



## Contractors Supplemental Application – Structural Concrete

This application is intended for use with a completed Acord application and is not intended as a free-standing application. No proposals of insurance will be considered without a completed Acord application.

**Applicant Name** \_\_\_\_\_

### **Part 1: Construction Activity History:**

1. Years in business under current name \_\_\_\_\_
2. What states are you licensed to do business in? \_\_\_\_\_
3. What cities or counties do you mainly work in? \_\_\_\_\_
4. What percentage of your work is
 

a) General Contractor	_____%
b) Sub-contractor	_____%
5. What percentage of your work is
 

a) Commercial	_____%
b) Residential	_____%
c) Industrial	_____%
d) Other (describe)	_____%
6. What percentage of your work is
 

a) New construction	_____%
b) Remodel/Repair	_____%
7. What percent of your work is
 

a) Dams	_____%
b) Bridges	_____%
c) Single family residential	_____%
8. On a typical project, what percentage of your work is performed by
 

a) Your employees	_____%
b) Leased employees	_____%
c) Sub-contractors under your supervision	_____%

If lease, are payrolls included in application?      Yes/No

### **Part 2: Types of Work Performed:**

1. Does your work ever involve bridge construction? Yes / No  
 If yes, describe: \_\_\_\_\_
2. Have you ever worked for a residential developer? Yes / No  
 If yes, describe: \_\_\_\_\_
3. Have you ever done work for a municipality or other government agency? Yes / No  
 If yes, describe: \_\_\_\_\_
4. Do you perform work over two stories above grade? Yes / No  
 If yes, describe. \_\_\_\_\_

5. What percentage of your operations involve
- a) Cranes \_\_\_\_\_%
  - b) Working from barges \_\_\_\_\_%
  - c) Quake resistance \_\_\_\_\_%

**Part 3: Subcontracted Work History**

1. If you **NEVER** hire subcontractors check here and move on to part 4. \_\_\_\_\_
2. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes / No
3. Do you utilize a standard contract with all of your subcontractors? Yes / No
4.
  - a) Do you require your subcontractors to carry General (Public) Liability insurance? Yes / No
  - b) Do you require that you are named as an *Additional Insured* on their policies? Yes / No
  - c) What minimum limits of insurance do you require your subcontractors to carry? \_\_\_\_\_
  - d) Do you require your subcontractors to carry Workers Compensation insurance? Yes / No
  - e) Do you request certificates of insurance from your subcontractors to verify compliance with the above? Yes / No

**Part 4: Historical Exposure Basis**

1. Please complete the following chart as accurately as possible

<u>Policy Year</u>	<u>Gross Receipts</u>	<u>Gross Payroll</u>	<u>Subcontracted Costs</u>
Current term	_____	_____	_____
1 <sup>st</sup> Prior term`	_____	_____	_____
2 <sup>nd</sup> Prior term	_____	_____	_____
3 <sup>rd</sup> Prior term	_____	_____	_____
4 <sup>th</sup> Prior term	_____	_____	_____
5 <sup>th</sup> Prior term	_____	_____	_____

2. Please describe the five largest projects undertaken by you in the last five years.

	<u>Description</u>	<u>Job Cost</u>	<u>Project Duration</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

3. Please describe the three largest projects planned for the upcoming year.

	<u>Description</u>	<u>est. Job Cost</u>	<u>est. Project Duration</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

**Part 5: Supplemental Information**

- Are you involved in any other business besides concrete construction? Yes / No  
If yes, describe. \_\_\_\_\_  
\_\_\_\_\_
- Have you now or ever been involved in or aware of pending litigation concerning defective workmanship? Yes / No  
If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do the states in which you operate require batch testing of concrete? Yes / No
- Any additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**To the best of my knowledge the information included by me on this supplemental application is correct.**

Applicant's Signature \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Please Print)

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