



Supplemental Application for Contractors

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

GENERAL INFORMATION:

1. Name of Applicant: _____
 Individual Corporation Partnership Other (Explain) _____

2. Date business began: _____ Years of Experience: _____

3. Website: www. _____

4. Have you operated or are you operating under a different business name now or at any time over the past 10 years? Yes No
 If yes, please provide details: _____

5. Applicant works as a:

General Contractor _____% Consultant _____%
 Subcontractor _____% Owner/Builder _____%
 Construction Manager _____% Developer _____%

6. Are you licensed? Yes No Type of License? _____ Year Issued? _____

7. State/area of operation: _____

8. Describe your operations:

9. Do you have a formal safety program? Yes No

10. Have you been cited for an OSHA violations? Yes No

11. Please complete the following chart:

	Current Year	Previous Year	2 nd Previous Year	3 rd Previous Year	4 th Previous Year
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted Work					
# of Employees					

11. What percentage of work do you subcontract to others? _____ %
12. Do you usually use the same subcontractors? Yes No
13. Are subcontractors always insured? Yes No
14. What general liability limits do you require your subs to carry? _____
15. Are you named as an additional insured on all subcontractors' policies? Yes No
16. Do you have a written contract with your subcontractors? Yes No
If yes, please provide a copy.
17. Do you obtain certificates of insurance from all subcontractors? Yes No
18. How long do you retain those certificates? _____

19. Please complete the following chart:

RESIDENTIAL CONSTRUCTION	FOR THE NEXT 12 MONTHS	FOR THE PAST 12 MONTHS
New Custom Homes	%	%
Remodel or Repair	%	%
New Condo or Other Multi-Facility	%	%
New Single Family Homes – Tracts	%	%
Conversions to Condo	%	%

19a. What is the maximum number of residential units built in a year? _____

19b. What is the number of homes to be built in the coming term? _____

COMMERCIAL CONSTRUCTION (Including Apartments)	FOR THE NEXT 12 MONTHS	FOR THE PAST 12 MONTHS
NEW	%	%
REMODEL AND REPAIR	%	%

20. Using percentage of payroll (under Direct) and percentage of contract costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

21.

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Airport runways			Excavation			Roofing		
Blasting			Fire Sprinkler			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			HVAC			Shower Door		
Concrete			Insulation			Steel/Structural		
Demolition			Maintenance			Steel/Ornamental		
Door/Window			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other: _____		

22. Describe your last five projects:

Description	Dollar Value
1.	
2.	
3.	
4.	
5.	

23. Describe your five largest projects:

Description	Dollar Value
1.	
2.	
3.	
4.	
5.	

24. If you are a roofing contractor, subcontractor or performing roofing work, do you use: (please also answer if you hire subcontractors to complete this work):

Hot Tar:	Yes	No	If yes, _____%
Torch Down:	Yes	No	
Modified Bitumen (hot):	Yes	No	
Modified Bitumen (cold)	Yes	No	If yes, _____%
Hot Air Welding:	Yes	No	
Other:	_____		

25. Do you perform work below grade? Yes No If yes, maximum depth? _____

26. Do you perform work about two stories in height? (other than interior remodel) Yes No

If yes, what percentage? _____% Maximum height? _____

Please describe: _____

27. Do you perform work or install EIFS or other synthetic stucco or exterior finish? Yes No

28. Are you or your subcontractors involved in projects where removal of hazardous materials, asbestos, lead-based paints or chemical contamination is required? Yes No

If yes, please provide details: _____

29. Do you perform repairs of fire, water or mold damage? Yes No

30. Do you perform work at gas stations, refineries, chemical plants, airports, utilities, railroads, hospitals or medical facilities or for the gas/oil industry? Yes No

If yes, please describe: _____

31. Does your organization perform any design or engineering services? Yes No

If yes, please describe: _____

32. Do you own or lease cranes? Yes No

Do you own or lease trenching equipment? Yes No

Do you own or lease scaffolding? Yes No

33. What precautions are taken to protect the public from injury?

Cones Yes No

Signs Yes No

Area roped off Yes No

Other Yes No Please explain: _____

34. During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company? Yes No

If yes, please explain:

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)



Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

REPRESENTATIONS

Verus Underwriting Managers, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Underwriting Managers or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Underwriting Managers or the Company receives notice is on file with Verus Underwriting Managers and is considered physically attached to and part of the policy if issued. Verus Underwriting Managers and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Underwriting Managers, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Underwriting Managers and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Underwriting Managers and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Underwriting Managers or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

Name of Applicant:		
Signature of person authorized to execute on behalf of the		Date:
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.