

CONTRACTOR QUESTIONNAIRE SUPPLEMENTAL APPLICATION

NOTE: Applications incomplete or unsigned by the applicant are unacceptable .

APPLICANT INFORMATION 1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED(S) * * IF INSURED HAS EVER WORKED UNDER A DIFFERENT NAME(S), LIST ALL HERE:		2. WEB ADDRESS
3. NUMBER OF YEARS IN <u>THIS</u> BUSINESS?	4. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN:	
5. STATES INSURED OPERATES IN AND IS LICENSED IN?	6. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED:	
	7. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S):	
8. PERCENT OF OPERATIONS AS: GEN. CONTR. _____% SUB-CONTR. _____% BUILDER/ OWNER: _____% ARCHITECT/ ENGINEER: _____%	9. DOES INSURED HOLD ANY OTHER LICENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:	
	10. DESCRIBE MANAGEMENT EXPERIENCE IN THIS BUSINESS:	
	11. DESCRIBE CUSTOMER BASE:	
	12. DESCRIBE INSURED'S 5 LARGEST CURRENT AND 5 LARGEST COMPLETED PROJECTS, ANTICIPATED COMPLETION DATE OR ACTUAL COMPLETION DATE, GROSS REVENUE, AND LOCATIONS (CITY/STATE) OF THE SITE: A.) _____ B.) _____ C.) _____ D.) _____ E.) _____ F.) _____ G.) _____ H.) _____ I.) _____ J.) _____	
13. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED:		
A. NEW CONSTRUCTION _____% REMODELING _____% OTHER _____% DESCRIBE OTHER:	B. COMMERCIAL _____% RESIDENTIAL _____% C. INSIDE BUILDING _____% OUTSIDE BUILDING _____% SIX (6) FEET ABOVE GRADE _____% BELOW GRADE _____%	D. WHAT IS MAXIMUM HEIGHT ABOVE GRADE PERFORMED IN PAST 3 YEARS? _____ E. WHAT IS MAXIMUM DEPTH BELOW GRADE PERFORMED IN PAST 3 YEARS? _____
14. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:		
AIRPORTS _____% ASBESTOS REMOVAL _____% BLASTING _____% BRIDGE CONSTRUCTION _____% CARPENTRY _____% COFFERDAM OR CAISSON WORK _____% CONCRETE _____% DAMS/RESERVOIRS _____% DEMOLITION _____%	GAS/WATER MAINS _____% GRADING _____% INSULATION _____% LANDFILLS _____% LEAD PAINT REMOVAL _____% MAINTENANCE _____% MASONRY _____% MECHANICAL _____% PAINTING _____% PLASTERING _____%	SHORING/UNDERPINNING OR RELOCATING OF BUILDINGS OR STRUCTURES _____% STEEL _____% STEEL (ORNAMENTAL) _____% STEVEDORING _____% STREET/ROAD _____% SUB AQUEOUS _____% SUBWAYS _____% SUPERVISORY ONLY _____%

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DRILLING	%	PLUMBING	%	TUNNELS	%
EIF'S OR RELATED WORK	%	RAILWAY	%	WRAP-UPS	%
ELECTRICAL	%	ROOFING	%	OTHER (DESCRIBE BELOW)	%
EXCAVATION	%	SEWER	%		

15. IF INSURED PERFORMS ANY WORK FOR THE FOLLOWING, CHECK ALL THAT APPLY:

AIRPORTS <input type="checkbox"/>	DEPARTMENT OF HOMELAND SECURITY <input type="checkbox"/>	MILITARY INSTALLATIONS <input type="checkbox"/>
DOT (DEPARTMENT OF TRANSPORTATION) <input type="checkbox"/>	FEDERAL GOVERNMENT (OTHER) <input type="checkbox"/>	MUNICIPALITIES <input type="checkbox"/>
DEPARTMENT OF ENERGY <input type="checkbox"/>		PUBLIC UTILITIES <input type="checkbox"/>
		RAILROADS <input type="checkbox"/>

IF ANY ARE CHECKED ABOVE, DESCRIBE WORK:

