

General Contractors Supplemental Application

Website Address: Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalt your company has assumed liability? Attach loss runs for the pads 5 yeers, if available. a. If Yes', please explain: Years Months A Describe all operations in detail: Years Months A Length of time in business: Years Months A Are you licensed? Years Months A Are you licensed? J. License No.: Jear of experience	1.	Applicant:									
any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? Attach loss runs for the past 5 years, if available. a. If "yes", please explain: 4. Describe all operations in detail: 5. Date of Corporate Filing or DBA: 6. Length of time in business: 7. Years of experience 7. License No: 7. The Employees 7. Full Time	2.	Website Address:									
4. Describe all operations in detail: 5. Date of Corporate Filing or DBA: 6. Length of time in business: 7. Years of experience 8. Are you licensed? a. Kind of license: b. Year license issued: c. License No: 9. Number of: a. Owners: b. Partners c. Full Time Employees: f. Day Laborers 10. State / Area of operations from main location: 11. List the past three projects including location: receipts. type of work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work performed, project start and end dates. If applicable, please provide the names of any partners/pip, plot work p	3.	any partnership or joint ventur company, or entities on whose	re of which you have been a member, or against any person,								
5. Date of Corporate Filing or DBA: Years Months 6. Length of time in business: Years Months 7. Years of experience Years Months 8. Are you licensed? Years No a. Kind of license: b. Year license issued: Years No a. Kind of license: b. Year license issued: Years No a. Owners: b. Partners Image: State Stat		a. If "yes", please explain:									
5. Date of Corporate Filing or DBA: Years Months 6. Length of time in business: Years Months 7. Years of experience Years Months 8. Are you licensed? Years No a. Kind of license: b. Year license issued: Years No a. Kind of license: b. Year license issued: Years No a. Owners: b. Partners Image: State Stat											
5. Date of Corporate Filing or DBA: Years Months 6. Length of time in business: Years Months 7. Years of experience Years Months 8. Are you licensed? Years No a. Kind of license: b. Year license issued: Years No a. Kind of license: b. Year license issued: Years No a. Owners: b. Partners Image: State Stat											
6. Length of time in business: Years Years Months 7. Years of experience Years Months 8. Are you licensed? Years Years No a. Kind of license: b. Year license issued: Years No c. License No.: 9. Number of: a. Owners: b. Partners Image: State Sta	4.	Describe all operations in detail:									
6. Length of time in business: Years Years Months 7. Years of experience Years Months 8. Are you licensed? Years Years No a. Kind of license: b. Year license issued: Years No c. License No.: 9. Number of: a. Owners: b. Partners Image: State Sta											
6. Length of time in business: Years Years Months 7. Years of experience Years Months 8. Are you licensed? Years Years No a. Kind of license: b. Year license issued: Years No c. License No.: 9. Number of: a. Owners: b. Partners Image: State Sta							r				
7. Years of experience Years Months 8. Are you licensed?	5.	Date of Corporate Filing or DB	Date of Corporate Filing or DBA:								
8. Are you licensed?	6.	-					Years Months				
A Kind of license: b. Year license issued: c. License No.: 9. Number of: a. Owners: b. Partners c. Full Time Employees d. Part Time Employees e. Leased Employees: f. Day Laborers 10. State / Area of operations: / A Radius of operations from main location: / A Radius of operations from main location: // A Radius of operations from subcontractors, etc.): Type of Work Performed Receipts Location Start Date End Date / // Account history for prior 3 years: // Current Year Last Year Year Before Last Employee Payroll Total Receipts // Are cell subcontracted Costs (Labor and Materials) // A re all subcontractors required to carry GL limits equal to or higher than your GL policy? Yes No A. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? Yes No A. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? Yes No Are you named as an additional insured on the subcontractors' policies? // Yes No // Yes	7.		Years Months								
c. License No.: 9. Number of: a. Owners: b. Partners c. Full Time Employees d. Part Time Employees e. Leased Employees: f. Day Laborers 10. State / Area of operations: / a. Radius of operations from main location: // 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Receipts Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years:	8.		1				Yes No				
9. Number of: a. Owners: b. Partners c. Full Time Employees d. Part Time Employees e. Leased Employees: f. Day Laborers 10. State / Area of operations: / a. Radius of operations from main location: // a. Radius of operations from main location: Miles 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years:		a. Kind of license:			b. `	Year license issued:					
