



## Contractors Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

### Account

1. What year was the current business started?
2. Have the operations or trade changed since the current business started?  Yes  No  Unknown  
Please explain:
3. Please list all states where work is performed:
4. Is the contractor licensed and certified in the states where they work?  Yes  No  Unknown
5. Is there a website?  Yes  No  Unknown  
Please provide URL:

### Liability

6. Please list the type of work the employees perform and the payroll for each type.

| Type of Work | Payroll |
|--------------|---------|
|              |         |
|              |         |
|              |         |
|              |         |
|              |         |
|              |         |

7. Does the business operate as a General Contractor?  Yes  No  Unknown  
(GC's are defined as contractors who contract directly with the owner for new or renovation projects. The GC may perform some of the work or subcontract is out.)  
Please describe the type of construction projects the business is involved in:

8. Does the business subcontract work to others?  Yes  No  Unknown

Please describe the type of work subcontracted to others and the cost of each.

| Type of Work | Cost |
|--------------|------|
|              |      |
|              |      |
|              |      |
|              |      |
|              |      |

9. Please indicate the percent of business that involves one or two family residential work and other than one or two family residential:

1 or 2 Family Residential %

Other than Residential %

Please describe the "Other than Residential" work.

10. Please indicate the percent of business that falls into each of the following categories:

a. New Construction %

b. Repair or maintenance %

c. Additions to existing structures %

d. Other %

Please explain:

11. Has the business worked on new construction of condominiums, town houses or tract homes in the last 10 years?  Yes  No  Unknown

12. On average, how many jobs does the business work on at the same time?

13. How many jobs did the business complete last year?

14. Please list the last five jobs the business was involved in.

| Type of Job | Location | Job Duration |
|-------------|----------|--------------|
|             |          |              |
|             |          |              |
|             |          |              |
|             |          |              |
|             |          |              |

15. Please list the number of full time employees:

Please list the number of part time or seasonal employees:

16. Please check any/all of the following which applies to the business:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Rents or leases any equipment (with or without operators) or tools to others                       | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Engages in or subcontracts for demolition or blasting operations                                   | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Operations for lead paint or asbestos removal or abatement, now or at any time                     | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Performs or has performed work in connection with EIFS<br>(Exterior Insulation and Finish Systems) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Removes underground storage tanks  | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Draws plans, designs or specifications for others, now or at any time                              | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Participates in wrap-up projects   | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Operations to remove or remediate mold or mold damage  | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> None of the above  |                                  |

If Yes to any of the above questions, please describe:

17. Please check which of the following apply to the job site safety program:

- New Employee Orientation
- Tool Box Safety Talk
- Accident Investigation Program
- Personal Protective Equipment Supplied To Employees
- Call before Dig
- Other
- Unknown

Please Describe:

18. Has the business been involved in a construction defect lawsuit in the past ten years?

- Yes     No     Unknown

19. Does the business perform as a subcontractor for others?

- Yes     No     Unknown

a. Who reviews the contracts entered into? Check all that apply:

- The business owner
- The business' loss control or legal representative
- Insurance Agent
- Attorney
- Other
- Unknown

Please Describe:

- b. Are jobs refused because of unacceptable contractual obligations?  Yes  No  Unknown
- c. Are copies of all contracts and certificates kept?  Yes  No  Unknown
- How long are they kept?
- Until the job has been completed  less than 1 year
- 1-3 years  more than 3 years  Unknown
- Additional Comments:

20. Is work subcontracted to others?  Yes  No  Unknown
- Please check all that apply:
- Subcontractors are required to sign contracts.  Unknown
- Contracts require subcontractors to indemnify the business and hold it harmless.  Unknown
- Contracts require subcontractors to name the business as an additional insured on their Commercial General Liability policy.  Unknown
- Contracts require subcontractors to carry Commercial General Liability, Automobile and Workers Compensation Insurance with limits at least equal to that of the business's.  Unknown
- Subcontractors are required to provide the business with Certificates of Insurance  Unknown
- Additional Comments:

21. Are MVR's obtained on new and existing drivers?  Yes  No  Unknown
- What action is taken if a driver has a poor driving record?

22. Are any of the vehicles primarily used for personal use?  Yes  No  Unknown
- Please explain:

23. Are commercial driver's licenses required?  Yes  No  Unknown
24. Is there a formal vehicle preventative maintenance program?  Yes  No  Unknown

- Who performs the maintenance?
- Employees
- Contracted Dealer
- Contracted Garage
- Other
- Unknown
- Please Describe:

25. Is HIRED / NON-OWNED Optional Coverage being Requested?

Yes  No  Unknown

a. Are long-term leased autos specifically covered on the business auto policy?

Yes  No  Unknown

b. What is the annual cost of hire?

c. Do any hired vehicle agreements extend over 6 months?

Yes  No  Unknown

d. If business is a partnership; number of partners:

N/A

Additional Comments:

**Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA FOR AUTO:** IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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.

**DISTRICT OF COLUMBIA:** 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.

**FLORIDA:** 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.

**HAWAII:** 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.

**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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** 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.

**MASSACHUSETTS FOR AUTO: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK FOR AUTO:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,

SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR OTHER LINES OF BUSINESS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** 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.

**OKLAHOMA: 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.

**OREGON:** 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.

**PENNSYLVANIA:** 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**TENNESSEE FOR WORKERS COMPENSATION:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. **FOR OTHER LINES OF BUSINESS:** 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.

**UTAH FOR WORKERS COMPENSATION:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** 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.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. Not applicable in Nebraska.

|                                 |               |
|---------------------------------|---------------|
| _____<br>SIGNATURE OF APPLICANT | _____<br>DATE |
|---------------------------------|---------------|