16. EMPLOYEES INFORMATION:
 A. NUMBER AND TYPE OF PERMANENT FULL TIME EMPLOYEES:
 B. NUMBER AND TYPE OF PART TIME EMPLOYEES (ON AVERAGE):
 C. PERCENT OF EMPLOYEES THAT ARE: SEASONAL _____% PART-TIME _____% DAILY _____%
 D. ARE YOUR OPERATIONS UNIONIZED? YES NO
 E. CURRENT WORKER'S COMPENSATION EXPERIENCE MODIFICATION:

17. WHAT IS YOUR AVERAGE CONTRACT SIZE (\$)?

18. DO YOU HAVE A WRITTEN CONTRACT WITH EACH AND EVERY CUSTOMER? YES NO
 IF YES, ATTACH SAMPLE.

SUB-CONTRACTORS					
19. A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED? B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS? C. DO THESE CONTRACTS HAVE PROVISIONS INCLUDING SAFETY/LIABILITY/PUBLIC PROTECTION/OSHA/WORKER SAFETY/FIRE PROTECTION/HAZCOM/DEP CODES? D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED? E. ARE SUB-CONTRACTORS REQUIRED TO PROVIDE COPIES OF THEIR SAFETY PROGRAM FOR REVIEW?	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F. ARE CERTIFICATES OF INSURANCE OBTAINED? G. ARE THESE CERTIFICATES REVIEWED FOR LIMITS AND MAINTAINED IN FILE? H. WHAT LIMITS ARE REQUIRED? \$ _____ CGL OCCURRENCE \$ _____ GEN. AGGREGATE \$ _____ P.-C. OPS AGG. I. IS INSURED NAMED AS AN ADDITIONAL INSURED? J. HOW LONG ARE CERTIFICATES MAINTAINED IN FILE? _____ K. SUB-CONTRACTOR PROJECTED COST (\$) THIS YEAR: _____ L. SUB-CONTRACTOR COST (\$) PAST 3 YEARS: _____	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
M. HOW ARE SUB-CONTRACTORS SUPERVISED AND DESCRIBE YOUR DISCIPLINARY ACTION POLICY IN REGARDS TO SUB-CONTRACTOR NON-COMPLIANCE WITH INSURED POLICIES/PROCEDURES:					

JOB MANAGEMENT/SAFETY			
20. WHO IS RESPONSIBLE FOR SAFETY WITHIN THE COMPANY? (NAME AND TITLE):			
21. LOSS CONTROL PROGRAM:			
	YES	NO	
A. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>	
B. IS IT IN WRITING?	<input type="checkbox"/>	<input type="checkbox"/>	

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24. DETAIL ANY OTHER SPECIAL EXPOSURES

PAYROLL & RECEIPTS

25. FOR LAST 5 YEARS

YEAR	PAYROLL	RECEIPTS	PERCENT – RECEIPTS		
			RESIDEN- TIAL	COMM'L	INDUS- TRIAL
			%	%	%
			%	%	%
			%	%	%
			%	%	%
			%	%	%

26. FORECASTED

YEAR	PAYROLL	RECEIPTS	PERCENT – RECEIPTS		
			RESIDEN- TIAL	COMM'L	INDUS- TRIAL
NEXT 12 MONTHS			%	%	%

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS: AR CODE §23-66-503 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

COLORADO: CO STAT. §10-1-127 "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

DISTRICT OF COLUMBIA: DC CODE §22-3825.9 "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA: FL STAT. §817.234 "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

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HAWAII: HI STAT. §431:10C-307.7 "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."
KENTUCKY: KY STAT. §304.47-030 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."
LOUISIANA: LA STAT. §1424 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."
MAINE: ME STAT. TI 24-1, §2186 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS."
NEW JERSEY: NJ STAT. §17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."
NEW MEXICO: NM STAT. §59A-16C-8 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."
OHIO: OH CODE §3999.21 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."
OKLAHOMA: OK STAT. TI 36, §3613. "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."
OREGON Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."
PENNSYLVANIA: PA STAT. TI 18, §4117 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."
RHODE ISLAND: RI GEN. LAWS §27-54-8 "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."
TENNESSEE: TN CODE §56-53-111 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."
VIRGINIA: VA CODE §52-40 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."
OTHER STATES: WARNING: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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NEW YORK: NY COMPILATION OF CODES, RULES & REGULATIONS TITLE 11, SECTION 86
 “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email