a. Owners: b. Partners c. Full Time Employees d. Part Time Employees e. Leased Employees: f. Day Laborers 10. State / Area of operations: / a. Radius of operations from main location: // a. Radius of operations from main location: // 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years:		c. License No.:									
b. Partners c. Full Time Employees d. Part Time Employees f. Day Laborers / 10. State / Area of operations: / a. Radius of operations from main location: / a. Radius of operations from main location: Miles 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years: Current Year Last Year Year Before Last Employee Payroll	9.	Number of:	1				r				
Employees Employees e. Leased Employees: f. Day Laborers 10. State / Area of operations: / a. Radius of operations from main location: // 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years:					b.	Partners					
e. Leased Employees: f. Day Laborers 10. State / Area of operations: / a. Radius of operations from main location: // 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years: Current Year Last Year Year Before Last Employee Payroll Current Year Last Year Year Before Last Total Receipts Implementation Implementation No 13. Are certificates of insurance obtained from subcontractors? Yes No a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? Yes No 14. Do you normally use the same subcontractors? Yes No 15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in Yes No		c. Full Time Employees			d.						
a. Radius of operations from main location: Miles 11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Receipts Location Start Date End Date Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years: Current Year Last Year Year Before Last Employee Payroll		e. Leased Employees:			f.						
11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years: Current Year Last Year Year Before Last Employee Payroll	10.	State / Area of operations:				/					
please provide the names of any partnerships, joint ventures, or corporations, etc.): Type of Work Performed Receipts Location Start Date End Date 1		a. Radius of operations from	n main location:				Miles				
Type of Work Performed Receipts Location Start Date End Date 12. Account history for prior 3 years: 1 1 1 1 12. Account history for prior 3 years: Current Year Last Year Year Before Last Employee Payroll 1 1 1 1 Total Receipts 1 1 1 1 13. Are certificates of insurance obtained from subcontractors? 1 Yes No a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? Yes No 14. Do you normally use the same subcontractors? Yes No 15 Do you use a written contract for all your subcontractors that includes a hold harmless clause in 1	11.						nd dates. If applicable,				
12. Account history for prior 3 years: 12. Account history for prior 3 years: 12. Account history for prior 3 years: 13. Are certificates of insurance obtained from subcontractors? 13. Are certificates of insurance obtained from subcontractors? 14. Do you named as an additional insured on the subcontractors' policies? 14. Do you normally use the same subcontractors? 15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in	Ту						End Date				
Current Year Last Year Year Before Last Employee Payroll				20							
Current Year Last Year Year Before Last Employee Payroll											
Current Year Last Year Year Before Last Employee Payroll											
Employee Payroll	12.	Account history for prior 3 yea	rs:								
Total Receipts			Current Ye	Year Before Last							
Total Subcontracted Costs (Labor and Materials) Yes 13. Are certificates of insurance obtained from subcontractors? Yes a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? Yes b. Are you named as an additional insured on the subcontractors' policies? Yes 14. Do you normally use the same subcontractors? Yes 15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in Yes	E	mployee Payroll									
(Labor and Materials) Image: Second Seco	То	otal Receipts									
 13. Are certificates of insurance obtained from subcontractors? a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? b. Are you named as an additional insured on the subcontractors' policies? Yes No 14. Do you normally use the same subcontractors? Yes No 											
 a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy? b. Are you named as an additional insured on the subcontractors' policies? C. Yes No 14. Do you normally use the same subcontractors? C. Yes No 15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in 		,									
 b. Are you named as an additional insured on the subcontractors' policies? Yes No 14. Do you normally use the same subcontractors? Yes No 		a. Are all subcontractors red									
14. Do you normally use the same subcontractors? Yes 15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in Image: Contract for all your subcontractors that includes a hold harmless clause in		b Are you named as an additional insured on the subcontractors' holicies?									
15 Do you use a written contract for all your subcontractors that includes a hold harmless clause in	14.	Do you normally use the same	subcontractors?)							
your favor?	15.		for all your subco	ontractors th	at includes a h	old harmless clause in					



