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| **APPLICANT:**Insured Name      *(Include all owned entities, dba names, additional named insureds, individual insureds, if any)*  Insured is: [ ] Individual [ ] Partnership [ ] Corporation |
| Effective Date  | 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? [ ] Yes [ ] No If yes, state the reason for the name change.      Does the applicant have any Subsidiaries? [ ] Yes [ ] No If yes, provide details of relationship.       |

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| 1. Indicate type of work performed by the insured and their subcontractors: (total should equal 100%)
 |
|  | **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 |      % |      % | Restoration Work |      % |      % |
| Other Services (specify) |      % |      % |  |
| 1. Indicate the percentage of work performed by the applicant:      %
 |
| **PERCENTAGE OF OPERATIONS** |  | **COMMERCIAL**  | **RESIDENTIAL**  |
|  |  |  | Total Annual Revenue $ |       | Total Annual Revenue $ |       |
| General Contractor |      % |  | New Construction |      % | New Construction |      % |
| Subcontractor |      % |  | Remodeling |      % | Remodeling |      % |
| Construction Manager |      % |  | Other |      % | Other |      % |
| 1. Total number of employees (including owner and all leased employees):       Total       Full Time       Part Time
 |
|  | **Estimate for Next 12 Months** | **2019** | **2018** | **2017** | **2016** |
| Annual Gross Receipts |       |       |       |       |       |
| Employee Payroll |       |       |       |       |       |
| Exec. Supervisor Payroll |       |       |       |       |       |
| Cost of Subcontracted Work |       |       |       |       |       |
| 1. List all states in which the applicant has done business in the past and will do business in the coming year?
2. What percentage of work is performed outside of the home state?
 |
| 1. Does the applicant always require subcontractors to:
	1. Carry insurance for General Liability and Worker’s Compensation? [ ]  Yes [ ]  No
	2. Carry insurance for Business Automobile? [ ]  Yes [ ]  No If yes, list limits:
	3. Require equal limits in General Liability coverage? [ ]  Yes [ ]  No
	4. Name the applicant as an additional insured on all policies? [ ]  Yes [ ]  No
	5. Obtain certificates of insurance evidencing coverage? [ ]  Yes [ ]  No
	6. Maintain written contracts with hold harmless and indemnity language? [ ]  Yes [ ]  No (attach a copy of same)
 |
| 1. The applicant uses the same subcontractors: [ ] <31% of the time; [ ]  31% - 50% of the time; [ ]  51% - 100% of the time
 |
| 1. As a general contractor, how many new homes were built in the last year?       How many will be built this year?
 |
| 1. Has or will the applicant be involved in the construction of townhouses, condominiums, apartments, tract homes or any other multifamily structure, other than duplexes?
 |
| 1. Has or will the applicant be involved in any remodeling of historical buildings?
 |
| 1. Has or will the applicant be involved in any construction in flood zones and/or within twenty (20) miles of the coast?
 |
| 1. Has or will the applicant be involved in any foundation repair or structural retrofit work?
 |
| 1. Has or will the applicant be involved in any new construction over three (3) stories?
 |
| 1. Has or will the applicant be involved in any new commercial construction project(s) over $5,000,000 in value?
 |
| 1. Has or will the applicant be involved in any new residential construction project(s) over $2,000,000 in value?
 |
| 1. Has or will the applicant be involved in any building of model homes?
 |
| * 1. If yes, how many model homes will the applicant build annually?
 |
| * 1. Total Annual Model Home Construction Sales:
 |
| 1. Has the applicant ever built on hillsides, terraces, over piers, pilings, stilts, or over landfill or subsidence areas?
 |
| 1. Does or did the applicant ever use synthetic stucco, EFIS, etc.?
 |
| 1. Does the applicant have other operations, aside from contracting?       If so, describe and list carrier for such exposures.
 |
| 1. Have there been any losses, claims, or legal action made against the applicant in the past five years?
 |
| 1. Does or will the applicant require any per project aggregate endorsements?
 |
| 1. Describe applicant’s three most recent completed projects to include values.
 |
| 1. Provide a list of projects the applicant currently has in progress and those planned for the next year, including values.
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**The applicant hereby submits this supplemental and acknowledges that the information set forth herein is complete and accurate and will form the basis for risk selection decisions.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**