



# CONTRACTORS SUPPLEMENT

DATE (MM/DD/YYYY)

|                            |                   |                 |  |          |                  |                                       |  |                                      |  |
|----------------------------|-------------------|-----------------|--|----------|------------------|---------------------------------------|--|--------------------------------------|--|
| AGENCY NAME                |                   |                 |  | CARRIER  |                  |                                       |  | NAIC CODE                            |  |
| POLICY NUMBER              |                   |                 | EFFECTIVE DATE                               |          | NAMED INSURED(S) |                                       |  |                                      |  |
| TYPE OF CONTRACTOR         |                   |                 |  |          |                  | YEARS EXPERIENCE                      |  | # EMPLOYEES<br>FULL TIME   PART TIME |  |
| CONTRACTORS LICENSE NUMBER |                   | LICENSE HOLDER: | OWNER  | EMPLOYEE |                  | % OF WORK<br>RESIDENTIAL   COMMERCIAL |  | % OF WORK<br>NEW CONST   REMODEL     |  |
| GROSS RECEIPTS PAST YEAR   | PAYROLL PAST YEAR |                 | MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS |          |                  |                                       | TOTAL COST OF SUBCONTRACTED WORK PAST YEAR |                                      |  |
| \$                         | \$                | \$              | OCC  |          | \$               | AGGREG                                |  | \$                                   |  |

**INDICATE IF ANY WORK IS DONE IN OR AROUND THE FOLLOWING EXPOSURES (For all past or present operations)**

|  | Y / N |   | Y / N |                       | Y / N |                              | Y / N |
|--|-------|---|-------|-----------------------|-------|------------------------------|-------|
| EXPLOSIVE ENVIRONMENTS (PAINTS, SOLVENTS, ETC) |       | FIRE ALARM OR AUTOMATIC SPRINKLER DESIGN, INSTALL OR REPAIR |       | HOSPITALS             |       | SWIMMING POOLS               |       |
| INSTALLATION OF EMERGENCY BACK-UP EQUIPMENT    |       | BURG ALARM DESIGN, INSTALL OR REPAIR                        |       | POWER PLANTS          |       | "HOT" OR LIVE WIRES          |       |
| AIRPORT CONSTRUCTION OR REPAIR                 |       | HIGH VOLTAGE (OVER 480 VOLTS) OR HIGH AMPERAGE              |       | TRAFFIC SIGNAL WORK   |       | LAND FILL                    |       |
| DAM, BRIDGE OR RIVER RELATED CONSTRUCTION      |       | MAJOR ELECTRICAL CONTROL PANELS                             |       | OIL OR GAS REFINERIES |       | HAZARDOUS MATERIAL ABATEMENT |       |
| PETROCHEMICAL PLANTS                           |       | NUCLEAR PLANTS  |       | POWER LINES           |       |                              |       |

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)                              | Y / N | EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   | Y / N |
|---|-------|--|-------|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?*                         |       | 9. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?*  |       |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?*                |       | 10. ANY BOATS, DOCKS, FLOATS OWNED OR LEASED?*   |       |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?*        |       | 11. ANY ADVERTISING SIGNS AWAY FROM PREMISES?  |       |
| 4. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?*                          |       | 12. DOES AN EMPLOYEE OF THE APPLICANT HAVE DIRECT OVERSIGHT OF EACH JOBSITE IN PROGRESS? RADIUS OF OPERATIONS: _____ |       |
| 5. ANY DEMOLITION OR WRECKING WORK?   |       | 13. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?*  |       |
| 6. ANY USE OF CRANES?   |       | 14. ANY OPERATION OR OWNED, LEASED OR RENTED PROPERTY NOT COVERED BY THIS POLICY?                                    |       |
| 7. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?*                         |       | 15. ANY PRODUCT MANUFACTURED OR SOLD UNDER THE APPLICANT'S NAME?   |       |
| 8. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?* |       | * DO NOT ANSWER IF THIS FORM IS ATTACHED TO ACORD 126  |       |

