



# GREENWOOD

Managing General Underwriters and Program Administrators

## Contractor's Supplemental Application

Please answer all questions fully.

If there is inadequate space for your answer, please continue on a separate sheet of paper

Applicant: \_\_\_\_\_

Years in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Address: \_\_\_\_\_

Have you operated or are you operating under a different business name now or at any time over the past 10 years?  NO  Yes . Provide details:

\_\_\_\_\_

Applicant works as a: General Contractor \_\_\_\_\_% Consultant \_\_\_\_\_%  
 Subcontractor \_\_\_\_\_% Owner/builder \_\_\_\_\_%  
 Construction Manager \_\_\_\_\_% Developer \_\_\_\_\_%

Are you licensed? \_\_\_\_\_ Type of License? \_\_\_\_\_ Year issued? \_\_\_\_\_

State/area of operation: \_\_\_\_\_

Describe your operations: \_\_\_\_\_

\_\_\_\_\_

	Current Year	1 <sup>st</sup> Prior Yr	2nd Prior Yr	3 <sup>rd</sup> Prior Yr	4 <sup>th</sup> Prior yr
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted Work					
# of employees					

Indicate work performed in:

Residential	%	New Construction	%	New Homes	%
Commercial	%	Remodeling	%	Apts/Condos/townhomes	%
Industrial	%	Repair	%	Interior work	%
		Demolition	%	Exterior work	%
<b>Total</b>	<b>100%</b>		<b>100%</b>		<b>100%</b>

Indicate type of work performed by your employees:

Airport Runways	____%	Landscaping	____%	Street/road construction	____%
Blasting	____%	Maintenance	____%	Supervisory only	____%
Bridge building	____%	Masonry	____%	Traffic Signals	____%
Carpentry	____%	Mechanical	____%	Tunneling	____%
Concrete	____%	Painting	____%		
Demolition	____%	Plastering	____%		
Drilling	____%	Plumbing	____%		
Dry Wall	____%	Roofing	____%		
Excavating	____%	Sewers	____%		
Gas Mains	____%	Sheet metal	____%		
Insulation	____%	Steel (ornamentation)	____%		
Electrical	____%	Steel (structural)	____%		
Electrical	____%	Sewers	____%		

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Indicate type of work performed by your subcontractors:

Airport Runways	____%	Landscaping	____%	Street/road construction	____%
Blasting	____%	Maintenance	____%	Supervisory only	____%
Bridge building	____%	Masonry	____%	Traffic Signals	____%
Carpentry	____%	Mechanical	____%	Tunneling	____%
Concrete	____%	Painting	____%		
Demolition	____%	Plastering	____%		
Drilling	____%	Plumbing	____%		
Dry Wall	____%	Roofing	____%		
Excavating	____%	Sewers	____%		
Gas Mains	____%	Sheet metal	____%		
Insulation	____%	Steel (ornamentation)	____%		
Electrical	____%	Steel (structural)	____%		

What percent of work do you subcontract to others? \_\_\_\_\_%

Do you usually use the same subcontractors?  YES  NO

Are subcontractors always insured?  YES  NO

What general liability limits do you require your subs to carry? \_\_\_\_\_

Are you named as an additional insured on all subcontractors' policies? \_\_\_\_\_

Do you have a written contract with your subcontractors?  YES (PROVIDE A COPY)  NO

Do you obtain certificates of insurance from all subcontractors?  YES  NO

How long do you retain those certificates? \_\_\_\_\_

Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  Yes  No

Has any other licensing authority taken any action against you?  Yes  No

Type of Project	Current year Remodel/Repair	Past 3 Years Remodel/Repair	Current Year New Construction	Past 5 Years New Construction	Anticipated # of units - New Construction:
Single Family Homes	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Homes
Condos/Town houses/ Apartment buildings	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Buildings
Tract homes	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Subdivisions
Commercial buildings	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Buildings

What is the greatest number of new homes you have built in any one year? \_\_\_\_\_ When was that work done? \_\_\_\_\_

Will you be working in any new tract home developments? Yes NO  
If yes, what is the total number of homes in entire tract? \_\_\_\_\_

Have you or will you ever convert apartments to condominiums Yes No

Indicate the percentage of each type of roofing performed

FLAT ROOFS	%	METAL	%
PITCH ROOFS	%	SINGLE PLY	%
ASPHALT SHINGLES	%	TILE	%
FIBERGLASS	%	POLYURETHANE FOAM	%
WOOD	%	HOT TAR	%
SLATE	%	TORCH DOWN	%
OTHER - DESCRIBE			

Describe your last 5 projects	Dollar Value
1.	
2.	
3.	
4.	
5.	

Describe your 5 <u>largest</u> projects	Dollar Value
1.	
2.	
3.	
4.	
5.	

Do you perform work above 2 stories? \_\_\_\_\_ If yes, how high? \_\_\_\_\_

Do you perform work below grade? \_\_\_\_\_ If yes, maximum depth? \_\_\_\_\_

Do you perform work or install EIFS or other synthetic stucco or exterior finish?  YES  NO

Are you or your subcontractors involved in projects where removal of hazardous materials, asbestos, lead based paints or chemical contamination is required?  YES  NO If "yes", please provide details \_\_\_\_\_

Do you perform repairs of fire, water or mold damage?  YES  NO

Do you perform work at gas stations, refineries, chemical plants, airports, utilities, railroads, hospitals or medical facilities or for the gas/oil industry? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Does your organization perform any design or engineering services? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Do you work on highway overpasses and bridges? \_\_\_\_\_ If "yes", please explain:

\_\_\_\_\_

Do you have a formal safety program?  YES  NO

Do you provide a watchman or security at job sites?  YES  NO

Are sites fenced?  YES  NO Lighted?  YES  NO

Do you own or lease cranes  YES  NO Trenching equipment  YES  NO

Scaffolding  YES  NO

What precautions are taken to protect the public from injury? Cones \_\_\_\_\_ Signs \_\_\_\_\_ Area Roped off \_\_\_\_\_ Other: \_\_\_\_\_

Are all trenches, ditches, excavations, holes in the ground and holes made in the floors of structures always properly and clearly identified and protected against others falling into them?

YES       NO

Is work approved by written acceptance? \_\_\_\_\_

During the past five years, has any insurer ever canceled or non—renewed similar insurance to any applicant or has your insurance been canceled for non—payment of premium by any insurance or finance company?      Yes  No  If yes, please explain: \_\_\_\_\_

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 your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.  Yes  No

If yes, please explain including the name(s) of the person, company or entity and the name(s) and locations(s) of the projects where such operations were performed: (attach separate sheet if necessary)

Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company?  
Yes       No

If yes, please explain including the names(s) and location(s) of the projects where such operations were performed: (attach a separate sheet if necessary) \_\_\_\_\_

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Title (Owner, Officer, Partner) \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER TO PROVIDE THE INSURANCE.**