THIS</u> TYPE OF BUSINESS?	4. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN:																																																																																																																															
5. STATES INSURED OPERATES IN AND IS LICENSED IN?	6. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER 7. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S):																																																																																																																															
8. FINANCIALS / STAFFING: TOTAL RECEIPTS \$ _____ COST OF SUB-CONTRACTORS \$ _____ # OF OWNERS _____ OWNER PAYROLL \$ _____ # OF EMPLOYEES _____ EMP. PAYROLL \$ _____	9. DOES INSURED HOLD ANY OTHER LICENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: 10. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE: A.) _____ B.) _____ C.) _____ D.) _____ E.) _____ 11. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A: a. General Contractor _____% VERSUS Artisan or Sub-Contractor _____% (Total = 100%)																																																																																																																															
12. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED (Total = 100% for each section a, b, & c) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black;"> A. NEW CONSTRUCTION _____% REMODELING _____% OTHER _____% </td> <td style="width: 33%; border-right: 1px solid black;"> B. COMMERCIAL _____% RESIDENTIAL _____% </td> <td style="width: 33%;"> C. INSIDE BUILDING _____% OUTSIDE BUILDING _____% </td> </tr> </table>			A. NEW CONSTRUCTION _____% REMODELING _____% OTHER _____%	B. COMMERCIAL _____% RESIDENTIAL _____%	C. INSIDE BUILDING _____% OUTSIDE BUILDING _____%																																																																																																																											
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* Above listing does not include all classifications that require the BG-C-07. Please refer to individual classification Rate Page to confirm the requirement for the supplemental application.																																																																																																																																

14. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:

AIRPORTS _____%	FIRE SUPPRESSION _____%	SHORING/UNDERPINNING _____%
ASBESTOS REMOVAL _____%	GAS/WATER MAINS _____%	STEEL _____%
BLASTING _____%	GRADING _____%	STEEL (ORNAMENTAL) _____%
BRIDGE CONSTRUCTION _____%	LANDFILLS _____%	STEVEDORING _____%
BORING _____%	LEAD PAINT REMOVAL _____%	STREET/ROAD _____%
BOILER INSPECTION _____%	MAINTENANCE _____%	SUB AQUEOUS _____%
BLDG. - RAISING OR MOVING _____%	MASONRY _____%	SUBWAYS _____%
COFFERDAM OR CAISSON WORK _____%	MECHANICAL _____%	SUPERVISORY ONLY _____%
DAMS/RESERVOIRS _____%	MUNICIPALITY WORK _____%	TUNNELS _____%
DEMOLITION _____%	PIER OR WHARF CONSTRUCTION _____%	WATERPROOFING _____%
DRILLING _____%	PIPELINE _____%	WRAP-UPS _____%
EIFS OR RELATED WORK _____%	PLASTERING/STUCCO _____%	OTHER (DESCRIBE BELOW) _____%
EXCAVATION _____%	POLLUTION ABATEMENT _____%	
EQUIPMENT RENTAL TO OTHERS _____%	RAILWAY _____%	

ROOFING

15. HAVE YOU EVER DONE OR WILL YOU DO ANY ROOFING THIS YEAR? YES NO
(IF "NO", SKIP TO QUESTION #25)

16. a. WHAT IS THE **MAXIMUM** BUILDING SIZE (NUMBER OF STORIES) YOU WORK ON? _____
 b. WHAT IS THE **AVERAGE** BUILDING SIZE (NUMBER OF STORIES) YOU WORK ON? _____
 c. WHAT % OF THE TOTAL NUMBER OF ANNUAL JOBS ARE OVER 3 STORIES? _____

