



Agent: _____
 Address: _____
 Phone: _____
 Fax: _____

CONTRACTORS SUPPLEMENTAL APPLICATION

Date: _____
 Insured: _____ Location: _____

APPLICATION INFORMATION

Owner/Partner (20,000 ea.): \$ _____
 Employee Payroll: \$ _____
 Subcontractor Cost: \$ _____
 Total Payroll: \$ _____
 Total Receipts: \$ _____
 Number of Employees: _____
 Years in Business: _____
 Years of Experience _____
 Residential _____% Commercial _____% Industrial _____%

Risk is a: _____ (% for each)
 General Contractor _____ %
 Real Estate Developer _____ %
 Sub-Contractor _____ %
 Total _____ 100 %
 New Construction _____ %
 Remodeling/Additions _____ %
 Repair/Service Work _____ %
 Total _____ 100%

CONTRACTORS QUESTIONNAIRE

• Type of work done by you and your employees: _____

• Maximum number of stories: _____ Max. depth below grade: _____ ft.

• Describe any other operations: _____

• List the last 5 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

κ Describe any losses: _____

κ Any Roofing done? Yes No
 If so, what %? _____ Any hot tar used? Yes No Any heat application? Yes No

COMPLETE FOR SUBCONTRACTED WORK, IF ANY

• What work are the subcontractors hired to do?
 _____ % _____ % _____ %
 _____ % _____ % _____ %

• Are certificates of insurance obtained prior to subcontractors starting policy? Yes No
 Minimum Limits Required \$ _____

• Are you named as an additional insured on the subcontractor's work? Yes No

• Do subcontractors carry Workers' Compensation? Yes No

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

Applicant Signature: _____
 Producer: _____

Date: _____
 Date: _____