



**NEW YORK CONTRACTORS
SUPPLEMENTAL APPLICATION**
(Excluding Residential Contractors)

- Notes: 1. Where the words "you", "your" or "yours" appear in this application, they mean the individual signing as "applicant" and the company he / she represents. That individual must be an owner, partner, officer or other authorized employee of the applicant company.
2. You must sign and date the application (Section H).

A. Applicant (First Named Insured):

1(a) Your Web Site Address: 1(b) Do you operate as: <input type="checkbox"/> A. General Contractor <input type="checkbox"/> B. Subcontractor <input type="checkbox"/> C. Project Manager <input type="checkbox"/> D. Manage and/own properties (attach list)	1(c) Coverage(s) desired: <input type="checkbox"/> A. Commercial General Liability <input type="checkbox"/> B. Workers Comp / Employers Liability 1(d) What is your current Experience Mod Ratio (EMR)?
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B. Nature of the Work:

1. Attach a list of projects completed in the last year.
2. Indicate by trade the percentage of construction you anticipate performing and that you intend to sub out over the next twelve months.
(a) For direct work, indicate (yes or no) whether your employees are licensed in those trades.
(b) If any work is or will be subbed, complete Subcontractor Management section:

Type of Work	% Direct	Lic Y/N	% Sub	Type of Work	% Direct	Lic Y/N	% Sub	Type of Work	% Direct	Lic Y/N	% Sub
Carpentry (framing)				Electrical – w/in bldgs.				Paperhanging			
Carpentry (siding)				Electrical – outside				Paving			
Carpentry (interior)				Flooring				Plastering			
Concrete				Landscaping				Plumbing			
Construction Mgt.				Masonry				Roofing			
Demolition				Mechanical / HVAC				Sewer / Water			
Drywall				Millwright				Street / Road Construction			
Grading				Painting – Interior				Supervisory			
Excavating				Painting – Exterior				Trenching			

Provide the percentage of work performed by you **or** on your behalf:

Type of Work	Percentage	Type of Work	Percentage	= 100%
New Construction		Remodeling*		= 100%
Outside Building		Inside Building		= 100%
Acting as Sub		Acting as GC		= 100%

* Attach a description of type of remodeling/renovation work you do (e.g., gut and rebuild, tenant build out / improvements, new construction – building or room additions, non-structural remodels, seismic retrofit, etc.)

3. Indicate whether any work has been done by you *or on your behalf* in any of these areas in the past 12 months, or will be done in the next 12 months. If "yes" for any item, please describe (direct or subbed, % receipts attributable to each):

	<input type="checkbox"/> No	<input type="checkbox"/> Yes	% Direct	% Sub
Working with asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
Blasting	<input type="checkbox"/>	<input type="checkbox"/>		
Burglar alarm / security systems	<input type="checkbox"/>	<input type="checkbox"/>		
Exterior Insulation & Finishing Systems (EIFS)	<input type="checkbox"/>	<input type="checkbox"/>		
Environmental remediation	<input type="checkbox"/>	<input type="checkbox"/>		
High Pressure Boiler Work (above 15 PSI)	<input type="checkbox"/>	<input type="checkbox"/>		
Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>		
Fire alarm systems	<input type="checkbox"/>	<input type="checkbox"/>		

Tree Trimming
Sprinkler Systems (fire protection)

No Yes
 No Yes

4. Working at Heights
 What percentage of your work is over 2 stories? _____ %
 Do you use scaffolding? Yes No
 If yes, do you own or rent the scaffolding? Own Rent
 Who erects the scaffolding?
 Are there daily inspections of scaffolding? Yes No
 Do you do any roofing? Yes No
 Do you perform any tree work? Yes No
 Do you perform any work on utility poles? Yes No

5. Do you perform any *snow plowing / snow removal / ice treatment* services for others? Yes No
 If yes, indicate percentage of payroll by category you anticipate for the upcoming policy term:
 Residential _____ % Commercial / Industrial _____ % Governmental / Municipal _____ %

