

CONTRACTOR'S SUPPLEMENTAL APPLICATION/QUESTIONNAIRE

Please answer all questions completely. If a question does not apply, please indicate "none". Attach additional information as necessary.

1. First Named Insured _____
 Street address _____
 City _____ State _____ Zip _____
 Years in business _____

2. Please list all other Named Insureds, to be covered under this policy, and briefly describe their operations: _____

3. Please list all states of operation and the % of work performed in that state: _____

4. In what capacity does the Named Insured operate: General Contractor _____ %
 Prime Contractor _____ % Owner/ Builder _____ % Subcontractor _____ %

5. Please list direct field payroll, subcontract cost and gross revenue during the past 5 years:

	Field Payroll	Subcontract Cost	Gross Revenue
Current Year	_____	_____	_____
1 st Prior	_____	_____	_____
2 nd Prior	_____	_____	_____
3 rd Prior	_____	_____	_____
4 th Prior	_____	_____	_____

6. If the insured operates as a GC, are there any written documents (contracts, purchase orders, invoices, etc.) between the insured and the project owner? Yes No
 Are the documents reviewed by legal counsel? Yes No
 Please provide a sample copy of the contract or agreement used.

7. Please list the five largest jobs performed in the past 5 years.

Project/Location	Nature of Work	Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please attach a current job list which includes location, contract cost and the estimated start & completion date of each job)

8. Show percent of work performed in each category (each category must add up to 100%):

Work Type	Customer	Location
_____ New construction	_____ Commercial	_____ Rural
_____ Remodeling	_____ Industrial	_____ Suburban
_____ Demolition	_____ Residential	_____ Urban
_____ Repair	_____ Institutional	

(Residential construction includes: single family homes, apartment buildings, cooperative and condominium housing)

9. Any single family homes, condominiums, or town houses projects in the past 10 years?
 Yes No If yes, specify year(s), number(s) and locations(s) _____

10. Are subcontractors used? Yes No If yes, please list percentage and type of work subcontracted and complete section below. _____

What limits of liability are subcontractors required to provide for GL, AL and EL? _____

Are certificates of insurance required of all subcontractors? Yes No
Are certificates obtained prior to the start of a job? Yes No
Are certificates updated annually to confirm coverage remains in force? Yes No
Does Insured monitor receipt of certificates? How? Yes No

Does the Insured require written contracts from all subcontractors? Yes No
Are these reviewed by legal counsel? Yes No
Does the contract require subcontractors to indemnify and hold the insured harmless?
 Yes No
Is the insured named as an additional insured on subcontractor's policy? Yes No
Please provide a copy of a sample copy of the written contract.

11. Do construction agreements include assumption of liability of others? Yes No
If yes, please explain. _____
Please provide a sample copy of the construction agreement.

12. Is the insured required to provide waivers of subrogation? Yes No
If yes, please explain. _____

13. Will the insured loan, rent or lease equipment to others? Yes No
If yes, provide the type of equipment rented and rental receipts generated _____

Is the equipment loaned/rented/leased with or without operators? Yes No
Please provide a sample copy of the lease or rental agreement.

Does insured's operation include the ownership and/or usage of cranes? Yes No
If rented, is it with or without operators? Yes No
(a) number of owned cranes _____
(b) maximum boom height _____

14. Please indicate percentage of work performed with the following exposures:

	By You or Employees	By Subs	Not Done
Airports	_____	_____	_____
Architecture/Design	_____	_____	_____
Asbestos	_____	_____	_____
Blasting	_____	_____	_____
Boilers	_____	_____	_____
Bridges	_____	_____	_____

	By You or Employees	By Subs	Not Done
Cranes/Hoists	_____	_____	_____
Dams/Reservoirs	_____	_____	_____
Demolition	_____	_____	_____
Elevator Install/Repair	_____	_____	_____
Excavation	_____	_____	_____
Fire retardant lumber	_____	_____	_____
Fire sprinklers	_____	_____	_____
Fireproofing	_____	_____	_____
Highways/Roads	_____	_____	_____
Insulation	_____	_____	_____
Joint Venture/Wrap-Ups	_____	_____	_____
Machinery rewiring	_____	_____	_____
Marine	_____	_____	_____
Nuclear	_____	_____	_____
Pile Driving	_____	_____	_____
Process Piping	_____	_____	_____
Railroads	_____	_____	_____
Scaffolding	_____	_____	_____
Service alarms	_____	_____	_____
Sewer	_____	_____	_____
Street lights (service or install)	_____	_____	_____
Structural Steel Erection	_____	_____	_____
Swimming pools	_____	_____	_____
Synthetic Stucco	_____	_____	_____
Tunneling	_____	_____	_____
Underground work	_____	_____	_____
Utilities	_____	_____	_____
Welding	_____	_____	_____
Work over 3 Stories	_____	_____	_____

Describe work (indicated above) in detail: _____

15. Are any operations, different from those above, being planned for the next 24 months?
 Yes No If yes, please describe _____

16. Please describe your formal safety program or attach copy: _____

Does your safety program include:

- Unsafe condition reporting Yes No
- Written job site safety manual Yes No
- Safety rules Yes No
- Documented safety meetings Yes No
- Site safety inspections Yes No
- Accident reporting procedures Yes No
- Incentive program Yes No

17. Does the insured have Professional Engineers or Architects on staff? Yes No
 Do they provide architectural or engineering plans for others? Yes No
 If yes, is there separate professional coverage in place? Yes No
 Advise carrier and limits: _____
18. Any Green Building construction activities performed?
 Yes No If yes, please explain _____

19. Any discontinued operations or types of construction activities no longer performed?
 Yes No If yes, please explain _____

20. Does the insured have any claim activity, past or present (open or closed) related to EIFS or Construction Defects? If yes, please explain _____

21. Loss Information Required
 Please provide copies of currently valued loss runs for current / expiring year and 4 consecutive prior years and a detailed explanation of all losses with a paid or reserve value greater than \$10,000.

I certify that I have read and understand the applicable fraud warning set forth below:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA- see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.

ADDITIONAL FRAUD NOTICES

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, AND 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

Applicant's Signature (Required): _____

Title: _____

Date: _____

Agent's Signature: _____

Date: _____