

**BROKERAGE CASUALTY  
CONTRACTORS SUPPLEMENTAL APPLICATION**

Applicant Name: \_\_\_\_\_ Website? \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION**

1. Applicant is a (% of each):  
 General Contractor \_\_\_\_\_%     Subcontractor \_\_\_\_\_%  
 Developer \_\_\_\_\_%     Const. Manager \_\_\_\_\_%  
 Owner/Builder \_\_\_\_\_%     Consultant \_\_\_\_\_%
2. Describe all operations in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Years in business under this name: \_\_\_\_\_ 4. Years of experience in this field: \_\_\_\_\_  
 5. States/area of operations: \_\_\_\_\_ Mandatory- Attach Resumes \_\_\_\_\_ if New Venture  
 6. Contractor License Number: \_\_\_\_\_ Year license issued: \_\_\_\_\_
7. Have you operated under any other name or names?  Yes  No  
 If "Yes," provide prior name and describe type of operations: \_\_\_\_\_  
 \_\_\_\_\_
8. Total number of employees (including leased) \_\_\_\_\_  
 8a. Is Worker's Compensation coverage in place for these employees?  Yes  No
9. % of construction operations (Total = 100% for each line):  
 Commercial \_\_\_\_\_%    New construction \_\_\_\_\_%    Remodeling \_\_\_\_\_%    Other \_\_\_\_\_%  
 Residential \_\_\_\_\_%    New construction \_\_\_\_\_%    Remodeling \_\_\_\_\_%    Other \_\_\_\_\_%
10. Apartment construction \_\_\_\_\_%    New construction \_\_\_\_\_%    Remodeling \_\_\_\_\_%    Other \_\_\_\_\_%  
 Have you been involved as a Contractor in the building of Residential Homes,  
 Condominiums, Apartments, or Townhouses in the past 10 years?  Yes  No  
 If "Yes," specify year(s), number(s) and location(s) : \_\_\_\_\_  
 \_\_\_\_\_
11. Have you ever in the past 10 years been involved in a construction defect related claim?  Yes  No  
 If so, please provide complete written narrative: \_\_\_\_\_  
 \_\_\_\_\_
12. Indicate Gross Sales:

Anticipated Sales for Upcoming Year	\$
First Year Prior	\$
Second Year Prior	\$
Third Year Prior	\$

**CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)**

13. Indicate payrolls/costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Alarm Systems	\$	\$	Paving – Driveways/Parking		\$
Asbestos Removal	\$	\$	Paperhanging	\$	\$
Blasting	\$	\$	Plastering/Stucco	\$	\$
Bridges/Elevated Roads	\$	\$	Pipeline	\$	\$
Boiler Inspection / Repair	\$	\$	Plumbing	\$	\$
Boring	\$	\$	Power Lines	\$	\$
Carpentry	\$	\$	Process Piping	\$	\$
Communication Lines	\$	\$	Roofing	\$	\$
Concrete	\$	\$	Seismic Retrofitting	\$	\$
Debris Removal	\$	\$	Septic Tanks	\$	\$
Demolition	\$	\$	Sewer	\$	\$
Drilling	\$	\$	Sheet Metal Work	\$	\$
Drywall	\$	\$	Siding	\$	\$
Earthquake Repair	\$	\$	Sprinklers	\$	\$
Electrical	\$	\$	Steel/Ornamental	\$	\$
Excavation	\$	\$	Steel/Structural	\$	\$
Fire Proofing	\$	\$	Street/Road Construction	\$	\$
Fire/Damage Restoration	\$	\$	Street/Road Paving	\$	\$
Gas/Water Mains	\$	\$	Supervisory	\$	\$
Grading	\$	\$	Swimming Pools	\$	\$
HVAC	\$	\$	Tank Construction	\$	\$
Insulation	\$	\$	Tile/Stone/Marble	\$	\$
Landscaping	\$	\$	Tower Construction	\$	\$
Lead Remediation	\$	\$	UST Installation or Removal	\$	\$
Masonry	\$	\$	Waterproofing	\$	\$
Mold/Spore Remediation	\$	\$	Water Damage Restoration	\$	\$
Oil or Gas Fields	\$	\$	Welding (answer #16-23 if done)	\$	\$
Painting	\$	\$	Other:	\$	\$

14. Indicate any work or operations involving the following, even if subbed out:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Airport Facilities                          | <input type="checkbox"/> EIFS or related work        | <input type="checkbox"/> Shoring/Underpinning |
| <input type="checkbox"/> Refineries, Ethanol or Petrochemical Plants | <input type="checkbox"/> Equipment Rental to Others  | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Bldg – Raising or Moving                    | <input type="checkbox"/> Landfills                   | <input type="checkbox"/> Subways              |
| <input type="checkbox"/> Cantilevered Construction                   | <input type="checkbox"/> Nuclear                     | <input type="checkbox"/> Stevedoring          |
| <input type="checkbox"/> Cofferdam or Caisson Work                   | <input type="checkbox"/> Pile Driving                | <input type="checkbox"/> Sub Aqueous          |
| <input type="checkbox"/> Crane Operation                             | <input type="checkbox"/> Pollution Abatement         | <input type="checkbox"/> Subways              |
| (If checked, answer #15)   | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Tunnels              |
| <input type="checkbox"/> Dams/Reservoirs                             | <input type="checkbox"/> Railway                     | <input type="checkbox"/> Waste & Reclamation  |

