

CONSTRUCTION CONTRACTORS LIABILITY SUPPLEMENT

Policy Term From: _____ To _____

1. Name of Applicant (also referred to as "you"): _____
(Complete one questionnaire for each proposed named insured and for each risk.)

2. Describe all operations, in detail:

3. Contact information for surveys and inspections (name & email): _____

4. Does the Applicant operate under any other names? Yes No If yes, please provide names & details:

5. Does your business maintain a web site? Yes No If yes, please list the web address: _____

6. Do you have any operations, exposures, or ventures, active or inactive, not listed on this application? Yes No
 If yes, please answer 7a. & 7b. and provide details, including entity name(s):

a. Are they insured? Yes No b. If insured, with whom? _____

7. Length of time in business? _____ years; Years of experience? _____ years

8. Applicant(s) will operate in the following states (please provide a percentage per state):

9. Is the Applicant or any proposed named insured a:

Developer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Landowner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
General Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	License # & Expiration	_____

10. Do you provide consulting services for other entities? Yes No If yes, please explain

11. Do you 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 _____

12. Do you have model homes? Yes No If yes, how many? _____

13. Do you own any: Vacant Land (not under development) Yes No Real Estate Development Property Yes No
 If yes, indicate locations, type (Vacant Land or Real Estate Development), and number of acres per location:

Location	Vacant Land?	OR	Real Estate Development Land?	Number of Acres
	<input type="checkbox"/>	or	<input type="checkbox"/>	
	<input type="checkbox"/>	or	<input type="checkbox"/>	
	<input type="checkbox"/>	or	<input type="checkbox"/>	
	<input type="checkbox"/>	or	<input type="checkbox"/>	
	<input type="checkbox"/>	or	<input type="checkbox"/>	

14. List all major projects completed within the past 5 years, including current work in progress and planned projects. (list all project names, partnerships, joint ventures, corporations, etc.):

15. How many homes will you build each year? _____ What is the average price? _____

16. Please fill in the appropriate amount in each applicable space:

<u>CLASS</u> (ISO Class Code)	<u>EMPLOYEE PAYROLL</u>	<u>OWNER PAYROLL</u> (ISO CAPPED)	<u>SUB COSTS</u> (LABOR PLUS MATERIALS)
Alarm System Installation (91127)	\$ _____	\$ _____	\$ _____
Blasting (91210)	\$ _____	\$ _____	\$ _____
Bridge/Elevated Highway Construction (91265-66)	\$ _____	\$ _____	\$ _____
Carpentry – Residential (91340)	\$ _____	\$ _____	\$ _____
Carpentry – Interior (91341)	\$ _____	\$ _____	\$ _____
Carpentry – Framing	\$ _____	\$ _____	\$ _____
Carpentry – NOC (91342)	\$ _____	\$ _____	\$ _____
Cleaning – Outside building surfaces (91523)	\$ _____	\$ _____	\$ _____
Concrete – Driveway, Sidewalk or Parking (92215)	\$ _____	\$ _____	\$ _____
Concrete – Other Flat Work (91560)	\$ _____	\$ _____	\$ _____
Debris Removal (91629)	\$ _____	\$ _____	\$ _____
Drywall/Wallboard Installation (92338)	\$ _____	\$ _____	\$ _____
Electrical Work – Within buildings (92478)	\$ _____	\$ _____	\$ _____
Electrical Work – Other (describe) _____	\$ _____	\$ _____	\$ _____
Excavation (94007)	\$ _____	\$ _____	\$ _____
Executive Supervision (91580)	\$ _____	\$ _____	\$ _____
Exterior Insul. Finishing System (EIFS) (98449)	\$ _____	\$ _____	\$ _____
Fire Suppression System Installation (94381)	\$ _____	\$ _____	\$ _____
Insulation (96408-10)	\$ _____	\$ _____	\$ _____
Gas Main Construction (95310)	\$ _____	\$ _____	\$ _____
Grading of Land (95410)	\$ _____	\$ _____	\$ _____
Masonry (97447)	\$ _____	\$ _____	\$ _____
Metal Erection (describe) _____ (97650-55)	\$ _____	\$ _____	\$ _____
Painting – Interior (98305)	\$ _____	\$ _____	\$ _____
Painting – Exterior (98303-04)	\$ _____	\$ _____	\$ _____
Pile Driving (98413-15)	\$ _____	\$ _____	\$ _____
Plastering/Stucco (98449)	\$ _____	\$ _____	\$ _____
Plumbing – Residential (98483)	\$ _____	\$ _____	\$ _____
Plumbing – Commercial (98482)	\$ _____	\$ _____	\$ _____
Prefabricated Building Erection (98502)	\$ _____	\$ _____	\$ _____
Restoration (describe) _____	\$ _____	\$ _____	\$ _____
Roofing – Residential (98678)	\$ _____	\$ _____	\$ _____
Roofing – Commercial (98677)	\$ _____	\$ _____	\$ _____
Sewer Main Construction (98820)	\$ _____	\$ _____	\$ _____
Snow Removal (99304-05)	\$ _____	\$ _____	\$ _____
Street or Road Construction (99315)	\$ _____	\$ _____	\$ _____
Street or Road Paving/Repaving (99321)	\$ _____	\$ _____	\$ _____
Underpinning (99803)	\$ _____	\$ _____	\$ _____
Water Mains Construction (99946)	\$ _____	\$ _____	\$ _____
Waterproofing – trowel, exterior (99953-54)	\$ _____	\$ _____	\$ _____
Waterproofing – pressure apparatus (99952)	\$ _____	\$ _____	\$ _____
Wrecking of Buildings/Structures (99986)	\$ _____	\$ _____	\$ _____
Other (describe) _____	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

