



Contractors' supplemental application

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

Please note this program does not offer general liability coverage in New York

Applicant information

Please note: This application and completed Acords 125 and 126 are required for quoting

Applicant Name:

If the insured name is different than above, please state below:

Street Address:

City:	State:	Zip Code:
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Name of Contact:	Title:
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Telephone:	Fax:
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Insured's Principal Business Operations:

Year business started operations:

Section I. General information

Projected Gross Receipts:	\$	Projected Sub-Contract Cost:	\$	Projected Gross Payroll:	\$
1 st Prior year Gross Receipts:	\$			1 st Prior year Gross Payroll:	\$
2 nd Prior year Gross Receipts:	\$			2 nd Prior year Gross Payroll:	\$
3 rd Prior year Gross Receipts:	\$			3 rd Prior year Gross Payroll:	\$

4 th Prior year Gross Receipts:	\$	4 th Prior year Gross Payroll:	\$		
5 th Prior year Gross Receipts:	\$	5 th Prior year Gross Payroll:	\$		
Indicate the percentage of construction work performed by you (MUST TOTAL 100%):					
RESIDENTIAL:	_____ %	COMMERCIAL:	_____ %		
New Construction:	_____ %	New Construction:	_____ %		
Remodeling/Repair:	_____ %	Remodeling/Repair:	_____ %		
Other:	_____ %	Other:	_____ %		
Please state your total number of employees:					
Please state Workers Compensation experience modification factor:		Current			
		Last year			
		2 years ago			
		3 years ago			
The applicant is:	Corporation	Sole Proprietor	Partnership	Joint Venture	Other (please identify):
Do you currently have, or have you had in the past, an ownership interest in any similar operations whether active, inactive or dissolved? Yes No If yes, please describe:					
Have you ever declared bankruptcy under this name or any other entity in which you have a controlling interest? Yes No If YES, please provide the name of each entity, and the date and jurisdiction of bankruptcy:					
Section I. General information, continued					
Does the insured perform any out of state work? YES NO If yes, what states and please provide details of work performed in each state (please attach additional sheets if needed)					
If applicable, please list all other business names & licenses applicant has used in the past 10 years and describe the operations:					
Do you currently own/operate any other business? YES NO					
If yes, please provide the name of the business and ownership relations:					
Please breakout the percentage of your current operations:					
General Contractor:	_____ %	Subcontractor:	_____ %	Construction Manager:	_____ %
Do you perform any professional services? If yes, please provide a breakout of these receipts:					
a. Total Gross Revenue for all Operations (contracting & professional last 12 months):				\$	

b. Design/Build (Responsible for both the design and the construction/installation):	\$
c. Design Only (No responsibility for construction/installation):	\$
d. Construction Only (No responsibility for Design):	\$
e. Other Professional Fees, if any (please describe below):	\$
Do you work above two stories in height? (other than interior remodel) If yes, what percentage? _____% Maximum Height? _____ Please describe: _____	Yes No

Have you performed, or will you perform, work involving, related to, or at the premises of:				
	Remodel/Repair		New Construction	
a. Condominiums, townhouses or lofts?	Yes	No	Yes	No
b. Apartments	Yes	No	Yes	No
c. Tracts, planned unit developments or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes	No	Yes	No
d. Assisted living facilities, retirement homes, military housing, Student housing, or any other multi-unit facility intended for permanent habitational occupancy	Yes	No	Yes	No

Section II. Subcontracted services

Do you use subcontractors? Yes No If YES, please complete the following:

Percentage of work subcontracted: _____

Annual subcontracting cost, including all of subs' labor and material: \$ _____

Describe all activities that are subcontracted: _____

If you are a general contractor, describe the activities you do yourself: _____

	Yes No	
Do you collect certificates of insurance from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors licensed and accredited?	<input type="checkbox"/>	<input type="checkbox"/>

Are the subcontractors required to name the Applicant as an additional insured, including for Completed Operations, and is this part of the written contract?		
Are the subcontractors required to defend, indemnify and hold you harmless from their activities and is this part of the written contract? If yes, please provide a copy of the standard subcontractor agreement.		
Who reviews and maintains the certificates?		
How long are the certificates kept?		
What are the minimum limits you require of subcontractors? \$		
Do you use any independent contractors for subcontracted work where you issue a 1099? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please describe the work performed and list the amount paid to those independent contractors.		

