CONTRACTORS SUPPLEMENTAL APPLICATION
ACORD apps must also be submitted

Name of Insured ________________________________

Describe your operations. ________________________________

________________________________________________________________________

How long have you been in business? ______________
If new in business, how much experience? ________________________________

What state(s) do you work in? ________________________________

How much of your work is on homes being built? ________________________________
Do you work on more than 10 houses in any one subdivision under construction? □ Yes □ No

Do you subcontract any of your work? □ Yes □ No
If you do, what type and how much? ________________________________

Do you require subs to carry insurance? □ Yes □ No

Do you do or sub out any of the following? □ Yes. Which ones? □ No

☐ Asbestos removal  ☐ EIFS work
☐ Blasting  ☐ Lead paint removal
☐ Building demolition  ☐ Pile driving
☐ Caisson or cofferdam work  ☐ Snow removal/snow plowing
☐ Concrete pumping  ☐ Underpinning or foundation repair
☐ Cranes or Booms  ☐ Water/sewer/gas mains work

If yes, please explain. ________________________________

Do you work more than 3 stories off the ground? □ Yes □ No
If yes, please explain. ________________________________

Do you work below grade? □ Yes □ No
If yes, give details. ________________________________

Do you draw any plans or blueprints? □ Yes □ No
If yes, please explain. ________________________________

Describe the largest projects you have done in the last three years.

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<tr>
<th>DESCRIPTION</th>
<th>COST</th>
<th>DURATION</th>
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List payroll of owners, supervisors and employees.

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<tr>
<th>CLASS</th>
<th>PAYROLL</th>
<th>DUTIES</th>
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Have you ever had a construction defect claim? □ Yes □ No
If yes, please explain. ____________________________________________

List any additional insureds and why they are required. ________________________________
__________________________________________________________________________
__________________________________________________________________________

APPLICANT’S SIGNATURE: ___________________________   DATE: ___ / ___ / ___