

Futura Financial Services

Contractor Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

| | | | | |
|---|---------|--|-------|-----|
| NAME: | ADDRESS | CITY | STATE | ZIP |
| IS THE APPLICANT OR ANY PROPOSED NAMED INSURED A: | | | | |
| <input type="checkbox"/> Consultant <input type="checkbox"/> Developer <input type="checkbox"/> Owner/Builder <input type="checkbox"/> Subcontractor/Artisan <input type="checkbox"/> Const. Manager <input type="checkbox"/> General Contractor <input type="checkbox"/> Other: _____ | | | | |
| STATES/AREA OF OPERATIONS: | | LICENSE # & EXPIRATION: | | |
| RADIUS OF OPERATIONS FROM MAIN LOCATION: | | DOES INSURED HOLD ANY OTHER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: | | |

DETAILS OF OPERATIONS

1. Indicate the % of work on a typical project performed by the following:

| | | | |
|-------------------|---------|--------------------------|---------|
| Casual Labor | _____ % | Subcontractors | _____ % |
| Volunteer Workers | _____ % | Uninsured Subcontractors | _____ % |
| Leased Employees | _____ % | Other: _____ | _____ % |

2. Indicate the % of work on a typical project:

| | | | | |
|------------------|---------|------------------------------|---------|--------|
| Residential Work | _____ % | + Commercial Work | _____ % | = 100% |
| New Construction | _____ % | + Renovation/Remodeling Work | _____ % | = 100% |

3. For New Residential work, indicate the % of work on a typical project:

| | | | | |
|--------------|---------|---------------|---------|--------|
| Custom Homes | _____ % | + Tract Homes | _____ % | = 100% |
|--------------|---------|---------------|---------|--------|

****Tract Homes are defined as more than 20 starts in any one year****

4. If this is a **NEW** operation, has any work been started or completed prior to insurance being put in place? ☐ Yes ☐ No
5. If this is an **ONGOING** operation, has the applicant been uninsured for more than **45** days prior to the expected date insurance will start? ☐ Yes ☐ No
6. Are there any other operations owned, operated, or managed by you? ☐ Yes ☐ No

If **Yes**, please explain: _____

RATING EXPOSURE BASIS

| | Current Year | 1 st Prior Year | 2 nd Prior Year | 3 rd Prior Year | 4 th Prior Year |
|----------------------------|--------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Annual Gross Receipts | | | | | |
| Employee Payroll | | | | | |
| Cost of Subcontracted work | | | | | |

7. List all active owners, partners, officers and their job duties/ responsibilities:

| <u>INDIVIDUAL</u> | <u>DUTIES/RESPONSIBILITIES</u> |
|-------------------|--------------------------------|
| | |
| | |
| | |
| | |

- a. Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent/broker? ☐ Yes ☐ No

If **Yes**, explain: _____

b. If **Yes**, has professional liability coverage been obtained covering that exposure? ☐ Yes ☐ No

8. Does the applicant have a permanent yard for the storage or maintenance of equipment and material? ☐ Yes ☐ No

If **Yes**, please provide annual payroll for employees who work solely in the yard: \$ _____

9. List all employed supervisors- who supervise through foremen- and their actual payroll:

| INDIVIDUAL | DUTIES/RESPONSIBILITIES | PAYROLL |
|------------|-------------------------|---------|
| | | \$ |
| | | \$ |
| | | \$ |

SUBCONTRACTORS EXPOSURES

If you NEVER hire subcontractors please check here ☐ and skip to the next section- Other exposures.

10. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for:

General Liability Insurance

If **Yes**, what limits of liability? \$ _____ / _____ / _____

Occurrence

Aggregate

Products

☐ Yes ☐ No

11. Do you normally use the same subcontractors?

☐ Yes ☐ No

12. Do you ever supervise subcontractors who are not paid by entities proposed as

a named insured?

