



CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To ACORD Application. Applications incomplete or unsigned by the applicant are unacceptable.

APPLICANT INFORMATION		2. WEB ADDRESS			
1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS) *					
* IF INSURED HAS EVER OPERATED UNDER A DIFFERENT NAME(S), LIST ALL HERE:					
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. DOES INSURED PERFORM ANY OUT OF STATE WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT STATES AND PROVIDE DETAILS OF WORK PERFORMED? (Attach separate sheet if needed.)				
9. FINANCIALS / STAFFING: TOTAL RECEIPTS \$ _____ COST OF SUB-CONTRACTORS \$ _____ # OF OWNERS _____ OWNER PAYROLL \$ _____ #OF EMPLOYEES _____ EMP. PAYROLL \$ _____	10. DOES INSURED HOLD ANY OTHER LICENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:				
	11. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE: A.) _____ B.) _____ C.) _____ D.) _____ E.) _____				
	12. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A: a. General Contractor _____ % VERSUS Artisan or Sub-Contractor _____ % (Total = 100%)				
13. 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 _____ %					
14. 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	\$	\$	Snow or Ice Removal	\$	\$
Glass Dealer & Glaziers < 3 Stories	\$	\$	Tile, Stone, Marble - Interior	\$	\$
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.					

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15. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:					
AIRPORTS	%	GAS/WATER MAINS	%	SHORING/UNDERPINNING	%
ASBESTOS REMOVAL	%	GRADING	%	STEEL	%
BLASTING	%	LANDFILLS	%	STEEL (ORNAMENTAL)	%
BRIDGE CONSTRUCTION	%	LEAD PAINT REMOVAL	%	STEVEDORING	%
BORING	%	MAINTENANCE	%	STREET/ROAD	%
BOILER INSPECTION	%	MASONRY	%	SUB AQUEOUS	%
BLDG. - RAISING OR MOVING	%	MECHANICAL	%	SUBWAYS	%
COFFERDAM OR CAISSON WORK	%	MUNICIPALITY WORK	%	SUPERVISORY ONLY	%
DAMS/RESERVOIRS	%	MOLD REMEDIATION	%	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	%	RADON DETECTION/REMEDIATION	%		
FIRE SUPPRESSION	%	RAILWAY	%		

ROOFING (98677, 98678), PLUMBING (98482, 98483), OR SHEET METAL WORK - OUTSIDE (98884)			
16. a. HAVE YOU EVER DONE OR WILL YOU DO ANY ROOFING, PLUMBING, OR SHEET METAL WORK - OUTSIDE THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
b. WILL YOU DO ANY SNOW OR ICE REMOVAL FROM ROOFTOPS THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "NO" TO BOTH QUESTIONS, SKIP TO QUESTION #26)			
17. 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?			
18. WHAT ROOF TYPES DO YOU INSTALL?			
19. ARE THERE ANY ROOF TYPES THAT YOU HAVE JUST BEGUN TO INSTALL IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH TYPES?			
20. LOSS CONTROL PROGRAM:	YES	NO	WHAT IS YOUR WORKERS COMPENSATION EXPERIENCE MODIFICATION FACTOR?
a. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>	
b. IS IT IN WRITING?	<input type="checkbox"/>	<input type="checkbox"/>	
c. WHICH OF THE FOLLOWING ELEMENTS DOES IT INCLUDE:			
1. SAFETY RULES AND REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>	
2. SAFETY MEETINGS? HOW FREQUENTLY? _____ ATTENDANCE MANDATORY?	<input type="checkbox"/>	<input type="checkbox"/>	
3. SITE SAFETY INSPECTION LIST?	<input type="checkbox"/>	<input type="checkbox"/>	
4. FIRE PREVENTION/PROTECTION TRAINING?	<input type="checkbox"/>	<input type="checkbox"/>	
5. HAZARDOUS MATERIAL HANDLING TRAINING? (MSDS)	<input type="checkbox"/>	<input type="checkbox"/>	
6. SAFETY REQUIREMENTS FOR SUBCONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>	
d. WHO IS RESPONSIBLE FOR LOSS CONTROL? (INCLUDE TITLE)			
21. IF YOU OR YOUR SUBCONTRACTORS USE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESSES, INCLUDING BUT NOT LIMITED TO SOLDERING, WELDING OR CUTTING HAZARDS, WHAT SAFETY PRECAUTIONS ARE USED?			
22. WHAT % OF ANNUAL JOBS ARE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESS, INCLUDING BUT NOT LIMITED TO SOLDERING, WELDING OR CUTTING HAZARDS? _____% IS ANY HEAT PROCESS WORK SUBBED OUT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
23. DESCRIBE HOW THE JOB SITE IS SECURED AT THE END OF WORKDAY:			
24. ARE ALL JOBS INSPECTED BY MANAGEMENT AT COMPLETION, BEFORE LEAVING THE JOB SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
25. DETAIL ANY OTHER SPECIAL EXPOSURES:			