6. What percentage of your work is conducted in the Boroughs of New York? _____ %

C. Subcontractor Management

1. Exposures / premium bases for the current (estimated) and past four years:

Insurer	Year	Total Receipts	Your Payroll	Subcontracted Cost
TBD	Current	\$	\$	\$
	1 st prior	\$	\$	\$
	2 nd prior	\$	\$	\$
	3 rd prior	\$	\$	\$
	4 th prior	\$	\$	\$

2. a. Do you normally employ the same subcontractors for most projects? Yes No
 b. Describe your process and standards for *pre-qualifying* subcontractors (in areas of expertise, reliability, quality of work and materials, financial strength, safety management, etc.):

3. Do you have any financial interest in any subcontractors you use or plan to use? Yes No
 If "yes", identify (name, business address, nature of their work for you) and your percentage of controlling interest:

4. Do you use a written construction contract with all subcontractors? Yes No
 If "Yes", does it require that you are *indemnified and held harmless* for loss and defense costs? Yes No
If "Yes", attach a copy of an executed contract with a key subcontractor.

5. Do you pass insurance requirements made on you to the subcontractors you hire (such as waiver of subrogation)? Yes No

6. Do you require all subcontractors to provide you with Certificates of Insurance? Yes No
 If yes, are subcontractors required to provide the Certificate before they are allowed on your jobsite? Yes No
 How often do you require your subcontractors to update the Certificates?

7. What *limits of liability* do you require your subcontractors to carry?

CGL:	General Aggregate:	\$	
	Products/Completed Operations Aggregate	\$	
	Each Occurrence	\$	
Auto Liability:	Bodily Injury by Accident	\$	
Employers Liability:	Bodily Injury by Disease	\$	Each Aggregate
	Bodily Injury by Disease	\$	Policy Limit
	Each Occurrence:	\$	Each Employee
Umbrella:	Occurrence:	\$	
	Aggregate:	\$	

8. Do you include insurance requirements in your subcontractor agreements? Yes No
 If yes, indicate if the following are included as insurance requirements:

a. Specific ISO Additional Insured endorsements, i.e., CG 20 10 11/85 edition or equivalent?
 b. Additional Insured (AI) endorsement must provide AI status for BOTH Ongoing **and** Completed Operations?
 c. Require subcontractor to provide you with a copy of the endorsement used to provide Additional Insured status to you?
 d. A requirement that both the CGL and Umbrella must respond on a primary and non-contributory basis?
 e. Require a CGL per project aggregate?
 f. A requirement specifying a waiver of subrogation for CGL, WC and Auto?
 g. Other (explain):

9. **CRITICAL:** Some insurance companies deny coverage for NY Labor Law claims due to restrictive language excluding or limiting injuries to employees. Do you have a process in place to detect and prevent subcontractors with restrictive CGL policy language from performing work on your behalf? Yes No
10. Explain the frequency and degree to which your employees supervise subcontractors (always on the job-site, briefly check in each day, weekly visit, etc.).
11. Design – done by In-house? or Outside architects? None?

D. Experience and Quality of your workforce for the work you're doing / intend to do:

1. Current number of permanent employees: _____ Temp / Seasonal: _____
 Number of part time employees: _____ Full time employees: _____
2. How long has your company been doing the type of work you do today / plan to do in the next 12 months?
3. Have you been advised formally or informally that you could be involved in litigation or arbitration regarding any current or prior project? Yes No If yes, please provide details:

E. Trade Section

CARPENTER

1. Do you have a shop? Yes No If yes, what is the use of the shop?
 2. Do you do any siding work? Yes No

DRIVEWAY, PARKING LOT AND OTHER PAVING

1. Do you do any roadway paving for the state, township or other municipal entity? Yes No
 2. What types of barriers do you use to restrict entry to the work areas?

