



CONTRACTOR'S SUPPLEMENTAL APPLICATION

Please follow these steps while completing the application.

- 1 Please complete and save this document to your local computer.
- 2 Completely answer all questions. The information requested is in addition to that which you provide in the appropriate ACORD application(s).
- 3 If you require more space, please either complete an ACORD 125 or attach separate pages showing the applicable question number you are responding to. Make sure your company name appears at the top.
- 4 This supplemental application must be signed and dated by an authorized representative of the applicant.
- 5 Please verify your information before signing and forwarding to your agent or broker.
- 6 Choose distribute from the Forms Panel in the Tool Pane on the right to send it to your recipients.
- 7 Wholesale E&S Submission email address: submissions.wholesale.es@cfins.com



CONTRACTOR'S SUPPLEMENTAL APPLICATION

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

Name(s) of Applicant: _____

Address: _____

Years in Business*: _____ Years Experience: _____ Website: _____

**If this is a new operation, please attach resumes and provide details on prior experience of ALL principals.*

1. Describe your work: _____

2. Do any prior operations differ from current operations? Yes No
If yes, please explain: _____

3. In which states do you perform work? _____

4. Have you performed work in any other states in the past? Yes No
If yes, please list those states: _____

5. License Number(s) and which state the license is issued: _____

a. Has the applicant used any other business names or licenses in the past 10 years? Yes No

b. Does the applicant currently own or operate another business? Yes No

c. Has any licensing authority taken action against you? Yes No

If yes to any of these, please explain:

6. Please provide the following information (excluding any work performed in Wrap-Ups):

	Gross Receipts	Payroll	Subcontracting Costs
Next 12 months (Estimated)			
Last 12 months (Estimated)			
2nd prior year			
3rd prior year			
4 th prior year			
5 th prior year			

Number of owners, officers, and partners active at job sites or performing supervisory duties: _____

7. Are you currently working on any Wrap-Up (OCIP/CCIP) Projects? Yes No
If yes, please provide estimated annual receipts for all Wrap-Up Projects: _____

8. What percentage of your work is:

	New	Repair		New	Repair
Single Family Homes (less than 10)	%	%	Retirement or Student Housing	%	%
Single Family Homes (greater than 10)	%	%	Apartments	%	%
Condominium/Townhome – HOA	%	%	Commercial (excl. Apartments)	%	%
Condominium/townhome – Unit Owner	%	%	Industrial	%	%
Military or Student Housing	%	%	Other _____	%	%
TOTAL FOR ALL CATEGORIES ABOVE SHOULD EQUAL 100%				100%	
Interior Work	%		Exterior Work	%	

a. What is the largest tract development you have worked in or will work in? _____

9. Please complete the following questions if you operate as a General Contractor:

a. How many new homes will you build as a general contractor in the next year? _____

b. What is the greatest number of new homes you have built in any one year? _____

10. Do you use subcontractors?

Yes No

If "Yes," please answer the following:

What percentage of your work is subcontracted out: _____% Annual Costs: \$ _____

Do you have a written contract with all subcontractors? Yes No

Does the contract contain a hold harmless clause in your favor? Yes No

Do you collect certificates from all subcontractors? Yes No

If yes, what are the minimum limits required? \$ _____

Do you require all subcontractors to name you as an additional insured, including for Completed Operations? Yes No

If no, please explain _____

How long do you maintain records of the above documents? _____

Please attach a copy of your subcontractor agreement

11. Please indicate the percentage of work performed by you and/or subcontracted out by you:

(totals for Direct and Subcontracted should equal 100% each)

Work	Direct	Subcontracted	Work	Direct	Subcontracted
Airport Runways			Maintenance		
Asbestos or Lead Abatement			Mechanical		
Blasting			Mold Remediation		
Bridge/Highway Overpass Constr.			Plastering/Stucco		
Chemical Plants			Plumbing		
Cranes			Public Utilities		
Dam or Levee Work			Railroads		
Demolition			Rental of Equipment to Others		
Drilling			Steel Erection – Structural		
Earthquake/Seismic Retrofit			Street/Road		
EIFS			Supervision Only		
Environmental Cleanup or Repair			Swimming Pool Construction		
Excavation			Traffic Signals/Control Work		
Gas Mains			Underground Tank Work		
Gas Stations/Refineries			Water Mains		
Grading			Waterproofing		
Hospitals			Window/Door Work		
LPG Work			Other _____		

12. Project History:

Describe your largest projects over the past five years:	Value
	\$
	\$
	\$
	\$

Describe your largest projects currently underway or planned for the next year:	Value
	\$
	\$
	\$

Please provide the average dollar value of jobs completed (including all materials, labor, and equipment): \$ _____

13. Have you or do you ever intend to use a drone (UAS) in the course of your operations? Yes No
 If yes, please explain:

Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.)

14. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No
 If yes, please describe:

_____ If retaining walls have or will be built, what is the maximum height? _____ft

15. Do you perform exterior work above two stories in height? Yes No
 If yes, what percentage? _____% Maximum height: _____ft

16. Do you perform any work below ground level? Yes No
 If yes, what percentage? _____% Maximum depth: _____ft

17. Do you use scaffolding? Yes No
 If yes, please explain:

18. Do you own, rent or subcontract any cranes? Yes No
 If yes, please explain and include if they are rented with or without operators:

19. Have you or will you or your employees work under the U.S. Longshoremen’s and Harbor Worker’s Act or Jones Maritime Act? Yes No
 If yes, please explain:

20. Are you involved in any other operations/exposures that are not otherwise covered in this application? Yes No
 If yes, please explain:

21. Do you have a formal safety program in place? Yes No
 If yes, please describe or provide a copy:

22. Do you carry Workers Compensation insurance?

Yes No

If yes, what is the WC Experience Modification Factor for the current policy? _____

Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below. A minimum of five (5) years of currently valued loss runs must be included with this completed application.

23. Are there any losses, claims or legal actions pending against any of the entities named in the application that are not covered in the attached loss runs?

Yes No

24. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against such entity?

Yes No

CLASS SPECIFIC QUESTIONS

25. EIFS Work – If you perform any EIFS work, please answer the following questions:

a. What percent of your work is related to EIFS? _____%

b. What percent of your EIFS work is: Residential _____% Commercial _____%

c. Are you certified by all manufacturers of the product you install?

Yes No

d. What manufacturers do you install on behalf of? _____

e. Do you install any non-drainable systems?

Yes No

If yes, please explain:

26. Roofing Work – If you perform any roofing work, please answer the following questions:

a. Will any of your upcoming work include **NEW** tract developments or condominiums and townhomes?

Yes No

b. Will any of your upcoming work involve work for homeowners associations?

Yes No

c. Has any of your past work included the two categories mentioned above?

Yes No

d. Do you perform any Heat Application Roofing operations?

Yes No

If yes, please answer the following questions:

i. Please describe the work you perform:

ii. Please describe your fire safety procedures:

iii. How is the site secured at the end of the work day and how long do you remain onsite after all hot work is completed?

e. Do you perform any roof tear off operations?

Yes No

f. Please describe the procedure utilized to detect inclement weather:

g. Please describe your open roof protection procedures:

h. How is the site secured at the end of the work day or when you will be away from the jobsite for more than four hours?

State Notices: The following notices are required by the Insurance Department of the indicated states.

Warning: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

(11/2017)