



C&S SPECIALTY UNDERWRITERS, LLC
 D/B/A C&S RISK AND INSURANCE SERVICES LLC IN CALIFORNIA
 D/B/A C&S SPECIALTY INSURANCE SERVICES LLC IN NEVADA | NEW YORK | UTAH
 1899 POWERS FERRY RD – SUITE 460 | ATLANTA, GA 30339
 T: 855.390.7598 | F: 678.999.5121 | WWW.CSUNDERWRITERS.COM

CONTRACTORS' SUPPLEMENTAL APPLICATION

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

ALL QUESTIONS MUST BE ANSWERED (Provide supplemental information separately if necessary)

PRODUCER	APPLICANT
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Fax #:	Fax #:
Email Address:	Email Address:
Website:	Website:
PRODUCER NAME:	PRIMARY CONTACT NAME:
	Inspection Contact Name/Telephone:
	D&B Number:

SECTION I. General Information		
Specify the year that you initially commenced operations:		
What are your total gross receipts for each of the last 3 years?		
1st Preceding Year: \$	2nd Preceding Year: \$	3rd Preceding Year: \$
Your Total Number of Employees: Employees		
What is your current Workers Comp experience modification factor?		
The Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please Identify)		
Describe all of your operations:		
Do you currently have, or have you had in the past, an ownership interest in any similar operations whether active, inactive or dissolved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please describe:		
Have you ever declared bankruptcy under this name or any other entity in which you have had a controlling interest?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please provide the name of each entity, and the date and jurisdiction of bankruptcy:		
Contractor's License Number:		
States in which you do business:		
Do you do any work in Colorado, Nevada or New York?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, describe amount of work in each state:		
List all other business names & licenses applicant has used in the past 10 years:		
Describe the operations:		
Do you currently own/operate any other business?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please provide the name of the business and percentage of ownership:		
Describe the operations:		

SECTION II. Current Operations						
Percentage of current operations:						
General Contractor:	%	Subcontractor:	%	Construction Mgr:	%	
Do you use subcontractors?					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
If YES, please complete the following:						
Percentage of subcontracted work: %						
Annual subcontracting cost, including all of subs' labor and materials: \$						
Describe all activities that are subcontracted:						
If you are a general contractor, describe the activities you do yourself:						
Are there any circumstances when you do work for a general contractor that you use a subcontractor?					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:						

SECTION III. Subcontracted Services		
	YES	NO
Do you collect certificates of insurance from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors licensed and accredited?	<input type="checkbox"/>	<input type="checkbox"/>
Are the subcontractors required to name the Applicant as an additional insured, including for Completed Operations, and is this part of the written contract?	<input type="checkbox"/>	<input type="checkbox"/>
Are the subcontractors required to defend, indemnify and hold you harmless from their activities and is this part of the written contract? If yes, please provide a copy of the standard subcontractor agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Who reviews and maintains the certificates?		
How long are the certificates kept?		
What are the minimum limits you require of subcontractors? \$		
Do you use any independent contractors for subcontracted work where you issue a 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the work performed and list the amount paid to those independent contractors.		
Do you obtain certificates of insurance from those independent contractors?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what limits of insurance are required?		

SECTION IV. Estimates for Next 12 Months					
Payroll:	\$	Sub-Contract Cost:	\$	Gross Receipts:	\$
5 Years Prior History if Applicable:					
1 st Year Gross Receipts	\$				
2 nd Year Gross Receipts	\$				
3 rd Year Gross Receipts	\$				
4 th Year Gross Receipts	\$				
5 th Year Gross Receipts	\$				
Indicate the percentage of construction work performed by you (MUST TOTAL 100%):					
RESIDENTIAL:	%	COMMERCIAL:	%		
New Construction:	%	New Construction:	%		
Remodeling/Repair:	%	Remodeling/Repair:	%		
Other:	%				

