



CONSTRUCTION RISKS Supplemental Application

Please answer all questions. Indicate "not applicable" where appropriate.

Applicant name:	Agent name:
Mailing address:	Address:
Contact name:	Proposed effective date:
Contact phone:	From _____ to _____ (12:01 a.m. Standard Time of the address of the applicant)

Limits of Liability Requested
Each Occurrence:
General Aggregate:
Products/Completed Operations Aggregate:

1. Applicant is a(n): Individual Corporation Partnership Joint Venture Other: _____
2. Describe operations:

3. Percentage of operations as a: General contractor: ____% Subcontractor: ____%
(Entries must total 100%) Construction manager (fee basis only): ____% Owner: ____%
4. Years in business: ____ Years of experience: ____ Licensed? Yes No
5. List all states where the applicant preforms or has preformed operations:

6. Number of employees: _____ Does the applicant ever lease employees? Yes No
7. Complete the following table:

	Payroll	Gross Receipts	Total Subcontracted Cost
Next 12 months			
1st year prior			
2nd year prior			
3rd year prior			

8. Provide the percentage of the applicant's work performed in the following categories.
 (Entries in each numbered row must total 100%)

- i. Commercial: ____% Residential*: ____% Industrial: ____% Other**: ____%
- ii. Inside building: ____% Outside building: ____%
- iii. New construction: ____% Renovation/remodel: ____% Demo: ____% Other: ____%

* Residential includes homes, cooperatives, townhouses, lofts and condominiums.

** If other, please describe:

9. Complete the following table based on the construction work performed by the applicant's employees.
 (Entries must total 100%)

Boiler work	%	Insulation	%	Sewer	%
Carpentry	%	Masonry	%	Steel (ornamental)	%
Concrete	%	Mechanical	%	Steel (structural)	%
Drilling	%	Painting	%	Street and road	%
Electrical	%	Plastering	%	Supervisory only	%
Excavating	%	Plumbing	%	Tunneling	%
Gas mains	%	Removal/installation of underground tanks	%	Underpinning	%
Grading	%	Roofing	%	Wrecking/demolition	%
Other:					%

10. List the applicant's five largest projects completed over the past two years. Include project names, partnerships, joint ventures, and corporations, with scope of operations and cost attribution for each.

1. _____
2. _____
3. _____
4. _____
5. _____

List all projects planned and in progress. Include project names, partnerships, joint ventures, and corporations, with scope of operations and cost attribution for each.

Cost of average completed job: \$_____

11. Does the applicant use subcontractors? Yes No

If yes, what percentage of the work is subcontracted? _____%

Does the applicant normally utilize the same subcontractors? Yes No

List subcontractor trades used. (Entries must total 100% of your subcontracted exposure.)

_____ -- _____% _____ -- _____%

_____ -- _____% _____ -- _____%

Does the applicant obtain certificates of insurance from all subcontractors? Yes No
Minimum limits required: \$_____

Does the applicant obtain from all subcontractors written contracts with a hold harmless cause in the applicant's favor? Yes No

Does the applicant require the subcontractor to name the applicant as an additional insured on their policies? Yes No

12. Has the applicant ever been involved as a General Contractor in the building of Residential homes, condominiums, cooperatives, townhouses, or rental apartment buildings? Yes No

If yes, provide the maximum number built during any 12 month period in the last five years:
_____Residential homes _____Condos/Coops _____Townhouses _____Rental Apts.

Does the applicant perform any operations in tract home developments? Yes No
If yes, describe.

13. Does the applicant perform any work above two stories in height from grade? Yes No
Max number of stories: _____

Does the applicant perform any work below grade? Yes No
What percentage of the total operations? _____% Max depth: _____ ft.

14. Is scaffolding owned, rented or erected by the applicant or the applicant's subcontractors? Yes No

15. Do any of the applicant's operations involve crane and/or rigging exposure? Yes No
If yes, describe:

Does the applicant own any cranes, including tower cranes? Yes No

16. Has the applicant ever built or will the applicant build on hillsides, slopes, landfills or in subsidence areas? If yes, describe. Yes No

17. Does the applicant own any vacant land? If yes, provide locations and area. Yes No

18. Does the applicant lease any premises to others? Yes No
If yes, does the applicant secure certificates of insurance from all tenants? Yes No
Minimum limits required: \$_____

19. Has any company ever cancelled or non-renewed the applicant's insurance? Yes No
If yes, explain.

20. Does the applicant normally utilize the same building material supplies? Yes No

21. Has the applicant ever experienced a Construction Defect claim or been involved in a class action lawsuit? If yes, explain. Yes No

22. Do any of the applicant's operations involve caissons, cantilevers, piers, retaining walls, shoring, or underpinnings? If yes, explain. Yes No

23. Does the applicant have any operations or exposures not addressed in this application? If yes, explain: Yes No

24. Complete the following tables:

Prior Carrier Information					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy #					
Total premium and deductible					

All General Liability Losses over the Last Five Years				
(Attach additional sheets if necessary. Complete loss runs may be substituted for this section.)				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (open or closed)

Completion of this application does not obligate us to provide insurance as requested, nor does it obligate you to purchase such insurance.

You agree to notify us of any material changes in the information provided by you in this application, which may arise prior to the effective date of a policy issued by us based upon the information represented herein.

Notice: Any person who knowingly files, or knowingly assists another in filing, an application for insurance or claim containing any false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud an insurance company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Applicant's signature _____ Date _____