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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 the total annual revenue & percentage of work performed by the applicant:
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|  |  |
| --- | --- |
|  **COMMERCIAL** |  **RESIDENTIAL** |
| Total Revenue $ |       | Total Revenue $ |       |
| New Construction |      % | New Construction |      % |
| Remodeling |      % | Remodeling |      % |
| Repair/Maintenance |      % | Repair/Maintenance  |      % |

 |
| 1. Total number of employees (including owner and all leased employees):      ; Full Time:       Part Time:
 |
| 1. List the states in which the applicant has done business in the past and/or will do business in the future?
 |
| 1. Who does the applicant contract with?      % Other Subcontractors;      % General Contractors;      % Owners
 |
| 1. For work performed by the applicant as a subcontractor:
* Does the applicant’s agent review contracts prior to entering into an agreement? [ ]  Yes [ ]  No
* Does an attorney review contracts prior to entering into an agreement? [ ]  Yes [ ]  No
* Does the applicant retain copies of contracts and certificates? [ ]  Yes [ ]  No If yes, how long are the documents kept?
 |
| 1. Does the applicant subcontract work? [ ]  Yes [ ]  No If yes, what kind of work is subcontracted?
 |
| 1. The applicant uses the same subcontractors: [ ]  < 31% of the time; [ ]  31% - 50% of the time; [ ]  51% - 100% the time
 |
| 1. If any work is subcontracted, does the applicant always require subcontractors to:
* Carry insurance for General Liability and Worker’s Compensation? [ ]  Yes [ ]  No
* Require equal limits in General Liability coverage? [ ]  Yes [ ]  No
* Name the applicant as an additional insured on all policies? [ ]  Yes [ ]  No
* Obtain certificates of insurance evidencing coverage? [ ]  Yes [ ]  No
* Maintain written contracts with hold harmless and indemnity language? [ ]  Yes [ ]  No (Attach a copy of same)
 |
| 1. Has or will the applicant be involved in the projects involving townhouses, condominiums, apartments, tract homes or any other multifamily structure, other than duplexes?
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| 1. Has or will the applicant be involved in any structural demolition work?
 |
| 1. Has or will the applicant be involved in any foundation repair work?
 |
| 1. Has or will the applicant be involved in any structural retrofit work?
 |
| 1. Has or will the applicant be involved in any remodeling of historical buildings?
 |
| 1. Has or will the applicant be involved in any asbestos abatement work?
 |
| 1. List the three general contractors/subcontractors the applicant works with most often:
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| 1. Provide a list of five recently completed projects 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**