



CONTRACTOR APPLICATION

SECTION I - BUSINESS INFORMATION

Applicant Name: _____ Agent's Name: _____

Mailing Address: _____ Mailing Address: _____

Location Address: _____ Proposed Effective Date: _____

From: _____ 12:01 A.M. Standard Time at
the address of the Applicant

To: _____

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner? Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership? Yes No

FEIN: _____

Applicant is: Individual Joint Venture LLC
 Corporation Partnership Other – Specify: _____

Inspections and Audit Information:

Contact Name: _____

Title: _____

Phone Number: _____

Website: _____

1. Contractor's license number: _____
2. Years in business under the current name: _____
3. Provide other names under which you have conducted business: _____
4. States in which you do business: _____
5. Percentage of work by State: _____ %
6. To what professional associations do you belong? _____
7. Have any of your prior policies contained a prior work exclusion? Yes No

SECTION II - OPERATIONS INFORMATION

8. Separately list and describe all operations:

9. Five largest projects completed during the past year including details on type of work performed:

10. Ongoing projects and projects scheduled for the upcoming year:

11. Indicate the percentage of revenue for work performed by you or on your behalf: **(MUST TOTAL 100%)**:

	Residential	Commercial
New Construction	%	%
Remodel/ Repair	%	%

12. Revenue Estimated for the Next 12 Months:

Total Gross Sales	\$
Total Subcontractor / Independent Contractor /1099 Worker Costs	\$
Uninsured Subcontractor Costs	\$
Casual Workers Costs	\$
Total Direct Payroll	\$
Leased Employees Payroll	\$
Construction Manager Payroll	\$

13. Actual for five prior years:

Year	Direct Payroll	Subcontractor / Independent Contractor / 1099 Worker Costs	Gross Receipts
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

14. Percentage of Operations as:

General Contractor	%	Owner / Builder	%
Subcontractor / Independent Contractor / 1099 Worker	%	Construction Manager	%

15. If Yes to Construction Manager, provide percentage of revenue broken out for:

At Risk	%	“At Risk” means: Consultant to the owner and performs general contractor duties.
Agency	%	“Agency” means: Consultant to the owner only. No general contractor duties.

16. Do you perform any work at greater than 2 stories? Yes No

If Yes, provide the following: Work under 2 stories: %

 Work greater than 2 stories: %

 Maximum number of stories worked:

17. Provide type of construction work performed by you (Direct) or subcontracted (Sub).

NOTE: Direct is a percentage of total direct payroll and subbed is a percentage of total subcontractor/independent contractor and/or 1099 worker costs.

Type	Direct	Sub	Type	Direct	Sub	Type	Direct	Sub
Asbestos	%	%	Foundations	%	%	Refinery/ Petrochemical	%	%
Blasting	%	%	Gas Mains	%	%	Roofing	%	%
Boiler	%	%	Grading of Land	%	%	Scaffolding Installation	%	%
Bridge Work	%	%	Hazardous Materials	%	%	Seismic Retrofitting	%	%
Carpentry	%	%	HVAC	%	%	Sewer/ Water	%	%
Carpentry (framing)	%	%	Insulation	%	%	Shoring, Underpinning, Cofferdam or Caisson work	%	%
Concrete	%	%	Lead Removal	%	%	Solar	%	%
Condo Conversions	%	%	Maintenance- Industrial	%	%	Steel-Structural	%	%
Crane Operations	%	%	Masonry	%	%	Steel/ Ornamental	%	%
Demolition	%	%	Mechanical	%	%	Street/ Road	%	%
Direction Drilling	%	%	Mold Remediation	%	%	Stucco	%	%
Drilling	%	%	Oil Field Servicing	%	%	Supervisory Only	%	%
Door/Window	%	%	Painting: Exterior Interior	% %	% %	Tanks	%	%
Drywall	%	%	Plastering	%	%	Telecom	%	%
EIFS	%	%	Pile Driving	%	%	Traffic Signals	%	%
Electrical	%	%	Pipelines	%	%	Utilities	%	%
Excavation	%	%	Plumbing	%	%	Waterproofing	%	%
Fire Suppression	%	%	Railroad	%	%	Other	%	%

If Other, describe:

18. If you hire subcontractors/independent contractors/1099 workers to perform work on your behalf:

a) Do you collect certificates of insurance from all subcontractors? Yes No
 Who reviews certificates? Name/Contact information:

- b) Are certificates retained for 10 years? Yes No
 If No, how long?
- c) Do you execute written contracts with all subcontractors/independent contractors/1099 workers performing work for you? Yes No
 If No, explain exceptions:
- d) Do all written contracts with subcontractors/independent contractors/1099 workers require them to:
- i. Carry limits equal to your limits of liability? Yes No
 - ii. Carry excess limits of Insurance? Yes No
 - iii. If Yes, how much? \$
 - iv. Name you as an Additional Insured, including Completed Operations? Yes No
 - v. Defend, indemnify and hold you harmless? Yes No
 - vi. Maintain Workers Compensation insurance? Yes No
- e) Are any subcontractors/independent contractors/1099 workers uninsured? Yes No
19. Do you employ temporary, volunteer, or casual workers? Yes No
 If Yes, explain:

