

**Equity Partners Insurance Services, Inc**



**CONTRACTORS SUPPLEMENTAL APPLICATION**

Agent Name: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Agent Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Name and Phone Number for Audit: \_\_\_\_\_

**GENERAL QUESTIONS**

- Corporation    Individual    Joint Venture    Partnership    Other (Describe) \_\_\_\_\_
1. Have you operated under any other name or names?  Yes    No  
If 'Yes', please list each name, address and number of years in operation: \_\_\_\_\_  
\_\_\_\_\_
2. What states do you work in? \_\_\_\_\_
3. Business Description: \_\_\_\_\_  
\_\_\_\_\_
4. Number of years in Business: \_\_\_\_\_  
What was the applicant's previous occupation (if less than three years prior experience)? \_\_\_\_\_  
\_\_\_\_\_
5. The total number of years of experience as a contractor: \_\_\_\_\_
6. Your Contractor's license number and type: \_\_\_\_\_

**CONSTRUCTION ACTIVITIES SURVEY**

7. Percentage of work performed as a:
- a. General Contractor \_\_\_\_\_ %
  - b. Subcontractor \_\_\_\_\_ %
8. Percentage of work that is:
- |                                      |   |
|--------------------------------------|---|
| a. Commercial _____ %                | f. Rehabilitation/Seismic _____ %         |
| b. Government/Institutional _____ %  | g. Residential Construction (New) _____ % |
| c. Office Construction (New) _____ % | h. Residential Remodeling _____ %         |
| d. Office Remodeling _____ %         | i. Other (Specify) _____ %                |
| e. Tract Home Construction _____ %   | _____                                     |
9. Percent of work on a typical project performed by:
- Your Employees \_\_\_\_\_ %
  - Subcontractors under you supervision \_\_\_\_\_ %

10. a. **Type of Work Performed:** If you are involved with any of the following construction activities, please indicate whether those operations are:

R – RETAINED (performed by your employees) or

S – SUBCONTRACTED (performed by subcontractors):

Bridge Construction	<input type="checkbox"/> R <input type="checkbox"/> S	Drilling	<input type="checkbox"/> R <input type="checkbox"/> S	Framing	<input type="checkbox"/> R <input type="checkbox"/> S	Landscaping	<input type="checkbox"/> R <input type="checkbox"/> S	Plumbing	<input type="checkbox"/> R <input type="checkbox"/> S
Carpentry	<input type="checkbox"/> R <input type="checkbox"/> S	Drywall	<input type="checkbox"/> R <input type="checkbox"/> S	Grading	<input type="checkbox"/> R <input type="checkbox"/> S	Masonry	<input type="checkbox"/> R <input type="checkbox"/> S	Roofing	<input type="checkbox"/> R <input type="checkbox"/> S
Concrete Paving	<input type="checkbox"/> R <input type="checkbox"/> S	Electrical	<input type="checkbox"/> R <input type="checkbox"/> S	Guard Rail Installation	<input type="checkbox"/> R <input type="checkbox"/> S	Painting	<input type="checkbox"/> R <input type="checkbox"/> S	Street	<input type="checkbox"/> R <input type="checkbox"/> S
Debris Removal	<input type="checkbox"/> R <input type="checkbox"/> S	Excavation	<input type="checkbox"/> R <input type="checkbox"/> S	Interior Demolition	<input type="checkbox"/> R <input type="checkbox"/> S	Parking Lot Paving	<input type="checkbox"/> R <input type="checkbox"/> S		<input type="checkbox"/> R <input type="checkbox"/> S
Stucco	<input type="checkbox"/> R <input type="checkbox"/> S								

**b. Special Hazards**

Do any of your operations involve the following?

- (1) Use of cranes?  Yes  No
- (2) Use of tower cranes?  Yes  No  
 Length of booms: \_\_\_\_\_ feet
- (3) Asbestos removal?  Yes  No
- (4) Demolition of structures (other than interior)  Yes  No
- (5) Blasting?  Yes  No
- (6) Shoring or underpinning?  Yes  No
- (7) Pile driving?  Yes  No
- (8) Caisson or cofferdam work?  Yes  No

Describe all Yes responses \_\_\_\_\_

- (9) Number of new homes built per year in the last 5 years? \_\_\_\_\_
- (10) How many homes are you planning to build this year? \_\_\_\_\_
- (11) Does any of your work consist of "Directional Boring"? \_\_\_\_\_

11. Do you perform work more than two stories in height above grade?  Yes  No

If 'Yes', what percentage of your operation does this involve? \_\_\_\_\_ %

What is the maximum number of stories you will get involved with? \_\_\_\_\_ stories.

12. Do you perform work below grade?  Yes  No

If 'Yes', what percentage? \_\_\_\_\_ %

Please describe: \_\_\_\_\_

13. Is jobsite security provided at night?  Yes  No

If 'Yes', please describe: \_\_\_\_\_

14. Do you now, or have you ever built on hillsides, slopes, landfills or other terrains susceptible to subsidence?  Yes  No

If 'Yes', please explain: \_\_\_\_\_

15. Do you draw any plans or blueprints used in your construction work?  Yes  No

16. Do you carry 'Professional Liability' or 'Errors and Omissions' Insurance?  Yes  No

If 'Yes', please advise the carrier, coverage's, policy term and limit of liability: \_\_\_\_\_

**CONTROLLING THE SUBCONTRACTORS EXPOSURE**

\* If you NEVER hire subcontractors, please check here  and skip to question #20.

17. Are all subcontractors required to sign a hold-harmless or indemnification agreement in your favor?  Yes  No

18. Do you utilize a standardized contract with ALL of your subcontractors?  Yes  No

(If 'Yes', please attach a copy to this questionnaire)

19. Do you require all subcontractors to:

a. Carry same or greater limits and coverages?  Yes  No

b. Name you as additional insured?  Yes  No

c. Furnish certificates of insurance of: General Liability  Yes  No

Workers' Compensation  Yes  No

**HISTORICAL / JOB PROFILE**

20. Please describe the five largest projects undertaken by you in the past five years.

	Description	Job Cost	Project Duration
1.			
2.			
3.			
4.			
5.			

21. Please describe the three largest project planned for the upcoming year.

	Description	Est. Job Cost	Est. Project Duration
1.			
2.			
3.			

22. What is the average dollar value of a completed project? \_\_\_\_\_

23. Please describe any types of projects that you have discontinued. (i.e. no longer build, uncompleted, etc.)

\_\_\_\_\_

\_\_\_\_\_

24. List payroll of owners, supervisors and employees by class and duties performed.

Class	Payroll	Duties Performed


**SUPPLEMENTAL INFORMATION**

25. Are you involved in any other business besides contracting?  Yes  No

If 'Yes', please describe: \_\_\_\_\_  
 \_\_\_\_\_

26. Have you been contacted by any general contractor and/or subcontractor regarding a problem at any location you worked on with them?  Yes  No

If 'Yes', please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship?  Yes  No

If 'Yes', please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement.

Date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Applicant's Signature and Title)