**SPECIFIC CONTRACTOR INFORMATION**

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)  | Y / N       | EXPLAIN ALL "YES" RESPONSES (For all past or present operations)  | Y / N |
|---|-------------|---|-------|
| <b>AIR CONDITIONING &amp; HEATING</b>   |             | <b>EXCAVATION &amp; GRADING OF LAND &amp; SEPTIC INSTALLATION (continued)</b>   |       |
| 1. ANY BOILER WORK DONE?  |             | 7. IS SHORING WORK DONE IN ACCORDANCE WITH STANDARDS? (IF NO, EXPLAIN IN REMARKS)   |       |
| 2. ANY ASBESTOS REMOVAL DONE?   |             | <b>INSULATION</b>   |       |
| <b>CABINETMAKERS</b>  |             | 1. ANY REMOVAL? IF "YES", INDICATE WHAT TYPE AND DISPOSAL PROCEDURES.   |       |
| 1. IS DUST COLLECTION SYSTEM PRESENT? (IF NO, EXPLAIN IN REMARKS)   |             | 2. ANY ENCAPSULATION OR REMOVAL OF ASBESTOS?  |       |
| 2. DOES SPRAY BOOTH MEET NFPA STANDARDS? (IF NO, EXPLAIN IN REMARKS)  |             | 3. HAS APPLICANT APPLIED OR INSTALLED ANY EXTERIOR INSULATION OR FINISHING, OR ANY EXTERIOR INSULATION FINISHING SYSTEMS (EIFS) RELATED PRODUCT OR MATERIALS IN THE PAST?     |       |
| <b>CARPENTRY</b>  |             | 4. HAVE YOU BEEN INVOLVED WITH THE APPLICATION OR INSTALLATION OF MATERIAL THAT IS DIRECTLY IN CONTACT WITH EIFS, SUCH AS WINDOWS, DOORS, PAINT CAULK OR FLASHING MATERIALS?  |       |
| 1. ANY ROOFING DONE? IF "YES", WHAT % _____   |             | 5. IF YOU ARE A GENERAL CONTRACTOR OR SUBCONTRACTOR USING SUBCONTRACTORS, HAVE YOU MANAGED PROJECTS OR OPERATIONS USING EIFS OR EIFS RELATED PRODUCTS AS THE EXTERIOR FINISH? |       |
| 2. ANY SHOP WORK DONE?  |             | 6. HAVE YOU HAD ANY EIFS RELATED LOSSES?  |       |
| 3. ANY RENOVATION WORK DONE? IF "YES", WHAT % _____   |             | <b>LANDSCAPING</b>  |       |
| 4. ANY GUTTING OF INTERIOR LOAD BEARING WALLS?  |             | 1. ANY GRADING OF LAND OR EXCAVATION WK DONE? IF "YES", WHAT % _____  |       |
| <b>ELECTRICAL WIRING</b>  |             | 2. ANY SPRAYING OF BUSHES, LAWNS, ETC WITH PESTICIDES, HERBICIDES, OR FERTILIZERS? IF "YES", PLEASE EXPLAIN EXTENT. (HOW OFTEN AND WHAT IS USED?)                             |       |
| 1. ANY UNDERGROUND CABLE WORK?  |             | 3. ANY TREE TRIMMING WORK DONE? IF "YES", WHAT % _____  |       |
| <b>EXCAVATION &amp; GRADING OF LAND &amp; SEPTIC INSTALLATION</b>   |             | 4. ANY WORK DONE DURING "OFF-SEASON" MONTHS?  |       |
| 1. MAXIMUM DEPTH:   |             | 5. ANY SNOWPLOWING DONE? IF YES, WHAT % _____   |       |
| 2. TYPE OF EXCAVATION:  | WATER LINES | <b>MASONRY WORK</b>   |       |
|   | SEWER       | 1. DO YOU EXCAVATE ALSO?  |       |
|   | SEPTIC      | 2. ANY RETAINING WALLS BUILT?   |       |
|   | BASEMENTS   | 3. ANY MIX-IN-TRANSIT?  |       |
|   | OTHER:      | 4. ANY WORK INVOLVING LOAD-BEARING WALLS?   |       |
| 3. ANY WORK DONE IN STREETS OR ROADS?   |             | 5. ANY BASEMENT WORK?   |       |
| 4. ARE EXCAVATIONS MARKED AND GUARDED AT END OF DAY?  |             |   |       |
| 5. ARE UTILITIES STAKED BEFORE THE START OF EVERY DIG? IF TELEPHONE INQUIRIES ARE MADE, IS A LOG MAINTAINED SHOWING DATE, TIME, PERSON SPOKEN TO, PLOT # AND MAP # REFERRED TO? (IF NO, EXPLAIN IN REMARKS) |             |   |       |
| 6. ANY SNOWPLOWING?   |             |   |       |

**SPECIFIC CONTRACTOR INFORMATION (continued)**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)                        | Y / N | EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   | Y / N |
|---|-------|--|-------|
| <b>PAINTING</b>   |       | <b>PLUMBING (continued)</b>  |       |
| 1. INSIDE: _____%      OUTSIDE: _____%  |       | 3. ANY MECHANICAL CONTRACTING OPERATIONS?  |       |
| 2. ANY WORK DONE ABOVE 2 STORIES?   |       | 4. ARE PROPER WRITTEN PROCEDURES IN PLACE WITH RESPECT TO "SWEATING" OF PIPES? (IF NO, EXPLAIN IN REMARKS)   |       |
| 3. ANY SCAFFOLDING USED? IF "YES", TO WHAT HEIGHT? _____                                |       | 5. ANY SEPTIC TANK INSTALLATION?   |       |
| 4. ANY PAINTING OF TANKS, WATER OR GAS?   |       | 6. ANY ASBESTOS REMOVAL DONE?  |       |
| 5. ANY PAINTING OF BRIDGES OR TOWERS?   |       | <b>ROOFING</b>   |       |
| 6. ANY EXTERIOR SPRAY PAINTING? IF "YES", WHAT % _____                                  |       | 1. ANY WORK ABOVE TWO STORIES?   |       |
| 7. ANY AIRLESS SPRAY GUNS USED?   |       | 2. COMMERCIAL: _____%      RESIDENTIAL: _____%   |       |
| 8. ANY EPOXIES USED?  |       | 3. IS HOT TAR USED? IF SO, WHAT SIZE ARE THE KETTLES AND IS TAR HEATED BEFORE TRAVELLING TO JOBSITE OR UPON ARRIVAL. SHOW PERCENT OF WORK USING HOT TAR IN REMARKS. ALSO DESCRIBE TYPE OF FIRE PREVENTION (FIREHOSE, ETC.) |       |
| 9. ANY LEAD PAINT REMOVAL DONE?   |       | 4. ARE WRITTEN PROCEDURES IN PLACE TO ASSURE THAT AN OPENING IN THE ROOF WILL NEVER BE LEFT UNATTENDED AND WILL BE PROPERLY COVERED AND ANCHORED BEFORE LEAVING THE JOBSITE? (IF NO, EXPLAIN IN REMARKS)                   |       |
| <b>PLUMBING</b>   |       |  |       |
| 1. ANY INSTALLATION OF HIGH PRESSURE SYSTEMS, CAUSTICS, FLAMMABLES, GASES OR CHEMICALS? |       |  |       |
| 2. ANY REFRIGERATION SYSTEMS INSTALLED?   |       |  |       |

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.