



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

- | | |
|----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Asbestos removal | <input type="checkbox"/> EIFS work |
| <input type="checkbox"/> Blasting | <input type="checkbox"/> Lead paint removal |
| <input type="checkbox"/> Building demolition | <input type="checkbox"/> Pile driving |
| <input type="checkbox"/> Caisson or cofferdam work | <input type="checkbox"/> Snow removal/snow plowing |
| <input type="checkbox"/> Concrete pumping | <input type="checkbox"/> Underpinning or foundation repair |
| <input type="checkbox"/> Cranes or Booms | <input type="checkbox"/> 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.

DESCRIPTION	COST	DURATION

List payroll of owners, supervisors and employees.

CLASS	PAYROLL	DUTIES

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: ___ / ___ / ___