16. How long are certificates retained after the completion of work:							/ Months	
17. Do you use a standard service contract or agreement that sets out your responsibilities?							No N/A	
a. Please attach a sample copy of your contract, agreement and/or warranty:							Yes No N/A	
18. Do you ever assume responsibility for any injury or property damage the may occur								
regardless of who may have caused the injury or damage? 19. Are all jobs inspected by a foreman or supervisor upon completion?								
20. Is there a written re	cord of the i	inspection	made and retain	ained with the io	b file:			
21. Operations perform		-					No N/A	
			-			Dava		
Operation							entage	
22. Indicate type of wo	k performer	t by you o	r vour employ	es(direct navro	II) and the full cost of si	ubcontracted w	ork (subbed):	
	-							
Airport or Tower Work	1	Direct	Subbed	Mechanical		Direct	Subbed	
Asbestos or Mold Remova				Oilfield				
Blasting or Mining				Painting				
Boiler work				Plastering				
Carpentry				Plumbing				
Concrete				Process Pipir	ng			
Debris Removal					II Construction			
Electrical				Roofing				
Excavating				Septic Tanks				
Exterior Spray Painting				Sewer Mains			_	
Flooring Installation Gas Mains				Supervisory only Underground Cable Work				
Insulation				Water Mains				
Lead Paint Removal				Waterproofing	n			
LPG Work				Wrecking / Demolition				
Masonry				Other:			-	
			TOTAL					
23. Indicate % of work	performed in	า:						
New construction		Repair /	Remodeling		Demolition			
Commercial		Industrial			Institutional			
Residential		Condos			Single family dwellings			
Outside building		Inside building			Construction manager for fee			
Contract basis With penalty clause Time & material								
24. Are you currently or have you ever been involved as a General Contractor in the building of:								
a. Residential Homes?						Ye	es 🗌 No	
b. Condominiums?						Ye	es 🗌 No	
c. Townhouses?	•					Ye	es 🗌 No	
d. Apartment Bu	ildings?					Ye	es 🗌 No	
e. If yes, maxim	um number	built durin	g any 12-mont	h period during	the last five years:			
25. Any work performe	d above two	stories in	height from gr	ade?		Ye	es 🗌 No	
a. Maximum number of stories:							Stories	



26. Any work performed below grade?	26. Any work performed below grade?					
a. Maximum depth:	a. Maximum depth:					
b. Percentage of total work:						
27. Is scaffolding owned, rented or erec	Yes No					
a. Are other contractors at job sit	a. Are other contractors at job site allowed to use it?					
28. Do you have a formal safety program	Yes No					
a. If yes, please provide a copy:	a. If yes, please provide a copy:					
29. Do you own any vacant land or real	estate development property?	Yes No				
a. If yes, provide:	Location:	Acres				
30. Is any heavy equipment, including o	cranes owned or operated?	Yes No				
a. Type of equipment:						
31. Any mobile equipment leased from	others?	Yes No				
a. Type of equipment leased:						
b. Operators provided?		Yes No				
c. Lease basis:						
32. Are any of your employees subject						
a. U.S. Longshoremen's and Har	a. U.S. Longshoremen's and Harborworkers' Act?					
(1) If yes, what percent of page	yroll:					
b. Jones Maritime Act?	b. Jones Maritime Act?					
(1) If yes, what percent of page	yroll:					
33. Do you have Workers' Compensation	Do you have Workers' Compensation coverage in force?					
34. Do you do any work outside your st	Do you do any work outside your state of domicile? If yes, where?					
35. Do you do any work as a constructi	Do you do any work as a construction or project manager working on a fee basis?					
36. Do you do any work on hillsides, sinkholes?	terraces, landfills, or any areas that may be exposed to	Yes No				
37. Do you work on any projects insure	d under an OCIP or Wrap insurance policy?	Yes No				

PRODUCER'S SIGNATURE

DATE:

APPLICANT'S SIGNATURE

DATE:

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, in-formation concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.