IFG Companies

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 INSUREDS) *

* IF INSURED HAS EVER OPERATED UNDER A DIFFERENT NAME(S), LIST ALL HERE:

2. WEB ADDRESS

3. NUMBER OF YEARS IN THIS 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? ☐ YES ☐ 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)

A. NEW CONSTRUCTION _____ %	B. COMMERCIAL _____ %	C. INSIDE BUILDING _____ %
REMODELING _____ %	RESIDENTIAL _____ %	OUTSIDE BUILDING _____ %
OTHER _____ %		

13. CLASSIFICATION OF OPERATIONS (PAYROLL / SUB-COSTS)

Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Advertising Sign Co. – Outdoors	$	$	Heating / AC Install Repair – No LPG	$	$
A/C System Install & Repair (91111)	$	$	Insulation	$	$
Appliance Install, Svc, Repair - Home	$	$	Masonry (no EIFS or Synthetic Stucco)	$	$
Appliance Install, Svc, Repair - Comm	$	$	Painting – Exterior < 3 Stories	$	$
Cable / Subscription TV Companies	$	$	Painting – Interior	$	$
Carpentry – Residential < 3 stories	$	$	Paperhanging - Wallpapering	$	$
Carpentry – Interior / Finish	$	$	Plumbing – Residential	$	$
Carpentry - NOC	$	$	Plumbing – Commercial	$	$
Ceiling or Wall Installation - Metal	$	$	Roofing - Residential	$	$
Chimney Cleaning / Inspection	$	$	Roofing - Commercial	$	$
Concrete Construction	$	$	Septic Tank Systems Cleaning	$	$
Debris Removal – Const. Site No Haz.	$	$	Septic Tank Systems – Install / Repair	$	$
Door, Window Installation	$	$	Sewer Cleaning	$	$
Drywall or Wallboard Installation	$	$	Sheet Metal Work – Outside < 3 Stories	$	$
Electrical Apparatus Install, Service	$	$	Siding Installation	$	$
Electrical Work Within Buildings	$	$	Sign Painting or Lettering Inside Bldgs.	$	$
Fence Erection – No Electrified	$	$	Sign Painting or Lettering On Buildings	$	$
Floor Covering Install –No Tile / Stone	$	$	Tile, Stone, Marble - Interior	$	$
Glass Dealer & Glaziers < 3 Stories	$	$	Other:	$	$
Handyperson – Residential	$	$	Other:	$	$

* 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:	YES	NO
a. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM?	☐	☐
b. IS IT IN WRITING?	☐	☐
c. WHICH OF THE FOLLOWING ELEMENTS DOES IT INCLUDE:		
1. SAFETY RULES AND REGULATIONS?	☐	☐
2. SAFETY MEETINGS?	☐	☐
HOW FREQUENTLY? _____		
ATTENDANCE MANDATORY?	☐	☐
3. SITE SAFETY INSPECTION LIST?	☐	☐
4. FIRE PREVENTION/PROTECTION TRAINING?	☐	☐
5. HAZARDOUS MATERIAL HANDLING TRAINING? (MSDS)	☐	☐
6. SAFETY REQUIREMENTS FOR SUBCONTRACTORS?	☐	☐
d. WHO IS RESPONSIBLE FOR LOSS CONTROL? (INCLUDE TITLE) _____		

WHAT IS YOUR WORKERS COMPENSATION EXPERIENCE MODIFICATION FACTOR? _____

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

	YES	NO
A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED?	☐	☐
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS?	☐	☐
C. DO SUBS CARRY WC INSURANCE?	☐	☐
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?	☐	☐
E. DOES INSURED USE HELP FROM FRIENDS OR RELATIVES ON OCCASION?	☐	☐
F. ARE CERTIFICATES OF GL & WC INSURANCE OBTAINED?	☐	☐

G. WHAT LIMITS ARE REQUIRED?
$ _____ CGL OCCURRENCE
$ _____ GEN. AGGREGATE
$ _____ P.-C.OPS AGG.
$ _____ WORKERS COMP

26. **OPERATIONS/EQUIPMENT**	YES	NO
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: _____%	☐	☐
(2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES?	☐	☐
(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?	☐	☐
C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES, PLEASE DESCRIBE:	☐	☐
D. **SCAFFOLDING**:		
DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-4 below)	☐	☐
(1) IS SCAFFOLDING: OWNED? ☐ RENTED? ☐ LEASED? ☐		
(2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS?	☐	☐
(3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY)		
SCISSOR LIFTS ☐ AERIAL LIFTS ☐ ARTICULATING BOOM LIFTS ☐		
CRANES ☐ CHERRY PICKERS ☐ MAXIMUM HEIGHT WORKED_____		
E. HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE:	☐	☐
F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED:		
G. DOES INSURED RENT/LEASE EQUIPMENT? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT?	☐	☐

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**