



**RESIDENTIAL CONTRACTORS SUPPLEMENTAL APPLICATION**

- 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 G).

A. Applicant (First Named Insured): \_\_\_\_\_

1(a) Your Web Site Address: \_\_\_\_\_

1(b) Do you operate as: _____ A. General Contractor B. Subcontractor C. Project Manager D. Manage and/own properties (attach list)	1(c) Coverage(s) desired: _____ A. Commercial General Liability B. Workers Comp / Employers Liability  1(d) What is your current Experience Mod Ratio (EMR)? _____
--	--

**B. Nature of the Work:**

2. Attach a list of projects completed in the last year.  
 3. 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 – within buildings				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			

4. 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

No  Yes

Fire alarm systems

No  Yes

Tree Trimming

No  Yes

Sprinkler Systems (fire protection)

No  Yes


5. 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

6. Excavating and Trenching

Do you dig trenches or excavate to depths greater than 5 feet?  Yes  No

If yes, to what depth (ft)? \_\_\_\_\_

What percentage of your work is to depths greater than 5 feet? \_\_\_\_\_ %

What type of shoring is used and who installs?

Do you excavate or dig for:

Water lines?  Yes  No

Sewers?  Yes  No

Septic Systems?  Yes  No

Basements?  Yes  No

Other:  Yes  No If yes, describe: \_\_\_\_\_

Excavations marked & guarded when not being worked?  Yes  No

Are utilities staked before the start of every dig?  Yes  No

7. Is your work:  a) year-round or  b) seasonal?

If seasonal, what period during the year do you normally discontinue work? \_\_\_\_\_

8. 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 \_\_\_\_\_ %

9. 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.):

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

10. Current number of permanent employees: \_\_\_\_\_ Temp / Seasonal: \_\_\_\_\_

Number of part time employees: \_\_\_\_\_ Full time employees: \_\_\_\_\_

11. How long has your company been doing the type of work you do today / plan to do in the next 12 months?

12. 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:

13. (a) Describe your construction experience requirements for new hires:

(b) Do you employ workers or subcontractors who do not speak English?  Yes  No  
 If yes, describe steps you take to ensure proper communication on the job:

14. Describe any ongoing construction skills training you / your employees receive:

15. Are all your employees who perform renovations certified and compliant with the 2010 EPA lead paint removal requirements?  
 Yes  No

16. Is your shop:  a) Union  b) Non-union  c) both.

**D. Subcontractor Management**

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

Insurer	Year	Total Receipts	Your Payroll	Subcontracted Cost
TBD	Current			
	1 <sup>st</sup> prior			
	2 <sup>nd</sup> prior			
	3 <sup>rd</sup> prior			
	4 <sup>th</sup> prior			

18. 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.):

19. Do you have any financial interest in any subcontractors you have used or plan to use?  Yes  No

If "yes", identify (name, business address, nature of their work for you) and your percentage of controlling interest:

20. 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.

21. Do you require all subcontractors to provide you with Certificate of Insurance?  Yes  No

Are the subcontractors required to provide the Certificate before they are allowed on your jobsite?  Yes  No

How often do you require subcontractors to update the Certificates?

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

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

23. Do you require that subcontractors provide you with *Additional Insured status* under their liability policies?  Yes  No

If yes, indicate which elements you require:

- a. including Completed Operations
- b. copy from subcontractor of the endorsement used to provide Additional Insured status to you.
- c. other (explain):

24. Describe the frequency and degree to which your employees supervise subcontractors (always on the job-site, briefly check in each day, weekly visit, etc).

**E. Quality of Work:**

25. Provide the types of residential construction you've completed over the past three years:

%	Type	Max # Floors	Max # of units per Building	Est. # of Buildings each Year	Max living units largest Project
	Single Family Detached (SFD)		1		
	Multi-unit: Townhomes				
	Multi-unit: low-rise Condominium				
	Multi-unit: mid-rise Condominium				
	Multi-unit: high-rise Condominium				
	Multi-unit: low-rise Apartment				
	Multi-unit: mid-rise Apartment				
	Multi-unit: high-Rise Apartment				
	Other (describe below)				

Other residential types:

26. If you are a member of a homebuilders association, indicate its name and any requirements for membership related to quality of construction (use attachment if necessary):

27. Are HUD-approved, insurance-backed home warranty policies provided to homebuyers?  Yes  No

If yes:

- a) What percent of your homebuyers are enrolled?
- b) How many years are these policies in effect?

c) Are the policies renewable by the homebuyer?  Yes  No

d) Please attach a sample home warranty policy.

28. Site Conditions – Describe steps taken to ensure ground is properly graded for drainage and suitable for long-term stability of the structures you build (discuss any soil testing and by whom; environmental impact studies; soil stabilization, etc):

29. Design – done by  In-house or  Outside architects?  
If Outside architects do the design, do they hold you harmless and name you as an Additional Insured on their policies?  
 Yes  No

30. Attach or describe your quality control program. Include comments on prevention of water exposure during the course of construction, post-construction water intrusion, punch-list procedure, post-sale corrective procedures including duration, and other elements you believe appropriate. Attach customer service program and any homeowner maintenance manual and/or advisories:

**F. Worker and Jobsite Safety Section:**

Employees:

31. How do you find employees?  Advertise  Referrals  Union  Other  
If other, please describe:

32. Longevity: a) Percentage of employees with your company over 1 year: %  
b) Percentage of employees with your company over 3 years: %

33. Is your employee force:  a) Increasing  b) Decreasing  c) Stable:  
d) Have you had any layoffs in the last 12 months?  Yes  No  
e) Do you expect layoffs w/in the next 12 months?  Yes  No

34. a) What is the average number of hours a week your employees work?  
b) What is the average wage per hour you pay your employees?

35. Employee screening – do you:  
Require a completed employment application?  Yes  No  
Check references?  Yes  No  
Have a drug and alcohol pre-employment screening program?  Yes  No

36. Occupational Disease  
Does your work include any renovation or cleaning of mold or fungal contamination, asbestos, silica, talc or other carcinogenic/occupational disease causing material?  Yes  No  
If yes, what type of job, who are your customers and what type of material?

Are Material Safety Data Sheets clearly posted and reviewed with all supervisors?  Yes  No

37. Safety and skills administration – do you:		
Have a modified duty return to work program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have on going safety training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide personal protective equipment for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Types:		
Report all employee injuries within 5 days of accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have prominently posted a physician panel for treatment of worker injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have supervisory training for safety and accident reporting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hold supervisors accountable for safety, with incentives provided for safe practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Order motor vehicle reports on potential and new hires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have an employee loss free incentive program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have an employee disciplinary policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>G. Workers Compensation</b>	<b>COMMENTS</b>
<b>Employee Work Environment</b>	
38. What percent of your employees are covered by health benefits that you make available?	

<b>Safety Management</b>	
39. 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?	

<b>Claims Management</b>	
40. 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
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
How frequently do they contact an out-of-work, injured worker?	
How frequently do supervisors / managers contact an out-of-work, injured worker?	

<b>Other</b>	
41. Is there any work contemplated in the state of New York?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees regularly travel overnight more than 4 nights per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HVAC – Does the applicant perform any “confined space” work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HVAC – Are all staff trained in the proper handling of refrigerants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electricians – Does the applicant perform any work with high voltage (greater than 440 volts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbers – Does applicant work with high pressure vessels or boilers (greater than 30 psi)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Remarks: (Include any changes in exposure.)</b>



**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