Do you obtain certificates of insurance from those independent contractors? Yes No If Yes, what limits of insurance are required?

Please list your 3 largest projects completed in last 3 years:

Project Name:	Services Provided:	Value of Completed Project: \$
Project Name:	Services Provided:	Value of Completed Project: \$
Project Name:	Services Provided:	Value of Completed Project: \$

Section III. Contracting services

Using percentage of payroll (under total work) and percentage of contract costs (under subbed), indicate the anticipated percentage of construction work you'll perform over the next 12 months for each category. If there's not an applicable category, then it's likely not a class we're able to write. % work for all categories must total to 100%.

% of total work	% subbed to others	General Operations	% of total work	% subbed to others	General Operations
		Air Conditioning Systems or Equipment – dealers or distributors and installation, servicing or repair			Door, Window or Assembled Millwork – installation – metal
		Alarms – security systems – monitoring			Drilling – water
		Alarms and Alarm Systems – installation, servicing or repair			Driveway, Parking Area or Sidewalk – paving or repaving
		Appliances and Accessories – installation, servicing or repair			Dry Wall or Wallboard Installation

		Boat Repair and Servicing			Electric Light or Power Cooperatives – rural electrification administration projects only
		Boiler Inspection, Installation, Cleaning or Repair			Electric Light or Power Line Construction – NOC
		Cable Installation in Conduits or Subways			Electric Light or Power Line Construction – rural electrification administration projects only
		Cable or Subscription Television Companies			Electrical Apparatus – installation, servicing or repair
		Carpentry			Electrical Work – within buildings
% of total work	% subbed to others	General Operations	% of total work	% subbed to others	General Operations
		Carpet, rug, furniture or upholstery cleaning-on customer’s premises			Elevator or Escalator Inspecting, Installation, Servicing or Repair
		Ceiling or Wall Installation – metal			Excavation
		Chimney Cleaning			Fence Erection Contractors
		Clay or Shale Digging			Fire Extinguishers – servicing, refilling or testing
		Cleaning – outside surfaces of buildings			Floor Covering Installation – not ceramic tile or stone
		Communication Equipment Installation – industrial or commercial			Floor Waxing
		Computer Service or Repair			Furniture or Fixtures – installation in offices or stores – portable – metal or wood

		Concrete Construction			Gas Mains or Connections Construction
		Concrete or Cement Distributing Towers – rented to others – installation, repair or removal operations only			Grading of Land
		Conduit Construction for Cables or Wires			Greenhouse Erection
		Contractors – executive supervisors or executive superintendents			Guniting or Shot-Crete
		Contractors – subcontracted work			Handyman
		Contractors NOC			Heating or Combined Heating and Air Conditioning Systems or Equipment
		Contractors Permanent Yards – maintenance or storage of equipment or material			House Furnishings Installation – NOC
		Dam or Reservoir Construction			Insulation Work
		Debris Removal – construction site			Irrigation or Drainage System Construction
		Irrigation Works Operations			Sheet Metal Work – outside
		Janitorial Services			Siding Installation
		Landscape Gardening			Sign Erection, Installation or Repair
		Lawn Care Services			Sign Painting or Lettering
		Machinery or Equipment – industrial – installation, servicing or repair			Steam Heating or Steam Power Companies
		Masonry			Steam Mains or Connections Construction
		Metal Erection			Steam Pipe or Boiler Insulation

