

**LEXINGTON INSURANCE COMPANY
CONTRACTORS SUPPLEMENTAL APPLICATION**

1. Company Name _____
2. Description of Operations _____
3. Years in business _____ Years Seeking Insurance _____
4. Has applicant changed names in the last five years? _____ If yes, provide details _____

5. What is your average job size/cost? _____

6. Historical exposures Do not include OCIPS & Wraps	Payroll	Sub Costs	Receipts
Upcoming Year	\$ _____	\$ _____	\$ _____
Current Year	\$ _____	\$ _____	\$ _____
1 st Prior Year	\$ _____	\$ _____	\$ _____
2 nd Prior Year	\$ _____	\$ _____	\$ _____
3 rd Prior Year	\$ _____	\$ _____	\$ _____
4 th Prior Year	\$ _____	\$ _____	\$ _____

7. Applicant works as a sole contractor _____% general contractor _____% sub contractor _____%
8. List the five largest clients for your company in the last 5 years:

Client Name	Approximate revenue
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

9. Indicate the percentages of construction work performed:

1. New Construction _____	2. Condos/Townhomes _____
Remodeling _____	Custom (non Tract) _____
Repair _____	Apartments _____
Demolition _____	Tract (over 10 homes) _____
100%	100%

3. Commercial (incl apts) _____	4. Inside buildings _____
Residential (incl condos) _____	Outside buildings _____
Industrial _____	100%
100%	

10. Are you named as additional insured on all subcontractors policies? _____ Are your subcontractors Providing you certificates of insurance? _____ What limits of liability do you require your subs To carry? _____ Do you require your subcontractor to sign a written contract, containing an indemnity agreement, holding you harmless? _____
11. How many years do you keep records of your projects, including subcontractor agreements and certificates of insurance? _____
12. In the past ten years, have you worked on any condominiums or townhouse projects? _____
13. Have you ever been named in litigation regarding faulty construction or construction defect? _____
If yes, please attach details of any settlement in excess of \$10,000 (indemnity and expense).
14. Have you had any OSHA violations in the last 10 years? _____ If yes, please attach details of any Fines, serious violations or repeat violations.
15. Does your firm have a written job safety program? _____ Do you conduct tailgate meetings? _____
If yes, how often? _____ Do you video or photo job site before commencement? _____
16. Do you perform work over two stories in height from grade? _____ If yes, maximum stories? _____
17. Do you perform any work below grade? _____ If yes, what is the maximum depth? _____ Do you use a service to mark any underground lines before commencement of work? _____ If yes, what is the company name? _____
18. What percentage of construction work is done on Level ground _____, Hillside/slopes _____, Landfills _____, On or around bodies of water _____ (should equal 100%).
19. Do you own any cranes? _____ Do you lease any cranes without operator? _____ If yes, please provide the name and phone number of the competent person responsible for crane safety and maintenance _____
20. Do you lease any cranes with operator? _____ If yes, do you require evidence of crane certification from the operator before job commencement? _____ Does your competent person inspect the crane and maintenance log before job commencement? _____ Do you require evidence of insurance from the crane company before job commencement? _____

21. Do your operations ever involve removal of hazardous material? _____ If yes, please provide details. _____
22. Do you perform any demolition work? _____ If yes, what percentage of work is performed in Urban areas _____ Suburban areas _____ Rural areas _____? Do you use a wrecking ball? _____ Do you use explosives? _____
23. Do you do any blasting? _____ If yes, number of blasting projects/"shots" over the next 12 months? _____ Do you act as a distributor of explosive material? _____ If yes, gross receipts? _____
24. In the past 3 years has your General Liability insurance been cancelled or non renewed? _____ If yes, please provide details? _____
25. Please attach the following: 1. A current work in progress schedule (job, description, cost), 2. Five years currently valued (within 90 days of the effective date) hard copy Company loss runs, 3. Specific details of any claim in excess of \$10,000, 4. Acord application, 5. If a Dun and Bradstreet comprehensive report cannot be obtained, a current and complete financial statement must be presented before quotation.

Signature of Insured: _____

Date: _____

Title: _____

(must be officer, partner, owner)

(Note: By signing this application, neither the individual nor the company is bound to purchase any insurance in connection therewith)

Signature of producing agent: _____

Date: _____

Title: _____

Name of Firm: _____

By signing this application, I am attesting to the accuracy of the information provided