

Construction Supplemental

Named Insured/Applicant: _____

Address: _____

Years in business: _____ Years Experience: _____ Contractor's License Number: _____

Website: _____

Description of Operations & Work:

Does applicant currently own or operate any other business? Yes No

If yes, please describe: _____

Are there any discontinued operations or work? Yes No

If yes, please describe _____

In which states do you perform work? _____

Please provide the following information (Excluding Work Performed in Wrap-Ups)

	Gross Receipts	Direct Payroll	Subcontracting Costs
Next 12 Months (est.)			
Last 12 Months			
2nd Prior Year			
3rd Prior Year			

Are you currently working on any Wrap-Up (OCIP/CCIP) Projects? Yes No

If Yes, please provide estimated annual receipts for all Wrap-Up Projects: _____

Please provide an estimated breakdown of work as follows?

	New	Service/Repair		New	Service/Repair
Single or Multi-Family Homes, Townhouses, or Tract Housing	%	%	Commercial (excl. Apartments, Hotel, etc.)	%	%
Condominiums, and/or Condo Conversions	%	%	Industrial	%	%
Apartments, Student, or Military Housing	%	%	Other (describe):	%	%
Hotel or Motel	%	%		%	%
Hospital, Assisted Living or Nursing Home	%	%			
Total for all Categories					%

Do you perform work for regional or national homebuilders? Yes No

If yes, please name the builder and describe work performed: _____

Have you, or will you ever convert apartments to condos? Yes No

Do you perform exterior work above 3 stories in height? Yes No

If yes, what percentage? _____ % Maximum Height _____ ft

Description of work above 3 stories: _____

Do you own or rent scaffolding? Yes No

If Yes, is it erected by employees or adequately insured subcontractors? Yes No

Do you use a third party to verify location underground utilities and infrastructure prior to beginning excavation or grading work? Yes No

Do you perform work below ground level deeper than 5 ft? Yes No

If yes, what percentage? _____ % Maximum Depth _____ ft

Description of work below 5 ft: _____

Does insured require protective systems such as trench boxes/shield or sloping & benching systems along with the presence of a competent person on lookout? Yes No

Current & Future Projects

Describe your largest current or planned projects over the next 12 months	Value
	\$
	\$
	\$
	\$
	\$

Past Projects

Describe your largest projects over the past five years	Value
	\$
	\$
	\$
	\$
	\$

Contractual Controls

Do you use subcontractors? Yes No

Describe type of subcontracted work: _____

Do you require subs to enter into written contracts prior to commencing work? Yes No

If yes, please confirm the following. Does your contract contain the following:

- Indemnification, hold harmless, defense in your favor? Yes No
- Are you listed as additional insured for ongoing and completed operations? Yes No
- Is AI status primary and non-contributory? Yes No
- Waivers of subrogation in your favor? Yes No
- Are Subs limits equal to or greater than \$1M for AL and GL? Yes No
- Are subs required to carry WC coverage for all employees as per state statute? Yes No
- Do subs carry at least \$1M in UMB/Excess limits? Yes No

Do you require copies of Certificates of insurance prior to work and upon completion? Yes No

Do you have formal record keeping procedures to maintain copies of contractors, COIs, AI endorsements and/or insurance verification records for subs? Yes No

If so how long do you keep these records? _____

Employees & Hiring Practices

Number of Full time Employees: _____ Number of Part Time Employees: _____

Do you hire temporary employees or lease workers? Yes No

Do you perform pre-hire background screening? Yes No

Do you perform a pre-hire or random drug/alcohol testing? Yes No

Please provide percentage of work performed by you or on your behalf for the following (if any)

Work	Direct	Subcontracted
Airport Runway		
Alarm Installation & Monitoring		
Arborist/Tree Removal		
Asbestos, Lead, or Mold Abatement/Remediation		
Blasting		
Bridge, Highway, Elevated Highway, or Overpass		
Cell Towers		
Crane & Rigging		
Dam, Levee, Piers, Dredging, or Marine Work		
Demolition		
EIFS or Stucco		
Environmental Remediation		
Electric Utilities		
Fire Suppression		
Foundations		
Gas Mains, Gas Pipeline, or LPG Work		
Landfill		
Mining		
Nuclear		
Oil & Gas Field Work, Drilling, & Fracking		
Pile Driving		
Power Plant & Power Line		
Railroads		
Refineries		
Rental Equipment to Others		
Roofing		
Scaffolding		
Snowplowing		
Solar (roof top)		
Structural Steel Erection		
Swimming Pool Construction		
Traffic Signals/Control Work		
Tunneling		
Underground Tank Work		
Water Mains & Sewer		
Waterproofing		
Welding		

If yes to any of the above please indicate amount of revenues associated with work and describe: _____

Do you own, rent, or subcontract any cranes?

Yes No

If yes, please describe: _____

If rented, are they rented with or without operators? _____

Do you have a formal safety program in place?

Yes No

If yes, please confirm it addresses:

• Fall protection

Yes No

• Protective Equipment

Yes No

• Hot Work

Yes No

• Any others? _____

Do you employ a full time safety director?

Yes No

If yes, please provide contact information: _____

Have you had an OSHA Violation in the past 3 years?

Yes No

If yes, please describe and explain what has been done to correct the issue? _____

Have you or will you or your employees work under US Longshoremen's and Harbor Workers' Act or Jones Maritime Act? Yes No

Please explain: _____

Do you haul any materials for others?

Yes No

If yes, please provide revenues and types of materials: _____

Do you review MVRs of all prospective (at time of hire) and current drivers at least annually? Yes No

Are your vehicles equipped with any of the following: (check those that apply)

• Driver dash cams? Yes No Rear facing Front facing

• Telematics? Yes No

• Back up alarms on medium, heavy, or extra heavy? Yes No Medium Heavy Extra heavy