



Expert Advice for Challenging Risks

CONTRACTORS SUPPLEMENTAL APPLICATION

Wholesale Broker: _____

APPLICANT'S INFORMATION:

If more than one applicant name, please provide a list of proposed named insureds and include a description of operations for each proposed named insured.

Applicant Name: _____

Mailing Address: _____

Inspection Contact: _____

Email: _____

Phone: _____

Location: _____

Proposed Effective Date:

From: _____

To: _____

Limits of Liability:

Each Occurrence: \$ _____

Aggregate: \$ _____

A. Description of Operations: _____

1. Contractor License # _____

2. Website Address _____

B. Business is a: Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ LCC ☐

C. Number of Years in Business: _____

Prior Industry Related Experience _____

If less than 3 years, attach resume of Principal

D. Percentage of Operation as: General Contractor _____% Subcontractor _____%

Owner's Interest Only _____% Construction Manager _____%

E. Indicate percent of work performed in:

1. Commercial _____% Residential _____%

2. Inside Building _____% Outside Building _____%

3. New Construction _____% Renovations/Remodeling _____%

4. Other _____% (Describe) _____

F. Any work or operation involved in any of the following, indicate percentage:

		Direct	Subbed	None			Direct	Subbed	None
1.	Asbestos Abatement	%	%		9	Lease Equipment to Others	%	%	
2.	Blasting	%	%		10.	Pile Driving	%	%	
3.	Bridge Work	%	%		11.	Sewer Mains or Connections Construction	%	%	
4.	Demolition	%	%		12.	Tunneling	%	%	
5.	Fire Suppression	%	%		13.	Use of Cranes	%	%	
6.	Gas/Water Main Connections or Construction	%	%		14.	Use of Scaffolding	%	%	
7.	Hot Tar Roofing	%	%		15	Welding/Stucco/Synthetic EIFS Work	%	%	
8.	Lead Pain Abatement	%	%				%	%	

G. Radius of Operations: _____

H. Percentage of NY City work _____%

I. Does insured or subcontractors perform any exterior work above two stories in height from grade: Yes ☐ No ☐

If Yes: Percentage of total work _____ % Maximum Number of Stories _____

J. Does insured or subcontractors perform any work below grade: Yes ☐ No ☐

Maximum Depth _____ ft. Percentage of total work _____ %

K. LOSS HISTORY - Indicate all claims or occurrences that may give rise to any claims for the prior 5 years.

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

Provide details for any claim greater than \$50,000 _____

L. SCHEDULE OF OPERATIONS/HAZARDS: All work needs to have a classification

LOC #	CLASSIFICATION TYPE	CLASS CODE	PREMIUM BASIS (payroll, cost, sales etc)	TERRITORY

M. Total Sales / Receipts \$_____

N. List major jobs within the last 5 years including work in progress and planned.

O. Do you perform any work under a wrap up insurance program? Yes ☐ No ☐ If Yes _____%

P. Do you use subcontractors? Yes ☐ No ☐

Q Percentage of work subcontracted: _____ %

R. Do you require your subcontractors to carry at least 1 / 2 / 1 in limits? Yes ☐ No ☐

S. Does the insured obtain a written contract from all subcontractors which includes hold harmless clause in favor of the insured? Yes ☐ No ☐

T. Is the insured named as an additional insured on all the subcontractors' policies? Yes ☐ No ☐

U. Owner Interest Only

1. Detailed Description of Project: _____

2. G.C. Name _____

3. G.C. Carrier _____

4. G.C. Limit _____

5. What is square footage of the proposed building? _____

6. Number of proposed building(s) _____

7. When will construction start? _____

8. Term of project _____

9. Cost of construction for the first 12 months \$_____

Retail Broker:

Address:

Contact:

Email:

Phone:

New York: 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 \$5,000 and the stated value of the claim for each such violation.