NEW YORK ONLY

N/A

(Answer if you currently, or have ever, done work in the state of New York)

20. Provide revenue breakdown for the following geographic territories of New York:

Territory	Revenues
5 Boroughs of NYC (Manhattan, Bronx, Brooklyn, Queens, Staten Island)	\$
Nassau, Suffolk, Westchester & Rockland Counties	\$
Remainder of State	\$

21. Provide a description of New York projects, address, duration of the project and costs for the upcoming term:

22. Have you had any NY Labor Law/Employee Injury/Sub claims in the past 5 years? Yes No
 If Yes, provide details and specify whether a subcontractor/independent contractor/1099 workers injury or an employee injury:

23. If you hire subcontractors/independent contractors/1099 workers is it required by written contract that they evidence coverage on an unmodified CGL policy without limitations, or exclusions related to Insured Contracts, Employee Liability or the use of subcontractors in NY? Yes No

SECTION III - RESIDENTIAL CONSTRUCTION

N/A

RESIDENTIAL means single-family dwellings, multi-family dwellings, duplexes, triplexes, fourplexes, patio homes, condominiums, condominium conversions, tract homes, custom homes, townhouses and cooperatives, but not apartments.

24. Provide the percentage of revenue and unit breakdown for each type of residential project below that you are currently working on or will in the upcoming term:

	New	# Units or Homes	Remodel/ Repair	# Units or Homes
Custom single family	%		%	
Tract homes	%		%	
Duplex/ triplex/ quads	%		%	
Townhomes	%		%	
Condominiums	%		%	

25. Provide a description of any new townhome, condominium or tract home projects that you have performed work for in the past 10 years:

26. Do you perform work for regional or national home builders? Yes No
 If Yes, name the builder(s) and describe work performed:

27. How many units were in the entire development?

28. Have you been named in any construction defect claims in the last 10 years? Yes No
 If Yes, describe and include state:

29. Have you or will you ever convert apartments to condominiums? Yes No
 If Yes, provide a description of projects and when completed:

30. Have you ever built on hillsides, terraces, landfills, or subsidence areas? Yes No
 If Yes, explain:

SECTION IV - RISK MANAGEMENT PRACTICES

31. Have you been cited by OSHA or MSHA for violations in the past five years? Yes No
If Yes, explain:

32. Do you have a formal safety program in place? Yes No
If Yes, describe:

33. Do you employ a full-time safety director? Yes No
Name:

Contact Information:

34. Is fall protection included in your safety program? Yes No

35. Do you maintain Workers Compensation insurance? Yes No
If Yes, attach your current Experience Modification worksheet.

36. Do you or any representative of the company have knowledge of an occurrence including alleged construction defects, breach of contract, property damage or worker / third party bodily injury that could give rise to a claim or lawsuit? Yes No
If Yes, provide all facts and circumstances related to the occurrence:

Note the following documents are material to completion of the questionnaire and must be attached:

- Five-year loss summary based on company loss runs valued within 90 days of the proposed effective date.
- Statement of qualifications, brochure or other advertising material.
- Copies of open and closed OSHA or MSHA violations and related correspondence.

If you perform any [ROOFING](#), [EIFS](#), or [TRAFFIC CONTROL](#) work please complete the applicable attached addendum.

IF NOT, skip to the [last page](#) to sign and date.

ADDENDUM - ROOFING CONTRACTORS ONLY

N/A

37. Provide the percentage of each type of roof, materials used and roofing method:

Type of Roof		Materials Used		Method	
Pitched	%	Asphalt Shingle	%	Torch Down	%
Low Slope	%	Wood / Shake Shingle	%	Hot Air Welding	%
Flat	%	Slate	%	Hot Tar	%
Other:		Tile	%	Other:	
	%	Metal	%		%
	%	EDPM Rubber	%		%
	%	Polyurethane Foam	%		%
	%	Modified Bitumen	%		%

38. Describe your procedures in the event of inclement weather:

39. Are roof openings covered to prevent weather infiltration after work hours?

Yes No

If Yes, explain methods and supervisory practices:

40. Are there any circumstances under which you will leave a roof open or unattended for more than 2 hours?

Yes No

If Yes, describe the circumstances:

41. Describe your open roof & heat application protection procedures:

42. How long do you remain at a heat application job site when work is completed for the day?

43. Type of EIFS Systems installed:

Type	Residential	Commercial
Barrier Wall System	%	%
Drainable EIFS	%	%

44. For all EIFS projects provide the below information:

Construction Type	Estimated to be completed or commenced during the policy period	Completed prior to the policy period within the last 5 years
Over metal/iron structures	%	%
Over combination of metal/ iron structures with masonry or brick wall	%	%
Over wood frame structures	%	%

45. Describe the training and / or certification that you or your subcontractors/independent contractors/1099 workers have received from EIFS Manufacturers:

46. Provide names of the manufacturer(s) your contractors receive training from (i.e. Parex, Sto Corp, Dryvit Systems, Master Wall, Inc, Master Builders Solutions):

Include a copy of the training certificate(s) from the manufacturer.

