



COMMERCIAL CONTRACTORS SUPPLEMENT – CONTRACT BIND

(Include Acord Application)

Applicant/Named Insured: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Phone: _____ Fax: _____

Policy Number: _____

- List states Applicant(s) will be operating in: _____
- List all active owners, partners, officers and the job duties/responsibilities for each:

| Individual Name | Job Duties/Responsibilities |
|-----------------|-----------------------------|
| | |
| | |
| | |
| | |

Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent or broker? Yes No If yes, explain: _____

- List all employed supervisors or foremen (who are strictly supervisors) and the actual payroll for each:

| Individual Name | Payroll | Individual Name | Payroll |
|-----------------|---------|-----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

- Enter Subcontract Cost and/or Employee Payroll, whichever is applicable, or enter "X" in the N/A column if not applicable for the following classes/trades:

| Class/Trade | Subcontract Cost | Employee Payroll | N/A |
|---|------------------|------------------|-----|
| Air Conditioning Repair - Dwelling | \$ | \$ | |
| Alarm System | | | |
| Appliance Repair | | | |
| Bridge Construction | | | |
| Carpentry – Interior / Finish | | | |
| Carpet, Rug & Upholstery Cleaning | | | |
| Ceiling or Wall Installation | | | |
| Chimney Sweeps | | | |
| Cleaning – Outside Surfaces of Buildings – By Water | | | |
| Contractors Permanent Yards | | | |
| Doors, Windows – Metal Millwork | | | |
| Driveway, Parking Lot, Patio - Paving | | | |
| Drywall / Wallboard – Commercial Only | | | |
| Electrical Work – Apparatus Installation | | | |
| Electrical Work – In Buildings | | | |
| Fence Erection | | | |
| Floor Covering – Not Tile or Stone | | | |
| Furniture or Fixture Installation | | | |
| Furniture Refinishing | | | |
| Handyman | | | |
| Heating and Air Conditioning – NO LPG | | | |
| House Furnishings - Installation | | | |
| Interior Decorators | | | |
| Lawn Care | | | |

| Class/Trade | Subcontract Cost | Employee Payroll | N/A |
|--|------------------|------------------|-----|
| Locksmith | \$ | \$ | |
| Masonry – Decorative Non-Structural | | | |
| Metal Erection – Decorative Non-Structural | | | |
| Office Machinery Installation | | | |
| Painting – Exterior (less than 4 stories) | | | |
| Painting – Interior | | | |
| Paper Hanging Only | | | |
| Parking Lot Sweeping / Striping | | | |
| Plumbing – Commercial | | | |
| Plumbing - Residential | | | |
| Septic Tank Systems Cleaning | | | |
| Septic Tank Systems Installation | | | |
| Sewer Cleaning | | | |
| Sheet Metal Work - Outside | | | |
| Siding Installation | | | |
| Sign Painting – Inside of Buildings | | | |
| Snow / Ice Removal | | | |
| Solar Energy Installation | | | |
| Subcontracted Work (less than 20% of work) | | | |
| Swimming Pool Maintenance | | | |
| Television Installation | | | |
| Tile, Stone, Mosaic & Terrazzo Work | | | |
| Tree Pruning | | | |
| Upholstery – Shop Only | | | |
| Window Cleaning (less than 3 stories) | | | |
| Other: | | | |

5. Provide payroll, subcontract cost and sales for past five (5) years and estimate for the next twelve (12) months:

| Year Range | | Payroll | Cost | Sales |
|--------------------------------|----|---------|------|-------|
| Year 1 | To | \$ | \$ | \$ |
| Year 2 | To | \$ | \$ | \$ |
| Year 3 | To | \$ | \$ | \$ |
| Year 4 | To | \$ | \$ | \$ |
| Year 5 | To | \$ | \$ | \$ |
| Estimate next 12 months | | \$ | \$ | \$ |

6. Is the applicant, or any proposed Named Insured, a:

- Developer? Yes No General contractor? Yes No
Subcontractor? Yes No Construction manager? Yes No
Construction consultant? Yes No Residential remodeling contractor? Yes No
Commercial tenant improvements and betterments contractor? Yes No
Commercial remodeling or rehabilitation contractor? Yes No
License # _____ Expiration date: _____

a. If yes to any of the above, answer the following:

- Does applicant do additions to buildings? Yes No
Does applicant do 100% interior only work? Yes No

b. If yes to any question in 6.a. above, explain: _____

7. Does the applicant use any of the following:

- Casual labor? Yes No Leased Employees? Yes No
Cranes (owned or rented)? Yes No Explosives? Yes No
Subcontractors? Yes No Uninsured Subcontractors? Yes No

8. If applicant is a subcontractor, has applicant ever acted, or does applicant ever intend to act, as a general contractor or developer? Yes No

If yes, explain: _____

Describe area of specialization: _____

9. For all items below, respond if the applicant **(a)** has ever done; **(b)** currently does; **(c)** contemplates doing this year; **(d)** intends to do in the future or **(e)** subcontracts (including site preparation, grading or excavating):

Residential – NEW:

| | | | | | |
|--------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Apartments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Townhouses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Condominiums | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Townhouse / Condo / Apt. Repair Only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Custom Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tracts (single family, 25 units or less) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spec Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tracts (single family 26 units or more) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Commercial:

| | | | | | |
|----------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Airport Hangers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Office Buildings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial Buildings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parking Structures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mercantile Buildings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Work more than three (3) stories or forty (45) feet above ground surface? Yes No

Floor waxing in retail stores? Yes No

If yes, what % of total work is from retail store floor waxing? ____%

10. Are certificates of insurance obtained from subs for:

General Liability? Yes No If yes, provide limits: _____

Workers Compensation? Yes No

If yes, are certificates obtained from subs prior to letting them on the job site? Yes No

13. Do you have knowledge of any occurrence which might give rise to a claim? Yes No

If yes, explain: _____

14. Have you ever had any past construction defect claims or incidents? Yes No

If coverage is provided, it will contain certain special exclusions, above and beyond normal policy exclusions including, but not necessarily limited to, the following:

- Asbestos
- Bodily injury to applicant's employees (including contractually)
- Broad form contractual (limited and intermediate forms are provided)
- Designated work – products/completed operations (exclusion for new residential construction including condominiums, townhouses, single family homes, tracts of 26 homes or more, etc.)
- Explosives
- Lead paint
- Pre-existing injury or damage
- Total pollution
- Professional (architects, engineers, real estate and surveyors)
- Punitive damages
- Subsidence
- EIFS
- Work over three (3) stories (can be changed for an additional premium)

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date