26. SUBCONTRACTORS					
A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED?	YES	NO	E. DOES INSURED USE HELP FROM FRIENDS OR RELATIVES ON OCCASION?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>	F. ARE CERTIFICATES OF GL & WC INSURANCE OBTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
C. DO SUBS CARRY WC INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>	G. WHAT LIMITS ARE REQUIRED?		
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ CGL OCCURRENCE		
			\$ _____ GEN. AGGREGATE		
			\$ _____ P.-C. OPS AGG.		
			\$ _____ WORKERS COMP		

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	YES	NO
27. OPERATIONS/EQUIPMENT		
A. TRACT HOUSING / CONDO / COOPERATIVE / TOWNHOUSE		
(1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, CONDOMINIUMS, COOPERATIVES OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE: _____%	<input type="checkbox"/>	<input type="checkbox"/>
(2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, COOPERATIVES, TOWNHOUSES OR TRACT HOMES?	<input type="checkbox"/>	<input type="checkbox"/>
(3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDOMINIUMS, COOPERATIVES, TOWNHOUSES OR TRACT HOMES _____%		
B. DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
D. SCAFFOLDING:		
DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-3 below)	<input type="checkbox"/>	<input type="checkbox"/>
(1) IS SCAFFOLDING: OWNED? <input type="checkbox"/> RENTED? <input type="checkbox"/> LEASED? <input type="checkbox"/>		
(2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
(3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY)		
SCISSOR LIFTS <input type="checkbox"/> AERIAL LIFTS <input type="checkbox"/> ARTICULATING BOOM LIFTS <input type="checkbox"/>		
CRANES <input type="checkbox"/> CHERRY PICKERS <input type="checkbox"/> MAXIMUM HEIGHT WORKED _____		
E. OTHER:		
(1) DO YOU OR YOUR SUBS PERFORM WORK OVER 3 STORIES. IF YES DESCRIBE: _____	<input type="checkbox"/>	<input type="checkbox"/>
(2) LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED: _____		
(3) DOES INSURED RENT/LEASE EQUIPMENT TO OTHERS? IF YES, DESCRIBE HOW OFTEN AND WHAT TYPE OF EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>
(4) IS EQUIPMENT RENTED/LEASED WITH OR WITHOUT OPERATORS? (CIRCLE ONE)		
(5) DOES INSURED RENT/LEASE EQUIPMENT FROM OTHERS? IF YES, DESCRIBE HOW OFTEN AND WHAT TYPE OF EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>
(6) IS EQUIPMENT RENTED/LEASED WITH OR WITHOUT OPERATORS? (CIRCLE ONE)		
F. GREEN BUILDING TECHNOLOGY:		
(1) DO YOU USE GREEN BUILDING TECHNOLOGY?	<input type="checkbox"/>	<input type="checkbox"/>
(2) IF YES, ARE YOU CERTIFIED BY THE USBGBC AS LEED ACCREDITED PROFESSIONALS FOR GREEN BUILDING TECHNOLOGY?	<input type="checkbox"/>	<input type="checkbox"/>
(3) IF YES, ARE YOUR SUBS THAT ARE INVOLVED IN GREEN BUILDING TECHNOLOGY CERTIFIED BY THE USBGBC AS LEED ACCREDITED PROFESSIONALS FOR GREEN BUILDING TECHNOLOGY?	<input type="checkbox"/>	<input type="checkbox"/>

28. LOSS HISTORY		
a) Please provide a history of all loss 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

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
 Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO
 It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the

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purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email



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