If checked, please describe work in detail:

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15. If Crane Operations are conducted, please check the correct boxes below:

- Crane Operations with Operator
- Crane Operations without Operator
- Crane(s) designed to be operated over the road
- Crane(s) with crawler treads designed for off road use only

Details of Crane Operations:

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**PROJECTS/OPERATIONS INFORMATION**

16. List all major projects completed within the past five years, including work in progress and planned projects (list project name, date, description, location, and cost) OR  Attach a project list

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the average dollar value of a completed project? \_\_\_\_\_

17. Please describe any types of projects that you have discontinued (i.e. no longer build, etc): \_\_\_\_\_

\_\_\_\_\_

18. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? If "Yes," please explain:  Yes  No

19. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)  Yes  No  
If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

20. Has your work involved or will it involve systems that provide medical life support or medical gas lines? If "Yes," please explain:  Yes  No

\_\_\_\_\_

21. Any exterior work performed above two stories in height from grade?  Yes  No

22. Maximum number of stories: \_\_\_\_\_ Percentage of Total Work: \_\_\_\_\_

23. Any work performed below grade?  Yes  No  
Maximum depth: \_\_\_\_\_ Percentage of Total Work: \_\_\_\_\_

24. Is scaffolding owned, rented, or erected?  Yes  No  
Are other contractors at job site allowed to use it?  Yes  No

25. Have you worked or will you or your employees work under USL&H or Jones Act?  Yes  No

26. Do you have any prior or planned jobs covered under wrap-up or OCIP policies?  Yes  No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

27. Do you have a formal safety program in operation?  Yes  No  
Please explain and/or provide a copy: \_\_\_\_\_

\_\_\_\_\_

28. Indicate the type of security used on a project:  Fencing  Lighting  Watchman

**SUBCONTRACTOR INFORMATION/RISK TRANSFER**

29. Do you utilize unmodified standard A.I.A. contracts or their equivalent for all of your subcontractors?  Yes  No

30. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain:  Yes  No

\_\_\_\_\_

31. Are Certificates of Insurance obtained from subcontractors?  Yes  No  
General Liability: \_\_\_\_\_  
Minimum Limits Required: \_\_\_\_\_  
Workers Compensation:  Yes  No

32. Does the contract require all subcontractors to name you as an additional insured?  Yes  No

33. Do you require your subcontractors to name you as an additional insured for products/completed operations?  Yes  No

34. Do you normally use the same subcontractors?  Yes  No

35. Do you ever use uninsured subcontractors?  Yes  No  
If yes, please provide details regarding the work performed, and advise if uninsured subcontractors only work for you or if they also work for other operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER OPERATIONS**

36. Do you draw any plans or blueprints used in your construction work?  Yes  No  
 If "Yes," has Professional Liability Coverage been obtained?  Yes  No  
 Limit of Liability: \$ \_\_\_\_\_

37. Do you own any vacant land (raw land with no developmental or improvement activity) held only for investment of possible development more than 12 months in the future. No buildings on the property)?  Yes  No

38. Do you own any real estate development property (land with improvements – streets, roads, or utilities, etc. completed under construction)?  Yes  No

39. Will you loan, rent or lease equipment to others?  Yes  No  
 If "Yes", please describe in detail to include the annual sales from this activity (if any), types of equipment and whether it is rented with or without operators as well as a copy of the equipment rental Contract.

\_\_\_\_\_

40. If "Yes," to either questions 37 or 38, is property zoned:  Residential  Commercial/Retail/Industrial/Other  
 # of acres vacant land: \_\_\_\_\_ # of acres Real Estate Dev Prop: \_\_\_\_\_

41. Any other operations other than 'contracting'?  Yes  No  
 If "Yes," please describe: \_\_\_\_\_

\_\_\_\_\_

42. Where Insured? \_\_\_\_\_

**LOSS EXPERIENCE**  Check here if not applicable

43. Loss Summary (Please Attach hard copy loss runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

Preventative actions taken to prevent similar future losses \_\_\_\_\_

\_\_\_\_\_

44. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? If "Yes," please explain:  Yes  No

\_\_\_\_\_

45. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes," please explain:  Yes  No

\_\_\_\_\_

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.  
 \* not applicable in all states

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Producer \_\_\_\_\_

Date \_\_\_\_\_