SECTION V. Contracting Services

Using percentage of payroll (under Direct) and percentage of contract costs (under Sub), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Contracting Services	% Direct	% Sub	Type of Contracting Services	% Direct	% Sub
Carpentry	%	%	Insulation	%	%
Condominium	%	%	Landscaping	%	%
Concrete	%	%	Masonry	%	%
Crane Operator	%	%	Mechanical	%	%
Demolition	%	%	Painting	%	%
Door/Window	%	%	Plastering	%	%
Driveway/Sidewalk	%	%	Plumbing	%	%
Drywall	%	%	Roofing	%	%
Electrical	%	%	Seismic/Retrofitting	%	%
Elevator	%	%	Sewer	%	%
Excavation	%	%	Solar	%	%
Fire Sprinkler	%	%	Steel/Structural	%	%
Floor	%	%	Steel/Ornamental	%	%
Framing	%	%	Street/Road	%	%
Grading	%	%	Tile/Stone/Mosaic	%	%
HVAC	%	%	Water/Gas/Mains	%	%
Other:	%	%	Other:	%	%

SECTION VI. Additional Information

Describe your four largest projects over the past five years, including values:

List projects currently underway or planned for the next year, including values:

How many new homes will you build from the ground up in the next year?

YES NO

Have you ever built a home from the ground up?

How long ago?

How many?

What type of Additional Insured Endorsements are you required to produce:

Ongoing Operations Only?

Ongoing Operations including Completed Operations?

If yes, do you require coverage for this exposure?

Do you anticipate needing Waivers of Subrogation in the next year?

Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?

Has any other licensing authority taken an action against you?

Have you built or will you build on hillsides, terraces, landfills or areas with recent subsidence activity?

If yes, please explain:

Do you use scaffolding?

If yes, please explain:

Have you been involved or will you be involved with blasting operations or any other hazardous work activity?

If yes, please explain (include if work is done by subcontractors or if done by you):

Do you perform synthetic stucco work (EIFS)?

Do you require coverage for EIFS work?

	YES	NO
Do any of your subcontractors perform EIFS work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify that coverage for his exposure is in place and not excluded?	<input type="checkbox"/>	<input type="checkbox"/>
Have you built/demolished or will you build/demolish buildings or other structures in excess of two (2) stories?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Do you perform work above two stories in height (other than interior remodel)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what percentage?	%	Maximum Height
Please describe:		
Do you perform any work at airports?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Do you own, rent or subcontract any cranes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been involved or will you or your subcontractors be involved in any removal or work on fuel tanks or pipelines?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a roofing contractor, subcontractor or performing roofing work, do you use (please also answer if you hire subcontractors to complete this work):		
Hot Tar	%	<input type="checkbox"/>
Torch Down		<input type="checkbox"/>
Modified Bitumen (HOT)		<input type="checkbox"/>
Modified Bitumen (COLD)		<input type="checkbox"/>
Hot Air Welding	%	<input type="checkbox"/>
Other:		<input type="checkbox"/>
Do you perform any Mold Remediation Work?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your subcontractors perform Mold Remediation Work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is coverage in place?	<input type="checkbox"/>	<input type="checkbox"/>
Do you perform asbestos abatement or lead abatement services?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what percentage does this work comprise of your total gross receipts?		
Have you performed or will you or your subcontractors perform any work below grade:	<input type="checkbox"/>	<input type="checkbox"/>
Maximum Depth:	Inches	% of operations:
Any shoring, underpinning, cofferdam or caisson work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers Act or Jones Maritime Act?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a formal safety program in place?	<input type="checkbox"/>	<input type="checkbox"/>
Will your upcoming work involve construction of or involvement with condominiums or townhouses?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the work new construction?		
Repair or Remodel Only?		
Is the work done for Homeowners Associations (not individual unit owners)?		
Have you ever worked in new condominiums/townhouses?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how long ago?		
Will your upcoming work involve the construction of or involvement with apartments?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the work new construction?		
Repair or Remodel only?		
How many units in the entire Project?		
Have you ever worked in new Apartments?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how long ago?		
How many units in the entire building?		
Will your upcoming work involve the construction of or involvement with new Duplexes, Triplexes, Fourplexes or Patio Homes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the maximum number in any development?		

	YES	NO
Are the units individually owned and titled?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked in new Duplexes, Triplexes, Fourplexes or Patio Homes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how long ago?		
Maximum number in any development?		
Will your upcoming work involve construction in any new home tracts?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, maximum number of homes in ENTIRE TRACT DEVELOPMENT:		
Have you ever worked in new tract developments?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how long ago?		
How many units in the entire development?		
Any current Wrap-Up/OCIP/CCIP Projects?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked in new assisted living facilities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how long ago?		
How many units in the entire building?		
Does it involve any individual unit ownership?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or will you ever convert apartments to condominiums?	<input type="checkbox"/>	<input type="checkbox"/>
Any other exposures/operations not otherwise covered by this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		

SECTION VII. Non-Owned And Hired Automobile Supplement		Check here if this section does not apply. <input type="checkbox"/>	
NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.			
Non-Ownership Liability			
Total Number of Employees:		Total Number of Volunteers:	
How many employees or volunteers use their personal autos while performing duties on your behalf?			
Please provide details regarding nature of use, frequency and travel distance:			
Do you verify that employees/volunteers using their own vehicles for work purposes carry insurance?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
a. Do you require a Certificate of Insurance or a copy of the Policy Declarations for your records?		<input type="checkbox"/>	<input type="checkbox"/>
b. What Limits of Liability do you require?			
Do you check Motor Vehicle Reports (MVR's) prior to approving an employee to use their own automobile for business purposes?		<input type="checkbox"/>	<input type="checkbox"/>
Hired Auto Liability			
Do you lease, hire or borrow any vehicles during the policy term?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please complete the section below:		Cost of Hire:	
Private Passenger Vehicles:	Number of rental days:		
Trucks/Service Vehicles:			
Buses/Vans:			
Are any vehicles leased with drivers?		<input type="checkbox"/>	<input type="checkbox"/>
Are any vehicles leased, hired or borrowed for a period of more than 30 days?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:			
Are any vehicles leased, hired or borrowed to transport property?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:			

SECTION VIII. Claims				Space is supplied for providing additional information in Section V.	
Have any losses, claims or suits against you in the past eight years? (Please provide currently valued loss runs.)				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
	Total Incurred*	Number of Claims	Valuation Date	Claim Details**	
Current Year					
1st Prior Year					
2nd Prior Year					
3rd Prior Year					
4th Prior Year					
*Include loss AND expense paid AND reserved.					
**For Claims Greater than \$5,000, provide details, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved.					
Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:					
After inquiry, do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:					
Have you been accused of faulty construction in the past eight years?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:					
Have you been accused of breaching a contract in the past eight years?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:					
Have you filed any Mechanic's Liens in the past eight years?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:					

DEFINITIONS:

EIFS -Exterior Insulation Finishing Systems – means an exterior cladding or finish system used on any part of any structure and consisting of: a) a rigid or semi-rigid insulation board made of expanded polystyrene or other materials; and b) an adhesive and/or mechanical fasteners used to attach the insulation board to the substrate; and c) a reinforced base coat; and d) a finish coat providing surface texture and color.

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site, typically subcontracts a significant portion of the work, and/or is named in the construction documents as the general contractor of record.

RESIDENTIAL CONTRACTOR – Single or multi-unit family housing, including apartments, condominiums and townhouses, planned unit developments and tract housing or similar planned communities.

SUBSIDENCE – Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

MODIFIED BITUMEN – Also called “modbit” membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WRAP-UP (OCIP/CCIP) – A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

NOTICE TO APPLICANT-PLEASE READ CAREFULLY

FRAUD WARNINGS:

Notice to Arkansas and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who, knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: 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 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.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to Pennsylvania Applicants: 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.

Notice to Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and a denial of insurance benefits.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: 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 the person to criminal and civil penalties.

WARRANTY STATEMENT:

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify C&S Specialty Underwriters, LLC and the insurer of such changes, and C&S Specialty Underwriters, LLC and/or the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

NAME OF APPLICANT

TITLE

Signature of Applicant

Date

NAME OF PRODUCER

TITLE

Signature of Producer

Date