

## CONTRACTOR'S SUPPLEMENTAL

**Note: Incomplete/unsigned applications are not acceptable.**

NAME	STREET
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CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_

**1. DESCRIBE THE TYPES OF WORK YOU PERFORM:**

ISO CODE	DESCRIPTION	PAYROLL \$
ISO CODE	DESCRIPTION	PAYROLL \$
ISO CODE	DESCRIPTION	PAYROLL \$
ISO CODE	DESCRIPTION	PAYROLL \$

**2. PERCENTAGE OF WORK THAT IS:**

	NEW CONSTRUCTION	RENOVATION STRUCTURAL	RENOVATION NON-STRUCTURAL	
COMMERCIAL = %	%	+ %	+ %	= 100%
INDUSTRIAL = %	%	+ %	+ %	= 100%
RESIDENTIAL = %	%	+ %	+ %	= 100%
= 100%				

<b>3. WHAT IS THE PERCENTAGE OF WORK SUBCONTRACTED OUT?</b>	%
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<b>4. ARE CERTIFICATES OF INSURANCE REQUIRED OF ALL SUBCONTRACTORS?</b>	YES/NO?
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<b>5. DO YOU REQUIRE THAT YOU BE NAMED AS AN ADDITIONAL INSURED ON THEIR POLICIES?</b>	YES/NO?
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<b>6. DO YOU REQUIRE HOLD HARMLESS AGREEMENTS? IF YES, PLEASE PROVIDE COPY.</b>	YES/NO?
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**7. LIST THE TYPES OF WORK PERFORMED BY SUBCONTRACTORS AND THE COST:**

DESCRIPTION	COST \$
DESCRIPTION	COST \$
DESCRIPTION	COST \$
DESCRIPTION	COST \$

<b>8. DO YOU EMPLOY ANY ARCHITECTS OR PROFESSIONAL ENGINEERS OR PROVIDE ANY ARCHITECTURAL DESIGN SERVICE?</b>	YES/NO?
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IF YES, PLEASE GIVE DETAILS.

**9. LIST GROSS RECEIPTS FOR EACH OF THE PAST 3 YEARS:**

20	\$	20	\$	20	\$
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**10. HAS YOUR WORK EVER INVOLVED ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)**

<input type="checkbox"/> AIRPORTS	<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> RAILROADS
<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> FIRE SPRINKLERS	<input type="checkbox"/> STEEPLES OR CHIMNEYS
<input type="checkbox"/> BLASTING	<input type="checkbox"/> GAS / WATER MAINS	<input type="checkbox"/> TOWERS
<input type="checkbox"/> BRIDGES	<input type="checkbox"/> IRON & STEEL ERECTION	<input type="checkbox"/> TUNNELING
<input type="checkbox"/> DAMS / RESERVOIRS	<input type="checkbox"/> PETROLEUM / CHEMICALS	<input type="checkbox"/> UNDERPINNING
<input type="checkbox"/> DEMOLITION / WRECKING	<input type="checkbox"/> PILE DRIVING / SHORING	<input type="checkbox"/> WASTE SITES
<input type="checkbox"/> CHECK HERE, IF NONE APPLY. FOR THOSE CHECKED, PLEASE DESCRIBE.		

**11. DESCRIBE THE 5 LARGEST JOBS COMPLETED IN THE PAST 5 YEARS.**

DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$
DESCRIPTION	DURATION	COST \$

**12. HAVE YOU EVER BUILT ON HILLSIDES, SLOPES, LANDFILLS, OR OTHER TERRAINS SUSCEPTIBLE TO SUBSIDENCE?** YES/NO?

**13. PLEASE LIST ALL STATES WHERE YOU OPERATE AND LICENSE NUMBERS.**

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**14. RADIUS OF OPERATIONS FROM MAIN LOCATION:** MILES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S SIGNATURE:		DATE:	
TITLE (OFFICER):			
AGENT'S SIGNATURE:		DATE:	