

Contractors Supplemental Application

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

GENERAL INFORMATION:

1. Name of Applicant: _____

2. Years in business under current name: _____

3. Description of your operations: _____

4. Do you current have, or have you had in the past, a controlling interest in any other similar operations whether active, inactive or dissolved? Yes No

If yes, please provide details: _____

5. Are there any requested Named Insureds? Yes No

If YES, complete the chart below.

NOTE: The names provided are not automatically approved for Named Insured status. For us to consider each entity we require, at minimum, the following:

- A role and function on the Project which makes them applicable for Named Insured status.
- Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insurance status).

Entity Name	Role & Function of the Entity	Relationship to Primary Named Insured

6. Does Applicant currently own/operate any other business? Yes No

If YES, please provide: Name of business: _____ Percentage of ownership: _____%

Describe the operations:

7. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? Yes No

If YES, please provide:

Entity Name	Date of Bankruptcy	Jurisdiction of Bankruptcy

8. Contractor's License Number: _____ States in which you do business: _____

9. Percentage of current operations:

General Contractor _____% Subcontractor _____% Construction Manager _____%

10. Do you use Subcontractors? Yes No

If YES, please complete the following:

Percentage of subcontracted work: _____%

Subcontracted Exposures:

a. Do you require a written contract from all subcontractors prior to being allowed on the job site? Yes No

b. Does the contract include the following?

- i. Hold harmless and indemnification in favor of you and owner? Yes No
- ii. Waiver of subrogation in favor of you? Yes No
- iii. You and owner (if applicable) named as additional insured by the subcontractor and any sub-subcontractors on subcontractor's GL policy? Yes No
- iv. Coverage includes product/completed operations and full contractual? Yes No
- v. Limits of liability equal to or greater than your own? Yes No
- vi. Do you require excess limits from subcontractors hired by you? Yes No

Limit: _____ Type of work performed by Sub: _____

c. Do you ever employ temporary or day laborers or 1099 employees? Yes No

If YES, please describe: _____

11. Estimates for the next 12 months:

Payroll \$ _____ Sub-Contract Cost \$ _____ Gross Receipts \$ _____

Five years prior history (if applicable):

Year	Payroll	Sub-Contract Cost	Gross Receipts
1 st year	\$ _____	\$ _____	\$ _____
2 nd year	\$ _____	\$ _____	\$ _____
3 rd year	\$ _____	\$ _____	\$ _____
4 th year	\$ _____	\$ _____	\$ _____
5 th year	\$ _____	\$ _____	\$ _____

12. Indicate the percentage of construction work performed by you. **(Must total 100%)**

Residential		Commercial	
New Construction	_____ %	New Construction	_____ %
Remodeling/Repair	_____ %	Remodeling/Repair	_____ %
Other: _____	_____ %		

13. Have you in the past performed work involving the following?

- a. New condominium construction Yes No
If yes, what is the maximum number of units per project outside dedicated insurance program _____
How long ago? _____
- b. New townhome, duplexes, triplexes, fourplexes or patio homes construction Yes No
If yes, maximum number of units per project outside dedicated insurance program _____
How long ago? _____
- c. Conversion of apartments to condominiums? Yes No
If yes, maximum number of units per project outside dedicated insurance program _____

- d. New tract home construction Yes No
 If yes, maximum number of units per subdivision outside dedicated insurance program _____
 How long ago? _____
- e. Have you ever built a home from the ground up? Yes No
 How long ago? _____ How many? _____
 Maximum construction cost for any single-family home outside dedicated insurance program \$ _____
- f. Remodel/repair work for Homeowners or Condominium Owners Associations (HOA/COA) Yes No
 If yes, what percentage of your total operations outside dedicated insurance program _____%
- g. Work involving public schools, including new and renovation Yes No
 If yes, what percentage of your total operations outside dedicated insurance program _____%

14. Will your upcoming work involve any of the following?

- a. New condominium construction Yes No
 If yes, what is the maximum number of units per project outside dedicated insurance program _____
- b. New townhome, duplexes, triplexes, fourplexes or patio homes construction Yes No
 If yes, maximum number of units per project outside dedicated insurance program _____
- c. Conversion of apartments to condominiums? Yes No
 If yes, maximum number of units per project outside dedicated insurance program _____
- d. New tract home construction Yes No
 If yes, maximum number of units per subdivision outside dedicated insurance program _____
- e. New single-family homes Yes No
 Maximum construction cost for any single-family home outside dedicated insurance program \$ _____
- f. Remodel/repair work for Homeowners or Condominium Owners Associations (HOA/COA) Yes No
 If yes, what percentage of your total operations outside dedicated insurance program _____%
- g. Work involving public schools, including new and renovation Yes No
 If yes, what percentage of your total operations outside dedicated insurance program _____%

“Dedicated insurance program” means a wrap-up program(s), owner-controlled insurance program(s), contractor controlled insurance program(s) or other job(s) or project specific policy or program whether provided by you, or any other person or entity for which you are an insured.

