



## CONTRACTORS – SUPPLEMENTAL APPLICATION with Annual Receipts => \$5,000,000

- 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.

<b>1. Applicant Information:</b>				
Name:		Policy/Account Number:		
Years in business under this name:	Years of experience in this field:	Website address:		
Have you operated under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what name(s):		
Indicate % of revenues derived from your operation as a:				
General Contractor:	Construction Manager:	Developer:	Trade Contractor:	
Gross Receipts Past Year:	Payroll Past Year:	Subcontractor Cost Past Year:		
What is the % of work performed in:				
New Construction:	Remodeling:	Demolition:	Repair:	= 100%
Commercial:	Residential:	Industrial:	Institutional:	= 100%
Rural:	Suburbs:	Urban:		= 100%
What is your current WC Experience Modification Factor?				
Is your shop:	Union: <input type="checkbox"/>	Non-Union: <input type="checkbox"/>	Both: <input type="checkbox"/>	
Are you engaged in any “wrap-ups” or owner controlled insurance programs (OCIP)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform any in-house design work?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform work in the 5 boroughs of New York?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the % of work performed:	

<b>2. Experience and Quality of Workforce for the work you’re doing or intend to do:</b>				
Number of employees:	Full time:	Part time:	Seasonal or Casual:	
How do you find employees?	<input type="checkbox"/> Advertise	<input type="checkbox"/> Referral	<input type="checkbox"/> Union	<input type="checkbox"/> Other
Is your employee force:	<input type="checkbox"/> Increasing	<input type="checkbox"/> Decreasing	<input type="checkbox"/> Stable	
Indicate all that apply to your employee screening process:				
<input type="checkbox"/> Employment application	<input type="checkbox"/> Reference check	<input type="checkbox"/> Substance abuse testing	<input type="checkbox"/> Post-offer physicals	
On average, how many hours do your employees work per week?		What is the average employee wage per hour?		
Indicate your pay scale relative to prevailing wages for trades you employ:		<input type="checkbox"/> Below	<input type="checkbox"/> At	<input type="checkbox"/> Above
If you are a union contractor do you work outside of your home local?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your workers receive continuing skill and safety education?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide training or instruction to non-English speaking employees or subcontractors in a language and vocabulary they can understand?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please describe the steps or methods you take. If No, please state why:</b>				
Indicate how many master licenses, journeymen and apprentices are on your payroll:				
Master Licenses:	Journey Men:	Apprentices:		
What % of workers have training in:	OSHA 10 hour:	OSHA 30 hour:	Specialty safety training:	
List specialty training courses taken:				
Do you have a safety officer or someone with part time safety responsibilities?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety violations and corrective actions documented?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in or are you aware of any pending litigation concerning construction defects?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please explain:</b>				
Describe three (3) largest jobs undertaken in the past five (5) years and <b>attach a project list for projects completed last year:</b>				
<b>Start/Completion Dates</b>	<b>Location (City/State)</b>	<b>Revenue</b>	<b>Description</b>	<b>Subcontractors used?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the following information on your work planned for this year and over the past three (3) years:				
<b>Period</b>	<b>Payroll</b>	<b>Subcontracted Costs</b>	<b>Gross Receipts</b>	

Next 12 months:			
1 <sup>st</sup> Prior Year:			
2 <sup>nd</sup> Prior Year:			
3 <sup>rd</sup> Prior Year:			

3. Nature of the Work: Indicate % of work directly performed by you and % performed by subcontractors in the past 5 years):						
Direct	Sub	Type of construction work	Direct	Sub	Type of construction work	
		Asbestos, lead or mold removal			High-voltage underground cable work	
		Blasting or use of explosives			Permit-required confined space work	
		Bridge/elevated highway construction			Power line or transmission work	
		Caisson/cofferdam/pile driving work			"R" stamp boiler work	
		Cell tower erection, service, or repair			Railroad construction	
		Demolition or raising building/structures			Roofing	
		EIFS or related work			Soil stabilization	
		Electrical work > 600 volts			Steel Erection - structural	
		Environmental remediation work			Street/road/highway construction	
		Fire or flood cleanup/restoration			Subway or tunnel construction	
		Fire/security alarm system installation			Tank or tower construction	
		Fire suppression or sprinkler work			Tree trimming work	
		Gas/Sewer/Water main or conduit construction			Underpinning work	
Comments:						

4. Residential, Motel/Hotel, or School Construction: (Complete if your work involved these projects in the past 5 years)			
Have you built or plan to build new apartment, condominium, townhouse, school, or hotel/motel buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you self-perform carpentry, masonry, plastering/stucco, roofing, or door/window/siding installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you perform at least 30% - 40% of the work yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are homes enrolled with a HUD approved Home Warranty Company offering 10 year protection plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many homes do you complete annually?		What are your annual gross sales?	
What percentage of your work involves new construction of residential, motel/hotel or school construction?			
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:			
Comments:			

