CONTRACTOR SUPPLEMENTAL APPLICATION

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

APPLICANT INFORMATION

1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS) *

* IF INSURED HAS EVER OPERATED UNDER A DIFFERENT NAME(S), LIST ALL HERE:

2. WEB ADDRESS

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. FINANCIALS / STAFFING:

TOTAL RECEIPTS $_____

COST OF SUB-CONTRACTORS $_____

OF OWNERS _____

OWNER PAYROLL $_____

#OF EMPLOYEES _____

EMP. PAYROLL $_____

9. DOES INSURED HOLD ANY OTHER LICENSES? ☐ YES ☐ NO
IF YES, DESCRIBE:

10. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE:

A.) _____
B.) _____
C.) _____
D.) _____
E.) _____

11. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A:

a. General Contractor _____% VERSUS Artisan or Sub-Contractor _____% (Total = 100%)

12. 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	%				

13. 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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14. INDICATE THE PERCENT OF WORK INSU RED 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

15. HAVE YOU EVER DONE OR WILL YOU DO ANY ROOFING THIS YEAR? ☐ YES ☐ NO
WILL YOU DO ANY SNOW OR ICE REMOVAL FROM ROOFTOPS THIS YEAR? ☐ YES ☐ NO
(IF "NO", SKIP TO QUESTION #25)

16. 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?

17. WHAT ROOF TYPES DO YOU INSTALL?

18. ARE THERE ANY ROOF TYPES THAT YOU HAVE JUST BEGUN TO INSTALL IN THE LAST TWO YEARS? ☐ YES ☐ NO
IF YES, WHICH TYPES?

19. LOSS CONTROL PROGRAM:	YES	NO	WHAT IS YOUR WORKERS COMPENSATION EXPERIENCE MODIFICATION FACTOR?
a. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM?	☐	☐	
b. IS IT IN WRITING?	☐	☐	
c. WHICH OF THE FOLLOWING ELEMENTS DOES IT INCLUDE:			
1. SAFETY RULES AND REGULATIONS?	☐	☐	
2. SAFETY MEETINGS?	☐	☐	
HOW FREQUENTLY? _____			
ATTENDANCE MANDATORY?	☐	☐	
3. SITE SAFETY INSPECTION LIST?	☐	☐	
4. FIRE PREVENTION/PROTECTION TRAINING?	☐	☐	
5. HAZARDOUS MATERIAL HANDLING TRAINING? (MSDS)	☐	☐	
6. SAFETY REQUIREMENTS FOR SUBCONTRACTORS?	☐	☐	
d. WHO IS RESPONSIBLE FOR LOSS CONTROL? (INCLUDE TITLE)			

20e. IF YOU OR YOUR SUBCONTRACTORS USE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESSES, WHAT SAFETY PRECAUTIONS ARE USED?

21. WHAT % OF ANNUAL JOBS ARE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESS?
IS ANY HEAT PROCESS WORK SUBBED OUT? ☐ YES ☐ NO

22. DESCRIBE HOW THE JOB SITE IS SECURED AT THE END OF WORKDAY:

23. ARE ALL JOBS INSPECTED BY MANAGEMENT AT COMPLETION, BEFORE LEAVING THE JOB SITE? ☐ YES ☐ NO

24. DETAIL ANY OTHER SPECIAL EXPOSURES:

25. SUBCONTRACTORS

	YES	NO
A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED?	☐	☐
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS?	☐	☐
C. DO SUBS CARRY WC INSURANCE?	☐	☐
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?	☐	☐

	YES	NO
E. DOES INSURED USE HELP FROM FRIENDS OR RELATIVES ON OCCASION?	☐	☐
F. ARE CERTIFICATES OF GL & WC INSURANCE OBTAINED?	☐	☐

G. WHAT LIMITS ARE REQUIRED?
$ _____ CGL OCCURRENCE
$ _____ GEN. AGGREGATE
$ _____ P.-C.OPS AGG.
$ _____ WORKERS COMP

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

27. 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.

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ARKANSAS: "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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."
COLORADO: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE 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.”
DISTRICT OF COLUMBIA: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."
FLORIDA: “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."
KENTUCKY: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."
LOUISIANA: "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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."
MAINE: "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 OR A DENIAL OF INSURANCE BENEFITS."
MARYLAND: "ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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."
NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."
NEW MEXICO: "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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."
OHIO: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."
OKLAHOMA: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

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OREGON:
"ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA:
"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."

RHODE ISLAND: (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE; **VIRGINIA**; **WASHINGTON**:
"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

OTHER STATES including but not limited to:
RHODE ISLAND; **WEST VIRGINIA**:
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.

NEW YORK:
"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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

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**