17. WHAT ROOF TYPES DO YOU INSTALL?

18. ARE THERE ANY ROOF TYPES THAT YOU HAVE JUST BEGUN TO INSTALL IN THE LAST TWO YEARS? YES NO
IF YES, WHICH TYPES?

19. LOSS CONTROL PROGRAM:	<u>YES</u>	<u>NO</u>	WHAT IS YOUR WORKERS COMPENSATION EXPERIENCE MODIFICATION FACTOR? _____
a. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>	
b. IS IT IN WRITING?	<input type="checkbox"/>	<input type="checkbox"/>	
c. WHICH OF THE FOLLOWING ELEMENTS DOES IT INCLUDE:			
1. SAFETY RULES AND REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>	
2. SAFETY MEETINGS? HOW FREQUENTLY? _____	<input type="checkbox"/>	<input type="checkbox"/>	
ATTENDANCE MANDATORY?	<input type="checkbox"/>	<input type="checkbox"/>	
3. SITE SAFETY INSPECTION LIST?	<input type="checkbox"/>	<input type="checkbox"/>	
4. FIRE PREVENTION/PROTECTION TRAINING?	<input type="checkbox"/>	<input type="checkbox"/>	
5. HAZARDOUS MATERIAL HANDLING TRAINING? (MSDS)	<input type="checkbox"/>	<input type="checkbox"/>	
6. SAFETY REQUIREMENTS FOR SUBCONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>	
d. WHO IS RESPONSIBLE FOR LOSS CONTROL? (INCLUDE TITLE) _____			

20. IF YOU OR YOUR SUBCONTRACTORS USE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESSES, WHAT SAFETY PRECAUTIONS ARE USED?

21. WHAT % OF ANNUAL JOBS ARE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESS? _____
IS ANY HEAT PROCESS WORK SUBBED OUT? YES NO

22. DESCRIBE HOW THE JOB SITE IS SECURED AT THE END OF WORKDAY:

23. ARE ALL JOBS INSPECTED BY MANAGEMENT AT COMPLETION, BEFORE LEAVING THE JOB SITE? YES NO

24. DETAIL ANY OTHER SPECIAL EXPOSURES _____ :

25. SUBCONTRACTORS

A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED?	<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	E. DOES INSURED USE HELP FROM FRIENDS OR RELATIVES ON OCCASION?	<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>	F. ARE CERTIFICATES OF GL & WC INSURANCE OBTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
C. DO SUBS CARRY WC INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>	G. WHAT LIMITS ARE REQUIRED?		
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ CGL OCCURRENCE		
			\$ _____ GEN. AGGREGATE		
			\$ _____ P.-C. OPS AGG.		
			\$ _____ WORKERS COMP		

26. OPERATIONS/EQUIPMENT	<u>YES</u>	<u>NO</u>
A. TRACT HOUSING / CONDO / TOWNHOUSE		
(1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, ROW HOUSES, CONDOMINIUMS OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE: _____%	<input type="checkbox"/>	<input type="checkbox"/>
(2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES?	<input type="checkbox"/>	<input type="checkbox"/>
(3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDO, ROW HOUSES, TOWNHOUSES OR TRACT HOMES _____%		
B. DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
D. SCAFFOLDING:		
DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-4 below)	<input type="checkbox"/>	<input type="checkbox"/>
(1) IS SCAFFOLDING: OWNED? <input type="checkbox"/> RENTED? <input type="checkbox"/> LEASED? <input type="checkbox"/>		
(2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
(3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY)		
SCISSOR LIFTS <input type="checkbox"/> AERIAL LIFTS <input type="checkbox"/> ARTICULATING BOOM LIFTS <input type="checkbox"/>		
CRANES <input type="checkbox"/> CHERRY PICKERS <input type="checkbox"/> MAXIMUM HEIGHT WORKED _____		
E. HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED:		
G. DOES INSURED RENT/LEASE EQUIPMENT? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>

27. LOSS HISTORY		
a) Please provide a history of all losses in the past 3 years under your current business name. Use additional paper if available space is insufficient.		
CARRIER	COVERAGE DATES	DESCRIPTION AND AMOUNT OF LOSS
b) Please provide a history of losses in the past 5 years under any other trade name. Use additional paper if available space is insufficient.		
CARRIER	COVERAGE DATES	DESCRIPTION AND AMOUNT OF LOSS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.	
Signature of Authorized Representative	Producer's Name
Date	Producer's Signature