☐ Yes ☐ No

13. Do you hire and compensate all independent subcontractors working at your direction?

☐ Yes ☐ No

If **No**, please explain: _____

TYPE OF WORK PERFORMED

14. Please indicate any work or operations involving the following, even if subbed out: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Bldg- Raising or Moving | <input type="checkbox"/> Fiber optic cable work | <input type="checkbox"/> Railway |
| <input type="checkbox"/> Burning of debris | <input type="checkbox"/> Glass or Glazing Work | <input type="checkbox"/> Repairs of water damage |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Highway Overpasses/Bridges | <input type="checkbox"/> Retaining Walls |
| <input type="checkbox"/> Chimneys | <input type="checkbox"/> High pressure cleaning | <input type="checkbox"/> Shorting/Underpinning |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Inspection or Appraisal work | <input type="checkbox"/> Slab or Monolithic Floors |
| <input type="checkbox"/> Crane Operation | <input type="checkbox"/> Mobile home installation/repair/set-up or related work | |
| <input type="checkbox"/> Coal/Wood/Oil burning stoves | <input type="checkbox"/> Mold/Fungus remediation work | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Condominium Conversion | <input type="checkbox"/> Stevedoring | <input type="checkbox"/> Snow plowing |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Subways/Tunnels |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Waxing floors |

If checked, please describe work in detail: _____

15. Do you anticipate getting into any of the above type work?

☐ Yes ☐ No

If **Yes**, provide details: _____

OTHER EXPOSURES

16. Does the applicant contact utility companies to have lines marked prior to digging?

☐ Yes ☐ No

17. Do you perform directional boring?

☐ Yes ☐ No

If **Yes**, do you bore under any streets, roads, buildings or other structures?

☐ Yes ☐ No

18. Movement of or work on load bearing walls?

☐ Yes ☐ No

If **Yes**, does an architect or engineer sign off on the plans?

☐ Yes ☐ No

Percentage of jobs that involve load bearing wall work: _____

LOSS CONTROL

19. Does the applicant have a certified drug free workplace?

☐ Yes ☐ No

20. Does the applicant adhere to all OSHA standards to promote a safe workplace?

☐ Yes ☐ No

21. Has the applicant ever been cited for safety violations?

☐ Yes ☐ No

22. Is the public kept a safe distance from insured's operations and work areas?

☐ Yes ☐ No

Indicate type of security used on a project: (Check all that apply)

☐ Fencing

☐ Lighting

☐ Watchmen

☐ Cones

☐ Signs

☐ Area Roped off

☐ Other: _____

23. Are all trenches, ditches, excavations, holes in the ground and holes made in the surface

always properly and clearly identified and protected against others falling into them?

☐ Yes ☐ No

24. Are all jobs inspected by management at completion, before leaving the job site?

☐ Yes ☐ No

GENERAL INFORMATION

25. Do you have model homes? ☐ Yes ☐ No
If **Yes**, how many? _____
26. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? ☐ Yes ☐ No
If **Yes**, please explain: _____
a. Percent of Grade _____ %
b. Prior Soils Testing (geological, topical) ☐ Yes ☐ No
If **Yes**, please explain: _____
c. Any subsidence losses? ☐ Yes ☐ No
If **Yes**, please explain: _____
27. Do you use Green Building technologies? ☐ Yes ☐ No
If Yes, are you certified by the USBGBC as lead accredited professionals for Green Building technology? ☐ Yes ☐ No
If **Yes**, are your subs that are involved in Green Building certified by the USBGBC as well? ☐ Yes ☐ No
28. Do you offer warranties? If **Yes**, attach copies of warranty ☐ Yes ☐ No
29. Have you ever had a claim or loss involving faulty workmanship, whether or not any amount was paid? ☐ Yes ☐ No
If **Yes**, please provide complete written narrative: _____
30. Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☐ No
31. Have you been accused of breaching a contract in the past five years? ☐ Yes ☐ No
32. How many additional insured endorsements do you anticipate requiring in the upcoming year? _____
33. Does insured use help from friends or relatives on occasion? ☐ Yes ☐ No
34. Please describe any types of projects that you have discontinued (i.e. no longer build, etc.): _____
35. Describe your three largest projects currently underway or planned for the next year, including values:

| Start Date | End Date | Value | Description |
|------------|----------|-------|-------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____