5. Snow or Ice Removal: (Complete this section if you perform snow or ice removal services for others)			
Are you a member of the ASCA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Indicate certifications held: <input type="checkbox"/> ASCA-C <input type="checkbox"/> ISO 9001/SN 9001
Do you hire temporary or seasonal workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many vehicles are equipped with snow blades?
Indicate estimated gross receipts in next 12 months for:	Residential \$	Commercial \$	Government \$
Indicate estimated gross receipts for snow or ice removal by category in next 12 months:			
\$	Private Streets or Roads	\$	Public Streets or Roads
\$	Highways or Expressways	\$	Apartments, Condominiums, or Townhouses
\$	Public Housing Projects	\$	Schools, Colleges, or Universities
\$	Arena or Stadium Parking Lots	\$	Municipal Parking Lots

\$	Banks, Churches, or Office Complexes	\$	Retail Store or Mall Parking Lots
\$	Grocery, Convenience, or Hardware Stores	\$	Businesses open 24 hours
\$	Pharmacy, Hospital, Nursing Home, or Surgical Center	\$	Re-habilitation, Therapy, or Orthopedic Center
Do you have a back-up plan for additional resources to properly service clients in the event of a major storm?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you apply sand or salt to the cleared areas?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you document requests for extra services or changes to existing services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do customers check and sign off (approve) your work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep a log of completed jobs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written contracts with customers? (If Yes, provide a copy of an executed contract)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you subcontract any snow or ice removal work to others? (If Yes, provide a copy of an executed contract)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are subcontractors kept advised of client specific contract terms?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform any snow or ice removal on rooftops?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

<b>6. Working at Heights</b> (Complete this section if work is performed 6 ft. or more above lower level)				
Is work performed over 2 stories?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What % of work is over 2 stories?	%	Max Height:
Check all types of equipment used to perform work at heights:				
<input type="checkbox"/> Ladders	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Cranes	<input type="checkbox"/> Aerial Lifts	
<b>Ladders:</b> (Complete this section if ladders are used by you)				
Is there a written policy to reduce the use of ladders?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ladders placed under the control of the foreman, superintendent or safety personnel?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ladders designated for specific tasks only and are other alternatives considered before a ladder is used?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you maintain a permit system and or logbook to document when a ladder is used?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a competent person inspect ladders periodically and after any occurrence affecting their safe use?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are workers trained to use ladders safely?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:				
<b>Scaffolds:</b> (Complete this section if scaffolds are used by you)				
Are suspension scaffolds used by your employees or others working on your behalf?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or erect scaffolding?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes,</b> are only trained and competent persons responsible for erecting, dismantling or alteration of scaffolds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all scaffolds constructed according to manufacturer's instructions?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is scaffolding inspected prior to each work shift?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are other contractors at the job site allowed to use scaffolding you own or rent?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are guardrail systems installed along all open sides and ends of platforms?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:				
<b>Cranes:</b> (Complete this section if cranes are used in your operations)				
Explain how cranes are used in your construction operation:				
Do you own any cranes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes,</b> please attach list showing Type, Manufacturer, Model, Max Boom Length and Max Lifting Capacity				
Do you own, rent or operate tower cranes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rent or loan cranes to others?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hire or subcontract crane operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
When you rent with operator or subcontract crane operations, indicate if you receive the following:				
<input type="checkbox"/> Additional Insured Status:		<input type="checkbox"/> Minimum Liability Limits (GL & Excess) of \$5,000,000:		
<input type="checkbox"/> Hold Harmless Agreement in your favor:		<input type="checkbox"/> WC Employer Liability Limits of \$100,000/\$100,000/\$500,000		
Are there any lifts > 150 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any lifts > 2,000 lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Lift (lbs):
Have you ever had an OSHA reportable incident, accident, or claim related to crane use?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes,</b> please explain:				
Are only certified crane operators permitted to operate a crane on your jobsite?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written Crane Safety Program and do you require a Crane Safety Plan be utilized for each lift?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:				
<b>Aerial Lifts</b> (Complete this section if aerial lifts are used by you)				
Are only trained and authorized persons allowed to operate an aerial lift?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a pre-start inspection conducted prior to each work shift to verify equipment is in a safe operating condition?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are work zones inspected to eliminate hazards before and during operation of an aerial lift?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do workers wear a full body harness or a restraining belt with a lanyard attached to the boom or bucket?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do workers maintain at least 10 ft. clearance from all overhead power lines and communication cables or are power lines de-energized in the vicinity of the work?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:				

