



**SUPPLEMENTAL APPLICATION  
CONTRACTORS < \$5 million receipts**

(If more than 10% of your receipts is generated from residential construction, complete instead Supplemental Application IL-7154 for 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 J).

**Section I – General** (complete all questions)

Applicant (First Named Insured): \_\_\_\_\_ Policy # \_\_\_\_\_ Agent: \_\_\_\_\_  
 Your Web Address: www. \_\_\_\_\_  
 Type of Contractor: \_\_\_\_\_ Number of years operating current business: \_\_\_\_\_  
 Have you ever operated under any other name or names? Yes  No  If Yes, please list names and years of operations: \_\_\_\_\_

Do you carry any Professional or Errors & Omissions insurance coverage? Yes  No   
 Are your employees appropriately licensed in their respective trades? Yes  No   
 Are all your employees who perform renovations certified and compliant with the 2010 EPA lead paint requirements? Yes  No

Please list the 5 largest projects you have completed in the last 5 years.	Job cost	Duration
1.		
2.		
3.		
4.		
5.		

**Subcontractor Management**

Do you hire sub-contractors (subs)? Yes  No  If "No", skip to question below on hazardous materials. If "Yes", complete the remaining Subcontractor management questions:

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			

Who supervises the subs on the jobsite, and how often does that occur? \_\_\_\_\_

Do you require certificates of insurance from all subs? Yes  No  CGL Limits required: \$ \_\_\_\_\_ Occ. \$ \_\_\_\_\_ Agg. \_\_\_\_\_

Do you require all subs to name you as an Additional Insured on their CGL policies? Yes  No

Do you require subs to sign written construction contracts containing indemnity / hold harmless clauses in your favor? Yes  No  If yes, **attach a copy of an executed contract with a key subcontractor.**

Do you handle any **hazardous materials**? Yes  No

If yes, what are the classes of hazardous materials? \_\_\_\_\_

Do you do any **snowplowing**? Yes  No

If yes, do you use a written plow contract? Yes  No  If yes, attach a copy of the contract. Attached

Do you do any **height work**? Yes  No  If Yes, how high? \_\_\_\_\_ Percentage of work above 2 stories? \_\_\_\_\_

Do you own or rent **scaffolding**? Yes  No  Own  Rent  Who erects the scaffolding? \_\_\_\_\_

Are there daily inspections of the scaffolding? Yes  No

Do you allow subs or anyone other than your employees to use your equipment/scaffolding? Yes  No

Do you do any **roofing**? Yes  No

If yes, what type of roofing material do you install? \_\_\_\_\_

Any hot tar? Yes  No  Any torch-down roofing? Yes  No

Do you do any **excavation or digging**? Yes  No  If yes, also complete Section II, H. Excavation

**Worker and Jobsite Safety Section:**

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

a) What is the average number of hours a week your employees work? \_\_\_\_\_

b) What is the average wage per hour you pay your construction employees? \_\_\_\_\_

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

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?

Safety and skills administration – do you:

Have a modified duty return to work program?  Yes  No

Have on going safety training?  Yes  No

Provide personal protective equipment for employees?  Yes  No

Types: \_\_\_\_\_

Report all employee injuries within 5 days of accident?  Yes  No

Have prominently posted a physician panel for treatment of worker injuries?  Yes  No

Have supervisory training for safety and accident reporting?  Yes  No

Order motor vehicle reports on prospective new hires?  Yes  No

Have an employee loss free incentive program?  Yes  No

Have an employee disciplinary policy?  Yes  No

**Section II – Trade Section** (complete all applicable – more on reverse side)

**A. 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

**B. 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?

**C. MASONRY**

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

**D. 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  %

**E. 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

**F. 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

**G. PLUMBING**

- 1. Do you do any boiler work? Yes  No  If yes, do you do any high pressure work? Yes  No   
 What is the max 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

- 4. Do you do any sewer main work? Yes  No  **If yes, also complete Section II, H. Excavation**

**H. EXCAVATION & GRADING OF LAND & SEPTIC INSTALLATION**

- 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? \_\_\_\_\_

**I. ELECTRICAL**

- 1. What percentage of your jobs are residential? \_\_\_\_\_ % Commercial? \_\_\_\_\_ %

- 2. Do you install high voltage commercial/industrial electrical systems? Yes  No  Max 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

**Section III – 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