17. Total number of employees: _____

18. Have you ever participated in or will you ever participate in the construction of any of the following?

a. RESIDENTIAL

- (1) Apartments Yes No
- (2) Condominiums Yes No
- (3) Townhomes Yes No
- (4) Tract Homes Yes No
- (5) Speculative Homes Yes No
- (6) Custom Homes Yes No

b. COMMERCIAL

- (1) Airport Hangers/Buildings Yes No
- (2) Industrial Buildings Yes No
- (3) Mercantile Buildings Yes No
- (4) Office Bldg. 3 stories or less Yes No
- (5) Office Bldg. more than 3 stories Yes No
- (6) Office Bldg. more than 10 stories Yes No

If you answered "Yes" to any of these questions, please advise construction details:

Have you ever participated in or will you ever participate in the conversion of buildings into condominiums? Yes No

If yes, please provide details:

19. Do you utilize any of the following in your operations?

- | | | | |
|-------------------|--|--------------------------|--|
| Casual Labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Leased Employees | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Volunteer Workers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explosives | <input type="checkbox"/> Yes <input type="checkbox"/> No | Uninsured Subcontractors | <input type="checkbox"/> Yes <input type="checkbox"/> No |

20. What % of work is... New Construction: _____% Repair: _____% Service: _____%

21. What % of work is... Commercial: _____% Industrial: _____% Residential: _____%

22. What % of work is... Interior: _____% Exterior: _____%

23. Any work performed in excess of: 2 stories; 4 stories; 4+ stories (specify) _____

24. Do you hire and compensate all independent subcontractors working at your direction? Yes No

If no, please explain: _____

25. Do you carry Workers Compensation Insurance on your employees? Yes No

26. Do you obtain the following from all sub contractors before they enter your jobsite?

a. Certificate of Insurance for:

- | | | |
|-----------------------------|--|--|
| General Liability Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what limits of liability? \$ _____/_____/_____ |
| Workers Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

b. Additional Insured Endorsement Yes No

c. Do all sub contractors hold our insured harmless by written agreement? Yes No

27. How many additional insured endorsements do you anticipate requiring in the upcoming year? _____

28. Do you rent any equipment? Yes No

If yes, explain: _____

29. Do you have a formal safety program in operation?

If yes, please explain or provide a copy: _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

Witness

Applicant's Signature

Date