



# Commercial Package Contractors Supplemental Application

**Named Insured:**

**Web Site Address:**

## General

Years in business:

Owners' years of experience:

List all states you are licensed in or performing work in:

*Enter % of work done based on revenue, must total 100% for next 2 rows:*

Commercial:	%	Industrial:	%	Institutional:	%	Residential:	%
New construction:	%	Repair/remodel:	%	Maintenance:	%	Demolition:	%

New residential tract, subdivision, or planned development work – number of homes built or worked on in any capacity:

Past twelve (12) months:

Estimated for next twelve (12) months:

Number of employees:

Full time:

Part time:

Number of employees hired in the past twelve (12) months:

Seasonal:

*Estimates for next twelve (12) months:*

Direct payroll \$

Subcontract costs \$

Gross revenue \$

*Prior years:*

1<sup>st</sup> Prior Direct payroll \$

Subcontract costs \$

Gross revenue \$

2<sup>nd</sup> Prior Direct payroll \$

Subcontract costs \$

Gross revenue \$

3<sup>rd</sup> Prior Direct payroll \$

Subcontract costs \$

Gross revenue \$

Describe your three (3) largest projects currently under way or planned for the next year including values:

- 1.
- 2.
- 3.

Describe your four (4) largest projects over the past five (5) years including values:

- 1.
- 2.
- 3.
- 4.

*Attach a list of work in progress.*

## General Liability

1. Job site closed off to the public? Yes  No
2. Indicate the type of security used on a project: Fencing  Lighting  Watchmen
3. Subcontractors
  - a) Do you subcontract work? Yes  No
  - b) Nature of work subcontracted:
  - c) Percentage of work subcontracted: %
  - d) Does your written agreement with subcontractors contain indemnification and/or hold harmless wording in your favor? Yes  No
  - e) Do you always require subs to sign a written agreement prior to start? Yes  No
  - f) Do you always obtain certificate of Insurance with minimum \$1,000,000 GL/Auto/Employers Liability limits? Yes  No
  - g) Do you always require to be listed as an additional insured on your subcontractors' GL policies? Yes  No
  - h) Do you always require a Waiver of Subrogation endorsement from your subcontractors' GL policies? Yes  No

*Please include a copy of the standard contract you use with subcontractors.*

4. Have you allowed, are you currently, or will you ever allow your license to be used by any other contractor for a project on which you have not worked? If "Yes", please provide details: Yes  No
5. Do you have employees who are licensed architects or engineers? Yes  No
6. Do any prior operations differ substantially in nature from current operations? If "Yes", please provide details: Yes  No
7. Have you built, are you currently, or will you build on hillsides, terraces, landfills, or subsidence areas? If "Yes", please provide details: Yes  No
8. Have you or will you build buildings or other structures in excess of four (4) stories? Yes  No
9. Do you own, rent or subcontract any cranes? Yes  No
10. If "Yes", are crane operators certified? Yes  No
11. Any current or past projects under a Wrap-Up/OCIP/CCIP? Yes  No
12. Do you utilize a call before dig or 811 service prior to any excavation, digging, or trenching work? Yes  No

Indicate the anticipated percentage of construction work over the next twelve (12) months using Gross Revenue as the basis:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Apartments			Blasting			Carpentry		
Concrete			Condos or townhomes			Dams or levees		
Demolition			Door/window			Drilling		
Drywall			Earthquake repair			Electrical		
EIFS			Excavation			Fence installation		
Flooring			Foundations			Framing		
Glazier			Grading			Hospitals		
HVAC			Insulation			Maintenance		
Masonry			Mechanical			Painting		
Plastering			Plumbing			Roofing		
Sewer			Siding			Solar energy installation		
Steel (ornamental)			Steel (structural)			Street/road		
Stucco			Supervisory only			Traffic signals		
Water/gas mains			Other			Describe other:		

For each of the following activities indicate if you have or will perform, supervise, or subcontract that activity:

Airport control tower, runway or apron lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any kind of crop spraying	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asbestos, PCB's or other hazardous material removal or abatement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bridge work, other than concrete cutting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Concrete – structural/over fifty (50) feet height/underground more than 1 level basement or foundation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contractors with over water or overseas exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Design – build	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dust collection system installation, service or repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment rental (other than one Named Insured renting to another Named Insured)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire break/clearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire sprinkler or suppression systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High pressure boiler inspection, maintenance or repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High voltage work (over 480 volts)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indoor air quality testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indoor pool installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Industrial furnaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Installation of diving boards over ten (10) feet high	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interior landscaping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land clearing for developments (other than a specific landscape project)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Logging	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LPG system installation, service or repair (other than incidental)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manufacture products under their own label	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mix in transit trucks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mold remediation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monitoring of fire alarm or security systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential pad or foundation work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nuclear power plant work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overhead power line construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paper GCs – not actively managing job sites or job site safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pool installation on roof tops or inside buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Portable Spa rental	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Process Piping – food processing, chemical, waste treatment, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential GCs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seismic work including retro fitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street, road or highway work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Structural remodel/additions/modifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Underground utility work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Underpinning work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Water or sewer main construction (other than connecting building to public utility line)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Water park, theme park or amusement park work	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Automobile

1. Is there a formal and written accident review program? Yes  No
2. Road test for new hires? Yes  No
3. Is driver training conducted and documented for new hires? Yes  No
4. Any personal use of company vehicles?  
If "Yes", please describe: Yes  No
5. Do you allow employees to take vehicles home?  
If "Yes", are family members allowed to drive company vehicles? Yes  No
6. Do you follow a scheduled maintenance program? Yes  No
7. MVR Program:
  - a. Do you order Motor Vehicle Report for each employee? Yes  No 
    - i. Pre-hire? Yes  No
    - ii. Annually? Yes  No
  - b. MVR evaluation in effect (e.g. criteria for questionable/poor drivers) Yes  No
  - c. Disciplinary action for poor drivers? Yes  No
8. Telematics or GPS systems used. Yes  No   
If "Yes", please describe:

## General Safety

1. Do you have a formal written safety program? Yes  No
2. Do you have regular safety meetings?  
Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Yes  No
3. Do you conduct regular worksite inspections? Yes  No
4. Do you have a written accident investigation program? Yes  No
5. Do you perform drug tests on your employees? Yes  No
6. Are jobs preplanned prior to work being started? Yes  No
7. Is there a quality control check performed on all work? Yes  No
8. Are job site supervisors OSHA 30 certified? Yes  No

### For any Insured:

Operated for any period without insurance Yes  No

Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of the application only, a claim means a receipt of a demand for money, service or arbitration. Yes  No

If "Yes", please detail below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed:

Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes  No

If "Yes", please detail below, including the names(s) and location(s) of the projects where such operations were performed:

Prior insurance cancelled, declined or non-renewed due to claims or ineligible operations? Yes  No

More than 1 mechanics lien filed against others in past five (5) years? Yes  No

The undersigned 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.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title (Officer, Partner, etc.)

\_\_\_\_\_  
Date

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER TO PRODUCE INSURANCE.