<b>7. Roofing:</b> (Complete this section if you perform roofing work)
What is the maximum height of the buildings the applicant works on? _____ (number of stories)
Indicate the maximum slope of roof work: <input type="checkbox"/> Low Slope Roofs (<4/12 slope) <input type="checkbox"/> Steep Slope Roofs (≥4/12 slope)
Indicate all fall protection equipment used when performing operations:
<input type="checkbox"/> Warning line system <input type="checkbox"/> Guardrail system with toe boards <input type="checkbox"/> Personal fall arrest system
Are workers trained in hazard recognition and in the care and safe use of equipment used on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all holes, openings, and skylights guarded or covered before commencing work on a roof? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any <b>new</b> apartment, condominium, townhouse, school, or hotel/motel construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:

<b>8. Excavating and Trenching:</b> (Complete this section if you perform excavation or trenching)
What is the maximum depth of excavation work you will perform? _____
Are protective systems used for trenches ≥ 5 ft.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are trenches inspected daily or as conditions change by a competent person prior to worker entry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your subcontractors use explosives? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify where underground utilities are located before digging? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is testing done for atmospheric hazards such as low oxygen, hazardous fumes and toxic gases when > 4 ft.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform or subcontract underpinning of adjacent structures or foundations impacting the excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you confirm neighboring properties are properly underpinned or stabilized prior to excavating? <input type="checkbox"/> Yes <input type="checkbox"/> No
If shoring is required on a job, do you use OSHA approved equipment and techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are trenches backfilled after work is performed and are excavations marked/guarded when not being worked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:

<b>9. Subcontractor Management</b> (Complete this section if you use subcontractors and <b>attach an executed copy of your contract</b> )
Describe your process and standards for pre-qualifying subcontractors:
Do you normally use the same subcontractors for most projects? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do subs sign in/off the jobsite and indicate if in an accident, sustained injury, or caused property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you maintain a jobsite presence during all construction activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever use help from friends, relatives, temporary, or day laborers on the construction site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a written contract from all subcontractors prior to being allowed on the jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your subcontract agreement been reviewed by legal counsel or do you use standard A.I.A. contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your contract include a hold harmless and indemnification clause in your favor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require subcontractors to add you as an additional insured for on-going and completed operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require the additional insured coverage to be primary and your insurance to be non-contributory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are subcontractors required to carry insurance (including WC) and limits at least equal to your coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require waivers of subrogation in your favor for GL, Auto and WC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a GL per project aggregate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a procedure in place to detect if subcontractor's insurance contains adverse policy language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require subcontractor's liability insurance to be with an "A" rated carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are certificates of insurance required from subcontractors before commencing work for you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a system for tracking certificates of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do project files contain contracts, certificates of insurance and any non-ISO additional insured forms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your contract specify CG 2010 11-85 or equivalent additional insured forms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require additional insured coverage to extend to the Umbrella on a primary & non-contributory basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your contract require subs of subcontractors to comply with the same contract terms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:

<b>10</b>	<b>Worker's Compensation</b> (Complete this section if you are seeking a Workers' Compensation quote)	
	What percentage of your employees are covered by health benefits that you make available:	%
	Do you have on going safety training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you provide and require employees to use personal protective equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are supervisors trained in safety and accident reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are supervisors held accountable for safety, with incentives provided for safe practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have an employee disciplinary policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you order motor vehicle reports on prospective new hires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a modified duty return to work program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are all employee injuries reported within 24 hours of accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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
	<b>If Yes</b> , are they fully trained in following up with injured workers and finding return-to-work opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How frequently do injury coordinators, supervisors or managers contact an out-of-work, injured worker?	
	Is a physician panel prominently posted for treatment of worker injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have an employee loss free incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are Material Safety Data Sheets (MSDSs) clearly posted and reviewed with all supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your work involve using materials, chemicals, or substances identified as potentially causing cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If Yes</b> , attach the Material Safety Data Sheets (MSDSs) for each carcinogenic material, chemical or substance used in your work.	
	Comments:	

**Signatures:**

**Fraud Statement:**

<p>Your completion of this Supplemental Application in conjunction with the Commercial Insurance Application constitutes an affirmation by you that you are an authorized representative of the applicant, that a reasonable inquiry has been made to obtain the answers to the questions on this Supplemental Application, and that the answers provided in this Supplemental Application are true, correct and complete to the best of your knowledge. Your completion of this Supplemental Application also constitutes an affirmation by you that you are aware of the insurance fraud warnings set forth at length in the Commercial Insurance Application.</p>		
Producer/Agent's Signature:	Producer/Agent's Name (Please Print):	State Producer License No.: (Required in Florida)
Applicant's Signature:	Date:	Agency Code: