



## C&S SPECIALTY UNDERWRITERS, LLC

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# CONTRACTOR'S 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.

### SECTION I – GENERAL INFORMATION

Applicant name:

Address:

City: State: Zip:

Phone: Ext: Email:

Years under current management: Years of experience:

States in which applicant will do or has done business:

Contractor's license number: Is applicant member of a union?  Yes  No

Describe all operations:

Does applicant currently own or operate any other business  Yes  No

If "Yes", list name and describe operations and percentage of ownership:

List and describe operations of all other business names and licenses, active or inactive, applicant has used in the last Five (5) years:

Has applicant filed bankruptcy in the past five (5) years?  Yes  No

If "Yes", please describe:

Provide financial information for the last five (5) years and estimates for the next year:

Year	Direct payroll	# of employees	Subcontractor costs	Gross receipts
Next year				
Last year				
2nd year prior				
3rd year prior				
4th year prior				
5th year prior				

Does applicant carry workers compensation in insurance on their employees?  Yes  No

### SECTION II – BUSINESS INFORMATION

1. Is applicant or any proposed named insured a (check all that apply):

<input type="checkbox"/> Construction consultant	<input type="checkbox"/> Construction manager	<input type="checkbox"/> Developer
<input type="checkbox"/> General contractor	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Spec builder
<input type="checkbox"/> Architect/engineer	<input type="checkbox"/> Surveyor	<input type="checkbox"/> Real estate agent/broker

2. Using percentage of payroll (under direct) and percentage of contractor costs (under subbed), indicate the anticipated percentage of work you will perform over the next 12 months:

Type of work	% direct	% subbed	Type of work	% direct	% subbed	Type of work	% direct	% subbed
Airport runways	%	%	Excavation	%	%	Roofing	%	%
Blasting	%	%	Fireproofing	%	%	Seismic retrofitting	%	%
Bridge related	%	%	Grading	%	%	Sewer	%	%
Carpentry	%	%	HVAC	%	%	Sandblasting	%	%
Concrete	%	%	Insulation	%	%	Street Cleaning	%	%
Demolition	%	%	Masonry	%	%	Street/road	%	%
Drilling	%	%	Mechanical	%	%	Supervisory only	%	%
Drywall	%	%	Painting	%	%	Waterproofing	%	%
Earthquake	%	%	Plastering	%	%	Water/gas mains	%	%
Electrical	%	%	Plumbing	%	%	Other (describe):	%	%

3. What percentage of work is (total should equal 100%):

Commercial      % Residential      % Public works/government      %

4. What percentage of work is (total should equal 100%):

New construction      % Remodel/repair      %

5. What percentage of work is (total should equal 100%):

Interior      % Exterior      %

6. Project summary – complete unit information for NEW residential starts only:

	New	Repair/Remodel	# units for next 12 months	# units for previous 12 months	# units for 2nd Year prior	# units for 3rd year prior
Single family	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Duplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Triplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Fourplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Townhomes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Condominiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cooperatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Tract homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Apartments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Senior living facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

7. What percentage of applicant's work is related to construction, reconstruction, remodeling, or repair of condominiums?      %

8. What is the percentage split between work for association vs the unit owner?

Association      % Unit Owner      %

9. Does applicant perform or has applicant performed "wrap-up" or OCIP project?       Yes       No  
 If "Yes", list name and describe operations and percentage of owner

10. Describe applicant's four (4) largest projects over the past five (5) years, including cost:

11. Describe applicant's four (4) largest projects currently underway or planned in the next twelve months, including cost:

12. What is the average value of a completed project?

13. Is there a formal safety program in place?  Yes  No

14. Is there a formal warranty program in place?  Yes  No  
If "Yes", please describe:

15. What percentage of work is performed at: 1-3 stories % 3-10 stories % 10+ stories %

16. Does applicant/has applicant performed any work below grade?  Yes  No

If "Yes", advise: Maximum depth: Percentage of operations %

17. Does applicant/has applicant built on hillsides, slopes, landfills, or in subsidence areas?  Yes  No

18. Does applicant/has applicant performed shoring, underpinning, caisson or cofferdam work?  Yes  No

19. Does applicant own vacant land, real estate development property, or model homes?  Yes  No

If "Yes", please describe:

20. Does applicant lease cranes, mobile equipment, or other machinery to others?  Yes  No

21. Does applicant/has applicant performed any of the following ?

Work at airports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LPG work greater than 5%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition of structures in excess of three (3) stories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair for fire, or water damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boiler inspection, install, cleaning or repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removal of asbestos or other hazardous materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pressure washing or sandblasting greater than 4,500 PSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Building structure—Raising or moving	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is "Yes", please describe:

22. If you are a roofing contractor, subcontractor or performing roofing work, do you use.

Method	Percentage of Work (%)	
Hot Tar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Torch Down	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Bitumen (hot)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Bitumen (cold)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot Air Welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

23. Does applicant/has applicant performed work under the USL&H and/or the Jones Act?

Yes  No

If "Yes", please describe:

24. Does applicant/has applicant allowed applicant's license to be used by another contractor?

Yes  No

### SECTION III – SUBCONTRACTOR INFORMATION

1. Does applicant use subcontractors in this business?

Yes  No

2. Does applicant require COIs from subcontractors?

Yes  No

3. Is applicant named as an additional insured on subcontractor's insurance policy?

Yes  No

4. Does applicant have a standard formal written contract in place with subcontract

Yes  No

5. Do all contracts with subcontractors contain a hold harmless agreement in the applicant's favor

Yes  No

6. How long are records of subcontractor documents noted above retained?

### SECTION IV – LOSS/CLAIMS HISTORY

1. Have there been any losses, claims, legal actions, or suits brought against applicant in the last five (5) years?

Yes  No

2. Do any of the proposed named insureds have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may potentially give rise to any future claims or legal action against any proposed named insured?

Yes  No

3. Has applicant been accused of faulty construction in the past five (5) years?

Yes  No

4. Has applicant been accused of breaching a contract in the past five (5) years?

Yes  No

5. Has applicant filed a Mechanics Lien in the past five (5) years?

Yes  No

6. If you answered "Yes" to any question in Section IV please provide additional information:

### FRAUD WARNING

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.

**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

Applicant's signature:

Date:

Applicant's name:

Applicant's title: