



This is a printable form.

CONTRACTORS SUPPLEMENTAL

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- Applicant name: & Address & Tel. No. _____
 Bookkeeper Name: _____ Bookkeeper Telephone: _____
 Bookkeeper Address: _____
- Year(s) in business under this name: _____
- Year(s) of experience in this field: _____
- Have you ever performed construction operations in AZ, CA, FL, HI, NV or VT Yes No If yes, please indicate state and type work performed. _____
- Have you operated under any other name or names? Yes No If yes, please provide name(s) and nature of operations: _____
- Risk operates: _____ % General Contractor _____ % Subcontractor
 _____ % Construction Manager _____ % Architect/Engineer _____ % Developer
- Receipts: _____ Projected Subcontracted Costs: _____ Projected
 \$ _____ Expiring _____ Expiring
 _____ 1 st Prior \$ _____ 1 st Prior
- Please list the five largest projects undertaken in the past five years.

Description	Cost	Duration

- Number of employees (including leased) in the following classes:
 # of Laborers _____ # of Field Supervisors _____ # of Trades _____ # of Clean-up _____

10. Percentage of work that will be done:

	New	Renovation		New	Renovation
Single Family Homes	%	%	Office Buildings	%	%
2-4 Family Dwellings	%	%	Mercantile Buildings	%	%
Apartments	%	%			
Condominiums	%	%	Institutional Buildings	%	%
Townhouses	%	%	Industrial Buildings	%	%

11. Please indicate whether the following trades are: R - Retained (performed by your employees) S - Subcontracted

Grading	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Roofing	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Electrical	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Debris Removal	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA
Excavation	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Drilling	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Plumbing	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Street Paving	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA
Concrete	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Stucco	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Masonry	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Parking Lot Paving	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA
Framing	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Drywall	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Inter. Demolition	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Waterproofing	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA
Carpentry	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Painting	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA	Landscaping	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA		<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> NA

12. Indicate any work or operations involving the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Sewer Main Construction |
| <input type="checkbox"/> Street, Road or Highway Construction | <input type="checkbox"/> Pipeline Construction | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Blasting or Explosion Hazard | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Asphalt Works |
| <input type="checkbox"/> Boiler Inspection, Service or Repair | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Subway Construction |
| <input type="checkbox"/> Race Track or Stadium Construction | <input type="checkbox"/> Boring Under Streets or Roads | <input type="checkbox"/> Tank Construction |
| <input type="checkbox"/> Bridge or Elevated Highway Construction | <input type="checkbox"/> Tower Construction | <input type="checkbox"/> Tunnel Construction |
| <input type="checkbox"/> Waste & Reclamation Facilities | <input type="checkbox"/> Caisson or Cofferdam Work | <input type="checkbox"/> Railroad Construction |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Equipment Rental | <input type="checkbox"/> Wrap-up Coverages |
| <input type="checkbox"/> Pier or Wharf Construction | | |

13. In which states do you perform work? _____

14. Tool Floater Coverage: Amount of Coverage: _____ Description: _____

15. Equipment Coverage: Amount of Coverage: (a) _____ (b) _____ (c) _____

(a) Description: _____ Year: _____ Serial No. _____

(b) Description: _____ Year: _____ Serial No. _____

(c) Description: _____ Year: _____ Serial No. _____

16. What is the maximum number of individual units to be built at a single construction site? _____

17. What are the total projected annual individual units to be constructed? _____

18. Has the risk ever been involved in the construction of tract housing, apartment buildings, condominiums or townhouses? Yes No If yes, please explain: _____

19. Does or did the risk build on hillsides, over landfills or in subsidence areas? Yes No
If yes, please explain _____

20. Does or did the risk ever use synthetic stucco or EIFS? Yes No If yes, please explain _____

21. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship?
 Yes No If yes, Please explain: _____

22. If building residential properties, do you offer a Home Warranty? Yes No
a. Company: _____ b. Term: _____

23. Does risk perform any work over four stories in height from grade? Yes No

24. Do you draw any plans or blueprints used in your construction work? Yes No

25. Do you lease or rent equipment to others? Yes No
a. With Operator Yes No b. Receipts _____ c. Equipment Type _____

26. Do you require subcontractors to:

	Yes	No	
a. Name you as an Additional Insured on their liability policies?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Sign an indemnification or hold-harmless agreement in your favor?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Furnish Certificates of Insurance for:	<input type="checkbox"/>	<input type="checkbox"/>	_____ Minimum Limit Required
General Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	

27. Do you utilize A. 1. A. standard contracts? Yes No

28. Does the risk's safety/risk management program include:

Formal Safety Manual	Yes	No
Accident Reporting/investigation Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Site Safety Inspections	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance Monitoring/Control	<input type="checkbox"/>	<input type="checkbox"/>

29. Loss Summary (Please Attach Hard Copy Runs)

Year	Carrier	Premium	# Claims	Incurred	Comments

The above applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, misstate or omit any material facts.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of applicant: _____ Title (Officer, Partner): _____

Date: _____

*Signing this questionnaire does not bind the applicant or the insurer to provide the insurance.

Producer: _____ Agency: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

New England Excess Exchange, Ltd.

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