



United States Liability Insurance Group

Contractors Supplemental

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant name: _____ Website Address: _____
 Bookkeeper Name: _____ Bookkeeper Telephone #: _____
 Bookkeeper Address: _____
2. Year(s) in business under this name: _____
3. Year(s) of experience in this field: _____
4. Have you ever performed construction operations in AZ, CA, FL, HI, NV or TX? Yes No If yes, please indicate state and type work performed. _____
5. Have you operated under any other name or names? Yes No If yes, please provide name(s) and nature of operations: _____
6. Risk operates: _____% General Contractor _____% Subcontractor
 _____% Construction Manager _____% Architect/Engineer _____% Developer
7. Receipts: \$ _____ Projected Subcontracted Costs: \$ _____ Projected
 \$ _____ Expiring \$ _____ Expiring
 \$ _____ 1st Prior \$ _____ 1st Prior

8. Please list the five largest projects undertaken in the past five years:

Description	Cost	Duration

9. Number of employees (including leased) in the following classes:

Laborers _____ Field Supervisors _____ Trades _____ Clean-up _____

10. Percentage of work that is:

	New	Renovation		New	Renovation
<i>Single Family Homes</i>	%	%	<i>Office Buildings</i>	%	%
<i>2-4 Family Dwellings</i>	%	%	<i>Mercantile Buildings</i>	%	%
<i>Apartments</i>	%	%			
<i>Condominiums</i>	%	%	<i>Institutional Buildings</i>	%	%
<i>Townhouses</i>	%	%	<i>Industrial Buildings</i>	%	%

11. Please indicate whether the following trades are: **R** - Retained (performed by your employees) **S** - Subcontracted

Grading	<input type="checkbox"/> R	<input type="checkbox"/> S	Roofing	<input type="checkbox"/> R	<input type="checkbox"/> S	Electrical	<input type="checkbox"/> R	<input type="checkbox"/> S	Debris Removal	<input type="checkbox"/> R	<input type="checkbox"/> S
Excavation	<input type="checkbox"/> R	<input type="checkbox"/> S	Drilling	<input type="checkbox"/> R	<input type="checkbox"/> S	Plumbing	<input type="checkbox"/> R	<input type="checkbox"/> S	Street Paving	<input type="checkbox"/> R	<input type="checkbox"/> S
Concrete	<input type="checkbox"/> R	<input type="checkbox"/> S	Stucco	<input type="checkbox"/> R	<input type="checkbox"/> S	Masonry	<input type="checkbox"/> R	<input type="checkbox"/> S	Parking Lot Paving	<input type="checkbox"/> R	<input type="checkbox"/> S
Framing	<input type="checkbox"/> R	<input type="checkbox"/> S	Drywall	<input type="checkbox"/> R	<input type="checkbox"/> S	Inter. Demolition	<input type="checkbox"/> R	<input type="checkbox"/> S	Waterproofing	<input type="checkbox"/> R	<input type="checkbox"/> S
Carpentry	<input type="checkbox"/> R	<input type="checkbox"/> S	Painting	<input type="checkbox"/> R	<input type="checkbox"/> S	Landscaping	<input type="checkbox"/> R	<input type="checkbox"/> S			

12. Indicate (✓) any work or operations involving the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Airport Facilities
<input type="checkbox"/> Street, Road or Highway Construction
<input type="checkbox"/> Blasting or Explosion Hazard
<input type="checkbox"/> Boiler Inspection, Service or Repair
<input type="checkbox"/> Race Track or Stadium Construction
<input type="checkbox"/> Bridge or Elevated Highway Construction
<input type="checkbox"/> Waste & Reclamation Facilities
<input type="checkbox"/> Cantilevered Construction
<input type="checkbox"/> Pier or Wharf Construction | <input type="checkbox"/> Pile Driving
<input type="checkbox"/> Pipeline Construction
<input type="checkbox"/> Pollution Abatement
<input type="checkbox"/> Power Generating Facilities
<input type="checkbox"/> Boring Under Streets or Roads
<input type="checkbox"/> Tower Construction
<input type="checkbox"/> Caisson or Cofferdam Work
<input type="checkbox"/> Equipment Rental | <input type="checkbox"/> Sewer Main Construction
<input type="checkbox"/> Stevedoring
<input type="checkbox"/> Asphalt Works
<input type="checkbox"/> Subway Construction
<input type="checkbox"/> Tank Construction
<input type="checkbox"/> Tunnel Construction
<input type="checkbox"/> Railroad Construction
<input type="checkbox"/> Wrap-up Coverages |
|---|---|--|

13. What is the maximum number of individual units to be built at a single construction site? _____
14. What are the total projected annual individual units to be constructed? _____
15. Has the risk ever been involved in the construction of tract housing, apartment buildings, condominiums or townhouses? Yes No If yes, please explain: _____

16. Does or did the risk build on hillsides, over landfills or in subsidence areas? Yes No
 If yes, please explain _____

17. Does or did the risk ever use synthetic stucco or EIFS? Yes No If yes, please explain _____

18. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship?
 Yes No If yes, Please explain: _____

19. If building residential properties, do you offer a Home Warranty? Yes No
 a. Company: _____ b. Term: _____
20. Does risk perform any work over four stories in height from grade? Yes No
21. Do you draw any plans or blueprints used in your construction work? Yes No
22. Do you lease or rent equipment to others? Yes No
 a. With Operator Yes No b. Receipts _____ c. Equipment Type _____
23. Do you require subcontractors to: **Yes No**
 a. Name you as an Additional Insured on their liability policies?
 b. Sign an indemnification or hold-harmless agreement in your favor?
 c. Furnish Certificates of Insurance for: General Liability _____ Minimum Limit Required
 Workers' Compensation
24. Do you utilize A.I.A standard contracts? Yes No
25. Does the risk's safety/risk management program include: **Yes No**
 Formal Safety Manual
 Accident Reporting/Investigation Procedures
 Site Safety Inspections.
 Certificate of Insurance Monitoring/Control

26. Loss Summary (Please Attach Hard Copy Runs)

Year	Carrier	Premium	# Claims	Incurred	Comments

The above 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.

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: _____ Title (Officer, Partner): _____

Date: _____

***Signing this questionnaire does not bind the applicant or the insurer to provide the insurance.**