

CONTRACTORS SUPPLEMENTAL APPLICATION

Wholesale Broker:			
APPLICANT'S INFORMATION: If more than one applicant name, please provide a list of proposed named insureds and include a description of operations for each proposed named insured.			
Applicant Name:			
Mailing Address (if different than above):			
City:		State:	ZIP:
Inspection Contact:			
Email:		Phone:	
Proposed Effective Date:			
From:		To:	
Limits of Liability:			
Each Occurrence: \$		Aggregate: \$	
A. Description of Operations:			
1. Contractor License #:			
2. Website:			
B. Business is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input type="checkbox"/> LLC			
C. Number of years in business (if less than 3 years, attach resume of Principal):			
Prior industry-related experience:			
D. Percentage of operation as:			
General Contractor	_____ %	Subcontractor	_____ %
Owner's Interest Only	_____ %	Construction Manager	_____ %
E. Indicate percent of work performed in:			
1. Commercial	_____ %	Residential	_____ %
2. Inside Building	_____ %	Outside Building	_____ %
3. New Construction	_____ %	Renovations/Remodel	_____ %
4. Other	_____ %	Describe:	_____
F. Any work or operation involved in the following, indicate percentage:			
	Direct	Subbed	None
1. Asbestos Abatement	%	%	
2. Blasting	%	%	
3. Bridge Work	%	%	
4. Demolition	%	%	
5. Fire Suppression	%	%	
6. Gas/Water Main Connections or Construction	%	%	
7. Hot Tar Roofing	%	%	

8. Lead Paint Abatement	%	%
9. Lease Equipment to Others	%	%
10. Pile Driving	%	%
11. Sewer Mains or Connections Construction	%	%
12. Tunneling	%	%
13. Use of Cranes	%	%
14. Use of Scaffolding	%	%
15. Welding/Stucco/Synthetic/EIFS Work	%	%

G. Radius of operations:

H. Percentage of work in 5 boroughs: _____ %

I. Does insured or do subcontractors perform any exterior work above two stories in height from grade? Yes No
 If YES: Percentage of total work _____ % Maximum number of stories _____ %

J. Does insured or do subcontractors perform any work below grade? Yes No
 If YES: Percentage of total work _____ % Maximum depth _____ %

K. LOSS HISTORY: Indicate all claims or occurrences that may give rise to any claims for the prior 5 years.

Year	Insurance Company	Premium	Losses Paid	Losses Reserved	Description

Provide detail for any claim greater than \$50,000:

L. SCHEDULE OF OPERATIONS/HAZARDS: All work needs to have a classification.

LOC #	Classification Type	Class Code	Premium Basis (payroll, cost, sales, etc.)	Territory

M. Total Sales/Receipts: \$

N. List major jobs within the last 5 years including work in progress and planned.

O.	Do you perform any work under a wrap-up insurance program? If YES, percentage: _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
P.	Do you use subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q.	Percentage of work subcontracted: _____%	
R.	What work do subcontractors perform?	
S.	Do you require your subcontractors to carry at least 1 / 2 / 1 in limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
T.	Does the insured obtain a written contract from all subcontractors that includes hold harmless clause in favor of the insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.	Is the insured named as an additional insured on all the subcontractors' policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
.V.	Owner Interest Only	
	1. Detailed description of project:	
	2. G.C. Name:	
	3. G.C. Carrier:	
	4. G.C. Limit:	
	5. What is the square footage of the proposed building?	
	6. Number of proposed building(s):	
	7. When will construction start?	
	8. Term of project:	
	9. Cost of construction for the first 12 months: \$	
Insured's Signature: _____		
Print Name: _____ Date: _____		
Email: _____ Phone: _____		
Retail Broker: _____		
Address: _____		
Contact: _____		
Email: _____ Phone: _____		
<p>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 \$5,000 and the stated value of the claim for each such violation.</p>		