

GENERAL CONTRACTOR SUPPLEMENTAL APPLICATION

Insured(s) Name:

Website:

Effective Date:

Check line of business that applies:

General Liability WC Auto Property Contractors Equip. Installation Umbrella

Please include the following:

- **Do you use current written contracts with all your subcontractors and do your contracts include, hold harmless, additional insured and indemnification requirements?** Yes No
- **Do you receive and monitor certificates of insurance from all your subcontractors?** Yes No
- **Five year currently valued loss runs for each line of business checked above and loss details for any claims greater than \$20,000.**

Please complete the following:

1. Has the business been involved in a construction defect lawsuit within the past ten years? Yes No
If Yes, explain:
2. Have you changed any of your operations since business started? Yes No
If Yes, explain:
3. List states where work is currently performed:
4. List states where work has been performed in the past 3 years if different than the response above:
5. Is applicant licensed in each state where work is performed? Yes No
If No, Explain:
6. Average yearly percentage of work performed under design-build contracts (please describe any): %
7. Types of projects: Indicate if the GC has accepted any of the following type of projects at any time:
Apartments Yes No
Tract Housing single family homes/townhouses Yes No
Student housing > 3 stories Yes No
Condominiums > 3 stories Yes No
Hotels > 3 stories Yes No

8. Has applicant performed or subcontracted any of the following operations at any time. (Please explain/describe any marked **Yes**):

Blasting/Wrecking/Demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EIFS (Exterior Insulation Finishing Systems)(installation or repair)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underground storage tank installation or replacement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mold/Lead/Asbestos removal or remediation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pollution Clean-up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landfill Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial/Industrial Boilers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airport Runways or Aprons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Highways or Roads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bridges, Levees, Sea walls or Tunnels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automatic sprinkler, fire suppression or burglar alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work as Construction Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vegetative roofs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wind turbines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living Walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solar Panels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fuel Cells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale or distribution of products to others	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. On an average, how many jobs do you have ongoing at one time?

10. Please provide a list of current jobs/projects and please describe work subcontracted to others. **For additional space, attach separate list.**

Owner, Location, Start date	Nature of Work	Type of work Sub-contracted	Contract Amount

11. Please provide a list of jobs performed during the past 12 months. For additional space, attach separate list.

Owner, Location, Start date	Nature of Work	Type of work Sub-contracted	Contract Amount

12. Please provide a list of Wrap-up/OCIP/CCIP or CIP projects within the last three years.

List Job	Completion date of job	Date Completed operation coverage ends

CONTRACTUAL RISK TRANSFER SECTION

- 1. Who reviews the contracts that you sign?
- 2. Who reviews your contracts that you require your subs to sign?
- 3. How long do you retain signed Contracts?
- 4. Do you require certificates of insurance from your subs for each job prior to commencement of work?
Yes No
What limits? General Liability
 Auto
 Workers Compensation
 Umbrella
- 5. Is job duty specifically assigned to an employee to request renewal certificates of insurance prior to subs coverage expiration date? Yes No
- 6. How long do you retain Certificates of Insurance? Years
- 7. Do your contracts require waiver of subrogation for both GL and WC? Yes No
If answer is No, please explain:
- 8. Do you require a signature for all of your contracts prior to commencement of work? Yes No
If answer is No, please explain:
- 9. Do your contracts include hold harmless, indemnification and additional insured requirements? Yes No
If answer is No, please explain:
- 10. Do you require that subcontractors add you as an additional insured for both Ongoing and Completed operations? Yes No If answer is No, please explain:
- 11. Do your contracts require the subcontractor to add project owner as an additional insured? Yes No
If answer is No, please explain:
- 12. Do your contracts include insured status to be primary and non-contributing? Yes No
If answer is No, please explain:

LINE OF BUSINESS INFORMATION

GENERAL LIABILITY (required on all requested/written coverage)

Are safety/barricading procedures followed when working in public and/or occupied areas? Check those that apply:

- Signs
- Ropes
- Fencing
- Warning lights
- Other, Explain

WORKERS COMPENSATION (required on all requested/written coverage)

- 1. Is initial drug and alcohol screening performed on new hires? Yes No
- 2. Is ongoing random and post accident drug and alcohol testing of employees performed? Yes No
- 3. Are criminal background checks performed on job applicants? Yes No
- 4. Do you have an Early Return to Work Program? Yes No
- 5. Do you have a Medical Panel and is it posted? Yes No
- 6. Only Union employees? Yes No
- 7. Only non-union employees? Yes No

AUTOMOBILE (required on all accounts where Automobile coverage is requested/written)

- 1. Does the insured have a formal fleet safety manual? Yes No
- 2. What is the radius of operations? _____ miles
- 3. Any drivers under 22 or over 70 years old? Yes No
- 4. Are all service vehicles equipped with back-up alarms? Yes No
- 5. Are all vehicles parked in a secure area at night? Yes No
- 6. Is there a personal use policy in place for company owned vehicles? Yes No
If yes, please explain:
- 7. Is there a mandatory seat belt use policy? Yes No
- 8. Is there a cell phone prohibited policy while employees are driving? Yes No
- 9. Do you review MVRs of prospective new employees? Yes No
- 10. Do you review MVRs of employees? Yes No If Yes, how frequently and what actions are taken on identified problem drivers?
- 11. Does the insured have an accident investigation program in place? Yes No
- 12. Does insured haul equipment for others? Yes No If Yes, Please explain:

CONTRACTORS EQUIPMENT (required on all requested/written coverage)

- 1. Is there a primary location for storage of listed items? Yes No If yes, please provide details of where equipment is stored and controls in place to protect equipment (i.e., outside, fenced, exterior lighting)
- 2. When heavy equipment is stored on the job site, how is equipment protected from potential vandalism and theft?
- 3. Where is unscheduled equipment stored while not in use?
- 4. Any Contractor's equipment Leased, Hired or Rented? Yes No
If so, annual rental expenditures?
Type equipment leased, hired or rented?

INSTALLATION (required on all requested/written coverage)

- 1. What types of property for which you are responsible for are installed at job sites?
- 2. Have you had any coastal exposed job sites? **If so, provide job locations, contract amount.**
- 3. What are the security measures taken at each job site and temporary storage locations?

INSURED SIGNATURE _____ DATE

AGENT SIGNATURE _____ DATE