



**PART I - CONTRACTORS SUPPLEMENTAL APPLICATION
GENERAL INFORMATION**

Applicant: _____

1. Describe jobs to show scope and variety of work or attach job list.

	<u>Project/Location</u>	<u>Nature of Work</u>	<u>Receipts</u>	<u>Dates - Start/End</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

2. Has applicant ever been involved or plan to be involved in any of the following operations? Yes No
(If "Yes", please provide percentages of work done by employees and/or by sub-contractors, if "No", proceed to Section 3.)

	<u>Employees %</u>	<u>Subs %</u>		<u>Employees %</u>	<u>Subs %</u>
1. Airports	_____	_____	13. Marine Operations	_____	_____
2. Alarm Systems	_____	_____	14. Nuclear	_____	_____
3. Architecture/Design	_____	_____	15. Refinery	_____	_____
4. Asbestos	_____	_____	16. Remediation	_____	_____
5. Blasting	_____	_____	17. Shoring/Moving Bldgs.	_____	_____
6. Boilers	_____	_____	18. Demolition of Buildings	_____	_____
7. Bridges	_____	_____	19. Welding at job sites	_____	_____
8. Dams/Reservoirs	_____	_____	20. Work at over 2 stories	_____	_____
9. Tunneling	_____	_____	21. Crane Operations	_____	_____
10. Fireproofing	_____	_____	22. E I F S	_____	_____
11. Sand Blasting	_____	_____	23. Railroad Construction	_____	_____
12. Foundations	_____	_____			

Describe work done in detail: _____

3. List the percentage of work the applicant has done or plans to do in the following categories:

	<u>% New</u>	<u>% Remodel</u>	<u>% Service/Repair</u>
Commercial			
Residential/Habitational			
Condominiums			
Apartment			
Single Family			
Yes			
No			
(If YES-list percentage)			
Custom Homes			
Tract Homes			
Other (Describe):			

4. Percent of applicant's work as a general contractor: _____ % As a subcontractor _____ %
 Does applicant work as a construction manager Yes No
 Any current or past involvement with "wrap-up" / OCIP jobs? Yes No

WRAP-UP / OCIP JOBS MUST BE APPROVED IN ADVANCE TO RECEIVE CREDIT.

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5. Does applicant have an architect or engineer on staff? Yes No
 If Yes, does applicant carry professional liability insurance? Yes No
 If No, does applicant require that the architect or engineer carry his/her own Professional Liability Insurance? Yes No

Indicate the types of subcontractor agreements typically signed:
 Standard (AGC, AIA contracts) Custom Other

6. Does applicant use sub-contractors? Yes No

Percentage of work sub-contracted _____ %

Type of work sub-contracted: _____

Limits required of sub-contractors: _____

Does applicant require sub-contractors to be bonded? Yes No

Do all sub-contractors provide Certificates of Insurance? Yes No

Is applicant named as Additional Insured? Yes No

Do sub-contractors hold applicant harmless in contract? Yes No

Is there a Diary System in place to track expiration dates of Certificates of Insurance? Yes No

7. Does applicant require pre-hire physicals, drug screening, MVR review? Yes No

8. Does applicant hold safety meetings? Yes No

How often? _____

Are managers and employees required to attend? Yes No

Are attendance records kept? Yes No

9. Has applicant ever been cited for OSHA violations? Yes No

(If YES, please provide details) _____

10. Has there been any construction defect claims or litigation pending in the past five years? Yes No

(If YES, please provide details) _____

11. Does applicant own or operate a quarry, sand or gravel pit? Yes No

(If YES, please provide details) _____

12. Does applicant rent equipment to others? Yes No

(If YES, please provide details) _____

13. Is applicant a member of any trade association? Yes No

(If YES, list name of trade association) _____

IMPORTANT – PLEASE READ BEFORE SIGNING

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information and/or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

I/We declare that the above statements and particulars are true and that I/we have not omitted, suppressed or misstated any material facts and agree that this APPLICATION FORM shall be on the basis of any policy of insurance which may be issued by the Company and shall be deemed a part thereof.

Applicant's Signature: _____ Title: _____ Date: _____

Agent's Signature: _____ Date: _____