		Office Machines or Appliances – installation, inspection, adjustment, repair			Street Cleaning
		Painting			Street or Road Construction or Reconstruction
% of total work	% subbed to others	General Operations	% of total work	% subbed to others	General Operations
		Paperhanging			Street or Road Paving or Repaving, Surfacing or Resurfacing or Scraping
		Plastering or Stucco Work			Swimming Pool Servicing
		Plumbing – residential or domestic			Swimming Pools – installation, servicing or repair
		Prefabricated Building Erection			Tank Construction, Installation, Erection or Repair
		Refrigeration Systems or Equipment – dealers and distributors and installation, servicing or repair – commercial			Telephone, Telegraph or Cable Television Line Construction
		Renovating – outside surfaces of buildings			Tent or Canvas Goods – erection, removal or repair – away from shop
		Rigging – not ship or boat			Tile, Stone, Marble, Mosaic or Terrazzo Work – interior construction
		Roofing			Tree Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating
		Salvage Operations			Truckers
		Sand or Gravel Digging			Underpinning Buildings or Structures
		Sandblasting			Water Mains or Connection Construction

		Septic Tank Systems – cleaning			Water Softening Equipment – installation, servicing or repair
		Septic Tank Systems- installation, servicing or repair			Waterproofing – by pressure apparatus
		Sewage Disposal – plant operations			Welding or Cutting
		Sewer Cleaning			Window Cleaning
		Sewer Mains or Connections Construction			Wrecking
		Other			Other
		Other			Other
		Other			Other
		Total Contracting Services (Should be 100%)			

Section IV. Claims

Have you had any losses, claims or suits against you in the past 5 years? (Please provide currently valued loss runs.)

Yes No

	Total Incurred*	Number of Claims	Valuation Date	Claim Details**
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

*Include loss AND expense paid AND reserved.

**For Claims Greater than \$5,000, provide details, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved

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:

Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against you, your firm, your predecessors in business, any of the present or past partners or officers, or any staff member?

Yes No

If yes, please attach full details on each incident.

Have you been accused of faulty construction in the past 5 years? Yes No If yes, please describe:

Fraud warning: applicable to all 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 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.

Warranty statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

You agree that if the information supplied in the application changes between the date of this application and the effective date of the proposed insurance, then you will immediately notify the underwriters of such changes.

Name of applicant

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Title

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Signature of applicant

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Date

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This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance fraud warning statement

ALABAMA §27-12A-20	At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
ALASKA §21.36.380	All insurance claim forms: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA §20-466.03	All insurance claim forms: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS §23-66-503	Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission: 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 §1871.2 §1879.2	All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms: 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO §10-1-128	All insurance applications, or all policy forms, or all claim forms: 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 policy- holder 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.

DELAWARE 11 §913	All insurance claim forms: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
DISTRICT OF COLUMBIA §22-3225.09	All insurance applications and claim forms: 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 §817.234	All insurance applications and claim forms: 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.
IDAHO §41-1331	All insurance claim forms: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA §27-2-16-3	All insurance claim forms: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY §304.47-030	All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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. All insurance application forms: 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 §40:1424	All insurance applications and claim forms: 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 24-A §2186(3) (A)	All insurance applications and claim forms: 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.

MARYLAND**All insurance applications and claim forms:**

§27-805

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

MINNESOTA**All insurance claim forms:**

§60A.955

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE All insurance claim forms:

Any person who, with a purpose to injure, defraud or deceive any insurance §402:82 company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.

NEW JERSEY All insurance claim forms:

§17:33A-6 Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NJAC All insurance application forms:

11:16-1.2 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 All insurance applications and claim forms:

§59A-16C-8 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 All insurance applications and claim forms except auto:

§403(d) Any person who knowingly and with intent to defraud any insurance company or

11 NYCRR other person files an application for insurance or statement of claim containing §86.4 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 All insurance applications and claim forms:

§3999.21 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 All insurance applications, policy and claim forms:

§3613.1 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.

PENNSYLVANIA All insurance applications and claim forms:

18 Pa.C.S. § Any person who knowingly and with intent to defraud any insurance company or 4117 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.

RHODE ISLAND All insurance applications and claims forms:

§27-29-13.3 Any person who knowingly presents a false or fraudulent claim for payment of §27-54.1-3 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.

TENNESSEE All insurance applications and claim forms:

§56-53-111 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.

TEXAS All insurance claim forms:

§704.002(a) Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA All insurance applications and claim forms:

§52-40 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.

WASHINGTON All insurance applications and claim forms:

§48.135.080 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 All insurance applications and claim forms:

§33-41-3 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.