

CONTRACTORS SUPPLEMENTAL APPLICATION

PART A - BASIC INFORMATION

1. Applicants Name: _____
2. Mailing Address: _____
3. Have you operated under any other name or names? Yes No
If so, please list name, address, and years in operation: _____
4. What counties (or cities) do you work in? _____
5. Number of years you have operated your current business: _____
What was the applicant's previous occupation if less than three years prior experience? _____
6. Total number of years experience as a contractor: _____
7. Your contractor's license number and type: _____

PART B - CONSTRUCTION ACTIVITIES

1. Please describe your operations: _____
2. % of work subbed: _____%
3. % of work that is:

| | |
|--|----------------------------------|
| a) New Residential Construction _____% | b) Residential Remodeling _____% |
| c) Office Construction _____% | d) Office Remodeling _____% |
| e) Government / Institutional _____% | g) Commercial _____% |
| d) Other _____% Describe: _____ | |
4. If new residential, do you work on more than 5 homes in any one subdivision? Yes No
5. % of work on a typical project performed by:

| |
|--|
| a) Your Employees _____% |
| b) Sub Contractors under your supervision _____% |

TYPES OF WORK PERFORMED

Please indicate whether the following trades are

R - RETAINED (performed by your employees) or
S - SUBCONTRACTED (performed by subcontractors)

| | | | | | |
|----------------------|----------------------------|----------------------------|--------------------------|----------------------------|----------------------------|
| Bridge Construction: | R <input type="checkbox"/> | S <input type="checkbox"/> | Guard Rail Installation: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Carpentry: | R <input type="checkbox"/> | S <input type="checkbox"/> | Interior Demolition: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Concrete: | R <input type="checkbox"/> | S <input type="checkbox"/> | Landscaping: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Debris Removal: | R <input type="checkbox"/> | S <input type="checkbox"/> | Masonry: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Drilling: | R <input type="checkbox"/> | S <input type="checkbox"/> | Painting: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Drywall: | R <input type="checkbox"/> | S <input type="checkbox"/> | Parking Lot Paving: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Electrical: | R <input type="checkbox"/> | S <input type="checkbox"/> | Plumbing: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Excavation: | R <input type="checkbox"/> | S <input type="checkbox"/> | Roofing: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Framing: | R <input type="checkbox"/> | S <input type="checkbox"/> | Street Paving: | R <input type="checkbox"/> | S <input type="checkbox"/> |
| Grading: | R <input type="checkbox"/> | S <input type="checkbox"/> | Stucco: | R <input type="checkbox"/> | S <input type="checkbox"/> |

6. SPECIAL HAZARDS Do any of your operations involve the following:

| | | | |
|-----------------------------------|--|---------------------------|--|
| Asbestos removal: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Shoring or underpinning: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blasting: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Use of cranes: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Caisson or cofferdam work: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Use of tower cranes: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Demolition - other than interior: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Length of booms: _____ft. | |
| Pile driving: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Other: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
7. Do you perform work more than two stories in height above grade? Yes No
If so, what percentage? _____%
Please describe: _____

What is the maximum number of stories in structures built? _____ Stories

PART E - SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? Yes No
If so, please describe:
 2. Have you been contacted by any general contractor and/or subcontractor regarding a problem at any location you worked on with them? Yes No
If so, please describe:
 3. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship? Yes No
If so, please describe:
-

PART F – LOSS HISTORY

| PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS | | | | | |
|---|------------------|----------|----------|--------|-----------------------|
| Year | Carrier/ Premium | Coverage | # Losses | Amount | Description of Losses |
| | | | | | |
| | | | | | |
| | | | | | |

Missouri Applicants: DO NOT answer this question.
 Has insurance of this type been cancelled, refused or non-renewed by any company during the past 3 years? No Yes

If so, give name of company, date, and reason:

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in you operation must be reported to your agent.

| | | |
|------------------------------|---------------|------|
| Signature of Applicant | Title | Date |
| Signature of Producing Agent | | Date |
| Agent Name | Agent Address | |