

**CONTRACTORS
 SUPPLEMENTAL APPLICATION**

General Agent Name _____
 Address: _____
 Phone: _____
 Fax: _____

Date: _____

Insured: _____ Location: _____

APPLICATION INFORMATION

Owner/Partner (16,000 ea.): \$ _____
 Employee Payroll: \$ _____
 Uninsured Subcontractor Payroll: \$ _____
 Subcontractor Cost: \$ _____
 Total Payroll: \$ _____
 Total Receipts: \$ _____
 Number of Employees: _____
 Years in Business: _____
 Years of Experience: _____
 % resid/commercial/industrial _____ %

Risk is a (% of each):
 General Contractor _____ %
 Real Estate Developer _____ %
 Subcontractor _____ %
 (Totals 100%)
 New Construction _____ %
 Remodeling/Additions _____ %
 Roofing Work _____ %
 Repair/Service Work _____ %
 (Totals 100%)

CONTRACTORS QUESTIONNAIRE

- Type of work done by you and your employees: _____
 - Maximum number of stories: _____ Max. depth below grade: _____ ft.
 - Any mobile equipment leased without operators? _____ Yes _____ No
 Type of equipment leased? _____
 - Describe any other operations. _____
 - Any Roofing Done? _____ What %? _____ Any Hot Tar used? _____ Any Heat Application? _____
 - List the last 5 jobs including the cost of those jobs.
- | Location | Type of Job | Job Receipts |
|----------|-------------|--------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
- Describe any losses: _____

COMPLETE FOR SUBCONTRACTED WORK

- What work are the subcontractors hired to do?
 _____ % _____ % _____ %
 _____ % _____ % _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? _____ Yes _____ No
 Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? _____ Yes _____ No
- Do subcontractors carry Worker's Compensation? _____ Yes _____ No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
 Producer: _____ Date: _____