15. Please provide the following information on your four (4) largest projects in the past five (5) years:

Location/Description	\$ Value

16. Using the percentage of payroll (under direct) and percentage of contract costs (under subcontracted), indicate the percentage of construction work you will perform over the next 12 months:

Type	Direct	Subbed	Type	Direct	Subbed	Type	Direct	Subbed
Asbestos Removal	%	%	Exterior Scaffolding Erection	%	%	Sewer	%	%
Blasting	%	%	Façade Work	%	%	Shoring / Underpinning	%	%
Bridge Building / Repair / Painting	%	%	Grading	%	%	Siding / Windows	%	%
Carpentry	%	%	HVAC	%	%	Sprinkler or Fire	%	%
Concrete	%	%	Insulation	%	%	Steel (Structural)	%	%
Dams & Levees	%	%	Lead Paint / Removal	%	%	Steel (Ornamental)	%	%
Demolition (Exterior and/or Building)	%	%	Maintenance	%	%	Street / Road	%	%
Demolition (Interior Non-Structural)	%	%	Masonry	%	%	Stucco / Plastering	%	%
Drilling	%	%	Mechanical	%	%	Synthetic Stucco work EIFS	%	%
Drywall	%	%	Painting	%	%	Water / Gas Mains	%	%
Electrical	%	%	Plumbing	%	%	Waterproofing	%	%
Excavating	%	%	Roofing	%	%	Other:		
Exterior Restoration	%	%	Seismic / Retrofitting / Foundation repair	%	%	_____	%	%

17. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? Yes No

Has any other licensing authority taken any action against you? Yes No

18. Have you built or will you build on hillsides, terraces, landfills or areas with recent subsidence activity? Yes No

For concrete, exaction or foundation work, maximum slope: _____

19. Do you perform exterior work above three stories in height? Yes No

If yes, what percentage? _____% Maximum height? _____

20. Do you perform any work at airports? Yes No

If yes, please explain: _____

21. Do you own or rent any cranes? Yes No

If yes, please explain (include certification details, max height, etc.)

22. Have you been involved or will you be involved in any removal of asbestos, PCBs, mold remediation or other hazardous materials? Yes No

23. Any removal or work on fuel tanks or pipelines? Yes No

24. If you are a roofing contractor, subcontractor or performing roofing work, do you use:

(please also answer if you hire subcontractors to complete this work)

Hot tar	Subcontractors hired?	Yes	No
Torch down	Subcontractors hired?	Yes	No
Modified Bitumen (HOT)	Subcontractors hired?	Yes	No
Modified Bitumen (COLD)	Subcontractors hired?	Yes	No
Hot air welding	Subcontractors hired?	Yes	No
Other: _____	Subcontractors hired?	Yes	No

25. Have you performed or will you or your subcontractors perform any work below grade? Yes No

Maximum depth: _____ inches % of operations: _____%

26. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act? Yes No

27. Do you have a formal safety program in place? Yes No

28. Any current Wrap-Up/OCIP/CCIP Projects? Yes No

If yes, please explain: _____

29. Are there any other exposures/operations not otherwise covered by this application? Yes No

If yes, please explain: _____

30. Have there been any losses, claims or suits against you in the past eight years? Yes No

If yes, please describe: _____

a. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No

If yes, please describe: _____

b. After inquiry, do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application? Yes No

If yes, please describe: _____

c. Have you been accused of faulty construction in the past 10 years? Yes No

If yes, please describe: _____

d. Have you been accused of breaching a contract in the past 8 years? Yes No

If yes, please describe: _____

e. Have you filed any Mechanic's Liens in the past 8 years? Yes No

If yes, please describe: _____

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage **or to** make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado: 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 Florida and Oklahoma: 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 FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine, Tennessee, Virginia and Washington: 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 or a denial of insurance benefits.

Applicable in Puerto Rico: 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.

REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance. This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company. It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.

California residents: Please see our [CCPA Notice of Collection of Personal Information](https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy) available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>