

Date: _____

**GENERAL LIABILITY
CONTRACTORS SUPPLEMENTAL**



GENERAL INFORMATION			
Effective Date:			
Account Name:			
Years in Business Under this Name:		Years of Experience in this Field:	
Type of License:		License #:	Year Issued:
Has the applicant ever operated under any other name? If so, state the reason for the name change.			

1. Indicate type of work performed by the insured & their subcontractors: (Total should equal 100% for each)

	Insured:	Subs:		Insured:	Subs:		Insured:	Subs:
Asbestos Abatement	____ %	____ %	Levee Work	____ %	____ %	Sewers	____ %	____ %
Blasting	____ %	____ %	Maintenance	____ %	____ %	Sheet Metal	____ %	____ %
Bridge Building	____ %	____ %	Masonry	____ %	____ %	Sheet (Ornamental)	____ %	____ %
Carpentry	____ %	____ %	Mechanical	____ %	____ %	Soil Stabilization	____ %	____ %
Concrete	____ %	____ %	Mold Remediation	____ %	____ %	Street/Road Construction	____ %	____ %
Drilling	____ %	____ %	Painting	____ %	____ %	Structural Demolition	____ %	____ %
Electrical	____ %	____ %	Pile Driving	____ %	____ %	Supervisory Only	____ %	____ %
Excavation	____ %	____ %	Plastering	____ %	____ %	Tunneling	____ %	____ %
Fire Restoration	____ %	____ %	Plumbing	____ %	____ %	Underpinning Work	____ %	____ %
Gas Mains	____ %	____ %	Pollution Abatement	____ %	____ %	Wrecking/Demolition	____ %	____ %
Insulation	____ %	____ %	Roofing	____ %	____ %	Other Services (specify)	____ %	____ %

2. Indicate the percentage of work performed by the applicant:

PERCENTAGE OF OPERATIONS		COMMERCIAL		RESIDENTIAL	
General Contractor	____ %	New Construction	____ %	New Construction	____ %
Subcontractor	____ %	Remodeling	____ %	Remodeling	____ %
Construction Manager	____ %	Other:	____ %	Other:	____ %

3. Total number of employees (including owner and all leased employees): _____; Full Time: _____ Part Time: _____

	Estimate for Next 12 Months :	2010	2009	2008	2007
Annual Gross Receipts					
Employee Payroll					
Exec. Supervisor Payroll					
Cost of Subcontracted Work					

4. List the states in which the applicant has done business in the past and will do business in the future? _____

5. Does the applicant always require subcontractors to:

- Carry insurance for General Liability and Worker's Compensation? _____
- Require equal limits in General Liability coverage? _____
- Name the applicant as an additional insured on all policies? _____
- Obtain certificates of insurance evidencing coverage? _____
- Maintain written contracts with hold harmless and indemnity language? _____ (Attach a copy of same)

6. The applicant uses the same subcontractors: _____ < 31% of the time; _____ 31% - 50% of the time; _____ 51% - 100% of the time

7. As a general contractor, how many new homes were built in the last year? _____ How many will be built this year? _____

8. Has or will the applicant be involved in the construction of townhouses, condominiums, apartments, or tract homes? _____

9. Has the applicant ever built on hillsides, terraces, over piers, pilings, stilts, or over landfill or subsidence areas? _____

10. Does or did the applicant ever use synthetic stucco, EFIS, etc.? _____

11. Does the applicant have other operations, aside from contracting? _____ If so, describe and list carrier for such exposures. _____

12. Have there been any losses, claims, or legal action made against the applicant in the past five years? _____

13. Describe applicant's three most recent completed projects to include values. _____

14. Describe the projects the applicant currently has in progress and those planned for the next year to include values. _____

THE APPLICANT HEREBY SUBMITS THIS SUPPLEMENTAL APPLICATION AND ACKNOWLEDGES THAT THE INFORMATION SET FORTH HEREIN IS COMPLETE AND ACCURATE AND WILL FORM THE BASIS FOR RISK SELECTION DECISIONS.

DATE: _____

SIGNED: _____

TITLE: _____