MASONRY

1. Do you do any cement cutting? Yes No If yes, do you follow engineer's blueprints? Yes No

PAINTING

1. Do you do exterior painting? Yes No
 2. Do you do any bridge, tower, or tank painting? Yes No
 3. Do you do any lead paint removal? Yes No
 4. Do you do any exterior spray painting? Yes No %
 5. Do you do any pressure cleaning? Yes No %
 6. Do you do any sand blasting? Yes No %

HVAC/MECHANICAL CONTRACTOR

1. Do you do any industrial processing systems? Yes No
 If yes, describe the type of jobs:
 2. Do you install or maintain LPG systems? Yes No
 3. What percentage of your jobs are residential? % Commercial? %
 4. Any roof top installation work done? Yes No
 5. Any rigging equipment used? Yes No

LANDSCAPE GARDENING

1. Do you do any tree pruning or removal? Yes No
 2. Do you apply any herbicide/pesticide? Yes No
 3. Do you have a state license? Yes No

PLUMBING

1. Do you do any boiler work? Yes No If yes, do you do any high pressure work? Yes No
 What is the maximum pressure you will work on? Water: _____ Steam: _____
 Are the uses of the boiler: Industrial process Heating Other Explain:
 2. Do you do any industrial plumbing? Yes No If yes, describe the type of jobs:
 List the companies you have contracts with:
 3. Do you do fire sprinkler installations: Yes No
 Do you do any sewer main work? Yes No **If yes, also complete Excavation Section**

EXCAVATION / GRADING OF LAND / SEPTIC INSTALLATION / FOUNDATION WORK

1. Do you do excavation for: Water lines? Yes No Sewer? Yes No Streets/roads? Yes No
 Basements? Yes No Septic? Yes No
 Other?
2. What is the maximum depth you'll dig?
3. Are utilities staked before the start of every dig? Yes No
4. Are excavations marked and guarded at end of day? Yes No
5. Do you use trench boxes or shoring? Yes No If Yes, which kind?
 If yes, what types of barriers do you erect to restrict access to trenches?
6. Are utilities staked before the start of every dig? Yes No
7. Do you ever perform any underpinning work? Yes No

ELECTRICAL

1. What percentage of your jobs are residential? % Commercial? %
2. Do you install high voltage commercial/industrial electrical systems? Yes No Maximum voltage?
3. Do you do any utility pole work? Yes No Any Traffic signal work? Yes No
4. Do you install burglar alarm systems? Yes No Fire alarm systems? Yes No

F. Wrap-Up Projects (projects covered by Owner Controlled or Contractor Controlled Insurance Programs)

List all jobs where a wrap up program covered most trades whether you participated or not in the prior 12 months.

Type of project (e.g., New construction of office building)	Describe your work	(1) Value (\$) of your part of the contract (2) Time to complete:	Were you covered by the wrap up coverage? (Y/N)	What lines (if any) were not covered by the wrap ups?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attach additional sheets if needed

List all jobs where wrap-up program will be available to most trades whether you plan to participate or not in the next 12 months.

Type of project (e.g., New construction of office building)	Describe your work	(1) Value (\$) of your part of the contract (2) Time to complete:	Are you covered by the wrap up coverage? (Y/N)	What lines (if any) are not covered by the wrap ups?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attach additional sheets if needed

G. Workers Compensation (WC Not Being Submitted)

COMMENTS

1. Employee Work Environment What percent of your employees are covered by health benefits that you make available?	
2. Safety Management Are all costs (e.g., loss of production, training, etc.) associated with all WC accidents reviewed with all supervisors? <input type="checkbox"/> Yes <input type="checkbox"/> No How frequently are self-inspections performed?	

G. Workers Compensation	COMMENTS
<p>3. Claims Management</p> <p>Do you have a designated injury coordinator(s) who is the point of contact for injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they fully trained in reporting claims, following up with injured workers, working with our Claims personnel, and return-to-work opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How frequently do they contact an out-of-work, injured worker?</p> <p>How frequently do supervisors / managers contact an out-of-work, injured worker?</p>	
<p>4. Other</p> <p>Do any employees regularly travel overnight more than 4 nights per month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HVAC – Does the applicant perform any “confined space” work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HVAC – Are all staff trained in the proper handling of refrigerants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electricians – Does the applicant perform any work with high voltage (>440 volts)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Plumbers – Does applicant work with high pressure vessels or boilers (>30 psi)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

H. Signatures

Fraud Statement

Any person who includes false or misleading information on an application for an insurance policy commits a fraudulent insurance act and may be subject to criminal and civil penalties.

NY Fraud Statement

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.

Applicant's Signature / Title

Date

Submitting Producer / Agency Name

Date