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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: |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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? |
| 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: |
| 1. Provide a list of five recently completed projects including values: |

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