ADDENDUM – STREET & ROAD CONTRACTORS

N/A

OPERATIONS

47. Provide the Direct Payroll, Subcontractor/Independent Contractor/1099 Worker Costs and Gross Receipts by Operations:

Operations	Direct Payroll	Subcontractor / Independent Contractor / 1099 Worker Costs	Gross Receipts
Sales (<u>without</u> fabrication) of traffic control equipment and/or supplies	\$	\$	\$
Fabrication and distribution of traffic control equipment and/or supplies	\$	\$	\$
Rental, set-up and/or repair of traffic control devices, signage and/or signals	\$	\$	\$
Rental, <u>without</u> set-up of traffic control devices, signage and/or signals	\$	\$	\$
Street or Road Paving	\$	\$	\$
Street or Road Construction	\$	\$	\$
Flagging	\$	\$	\$
Other (Describe):	\$	\$	\$

51. Provide a percentage breakdown of your operations below (**MUST EQUAL 100%**):

Operations	Percentage	Breakdown of Street/Road Work	Percentage
Driveway or Parking Lot Paving	%	State or Federal	%
Driveway or Parking Lot Construction Snowplowing	%	Municipal	%
Snowplowing	%	Private/Development	%
Street or Road Paving	%		
Street or Road Construction	%		
Excavation or Grading (not incl. above)	%		
Other (Describe):	%		

52. Provide a percentage breakdown of your rental, set-up and/or repair operations based on your total annual gross sales (**MUST EQUAL 100%**):

Private Roads	%	Local Roads	%
County Roads	%	Highways	%
Airport Roads	%	Other (Describe):	%

53. Provide a percentage breakdown of your street/road striping and/or pavement marking application/removal operations, based on your total annual gross sales **(MUST EQUAL 100%)**:

Private Roads	%	Local Roads	%
County Roads	%	Highways	%
Airport Roads	%	Other (Describe):	%

54. Confirm if you perform any construction, maintenance, or repair of:

Airport runways	Yes	No	Racetracks	Yes	No
Railroad roadbeds	Yes	No	Bridges	Yes	No
Reservoirs or dams	Yes	No	Garage parking decks	Yes	No
Holding ponds	Yes	No	Sanitary landfills	Yes	No

55. Do you haul asphalt in owned vehicles? Yes No

If Yes, what is the distance between plant and job sites (maximum distance)?

56. Do you haul or hire for others? Yes No

If Yes, answer the following:

Material/equipment hauled:

Frequency:

Maximum distance:

Vehicle used:

57. Does the insured own or operate any of the following?

Stationary hot-mixing plant Yes No

Portable hot-mixing plant Yes No

If Yes to any of the above, is there a quality control program at the hot-mix plant? Yes No

Gravel pit or quarry? Yes No

58. Do your operations include any designing or planning other than for your own work? Yes No

59. Do you provide any security services? Yes No

If Yes, are these services limited to lane closures? Yes No

If not limited to lane closures, describe what type of security guard services you provide:

60. Do you rent traffic control equipment **from** any other traffic control companies? Yes No

61. When a barricade replacement exceeds ½ mile, do you monitor placement twice daily by visual inspection or by electronic monitoring? Yes No

62. Are the barricade and signage materials you use in compliance with Local, State and/or Federal Codes? Yes No

63. Do you hire subcontractors/independent contractors/1099 worker? If Yes, answer:	Yes	No
a. What percentage of your total operations is subcontracted to others?		%
b. What type of work is subcontracted to others?		
c. Do you contractually require that subcontractors/independent contractors/1099 worker:		
i. Maintain \$1M/\$2M Limits of Liability	Yes	No
ii. Add you on as an Additional Insured on their Liability Policy?	Yes	No
iii. Defend, indemnify, and hold you harmless?	Yes	No
iv. Issue waivers in your favor?	Yes	No
d. Are all Certificates of Insurance kept on file for a minimum of 5 years?	Yes	No
e. Do you obtain proof from each subcontractor/independent contractors/1099 worker that all applicable licenses are up to date?	Yes	No

LOSS CONTROL

64. Do you have a training program for all new employees?	Yes	No
65. Do you and/or your foreman agree to attend at least one American Traffic Safety Association seminar or similar OSHA training program, each year?	Yes	No
66. Are all employees subject to random drug testing?	Yes	No
67. Do you have a safety program in place?	Yes	No
If Yes, does this program follow American Traffic Safety Services Association or DOT standards?	Yes	No
68. Do you have an equipment maintenance and replacement program in place? If Yes, describe:	Yes	No
69. Are you an active member of a State and/or National Trade Association? If Yes, list:	Yes	No

Please note the following documents are material to completion of the questionnaire and must be attached:

- 5 Years of currently valued carrier issued General Liability Loss Runs.
- List of supplies/equipment (including with size, serial number, and values) you manufacture and distribute. Please include
- List of supplies/equipment (including with size, serial number, and values) you do not manufacture but distribute.

Fraud Notices

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 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 and OK: 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)*. * Applies in FL only.

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 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 PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.