

CONSTRUCTION SUPPLEMENTAL APPLICATION

Please note a complete application for insurance consists of:

- Currently valued insurance company issued loss runs for current year and the six prior years for coverages being requested
- A list of all proposed Named Insureds and a detailed description of their operations
- Current experience modification rating worksheets on Workers' Compensation submissions
- Current work on hand schedule
- Contact name, telephone number and email address for Contractor's loss control and claims representatives
- Most recent audited financial statements
- ACORD applications completed for all coverages being requested

Name of Applicant:						Date Completed:				
Address :										
City:				State:			Zip Code:			
Website Address:						Phone Number:				
Lines of Business:	WC	GL	Auto	IM	Prop	XS	Effective Date:			
Is the applicant currently insured through the submitting Agency?					If YES, for what lines of business?					
Yes No					WC	GL	Auto	IM	Prop	XS

Agency:				Producer Name:			
Address:							
City:				State:		Zip Code:	
Phone:				Email:			

ANNUAL PROJECTIONS				
Revenue	Subcontracted Costs	M&C Payroll	Power Units	Insured Values
\$	\$	\$	\$	\$

SCOPE OF APPLICANT OPERATIONS
General Building Contractor
Underground Sewer/ Water/ Utility
Pipeline Construction
Street & Road Paving and Construction
Excavation/ Site Clearing/ Grading of Land
Demolition
Concrete Construction
Specialty Trade: _____
Other: _____

Producer Initials: _____
Date: _____

KEY RISK CONTROL ELEMENTS

Check which risk control procedures are included in applicant operations:

Does applicant do Pre-Hire Background Check and Drug/Alcohol Testing?

Does applicant do Post-Accident Drug/Alcohol Testing?

Has applicant(s) ever been involved or currently involved with or have any future plans involving residential work?

Has/have the applicant(s) been involved in any Joint Ventures or Partnerships not described in the Named Insured?

Does applicant have documented Supervisor Safety Training?

Does applicant have documented Quality Assurance Program for Completed Operations?

Does applicant have a New Hire Safety Orientation?

Is applicant currently or ever been involved in any Controlled Insurance Program (Wrap-Up?)

Comments:

COMMERCIAL GENERAL LIABILITY SUPPLEMENT

ACORD applications must include:

- Description of operations
- Complete exposure information for rating
 - Schedule of hazards fully completed including classifications, class codes and the premium basis by state per location.
 - Number of employees

1. Is applicant aware of any losses in the past 10 years involving subsidence, action over labor law or construction defect?

Yes No

If "Yes", please provide a description and current status of each incident/loss: _____

2. Desired Program Structure: _____

3. Is a non-admitted carrier acceptable?

Yes No

4. Does the applicant hire sub-contractors?

Yes No

If **yes**, list the types of work subcontracted: _____

5. Percentage of total work sub-contracted to others: _____%

6. Does the applicant obtain certificates of insurance from all sub-contractors?

Yes No

7. Is there a Diary System in place to track expiration dates of certificates of insurance?

Yes No

Producer Initials: _____

Date: _____

8. Is the applicant named as additional insured on all sub-contractors' policies?

Yes No

9. Does the applicant require all sub-contractors to carry limits (including Excess limits) equal to or greater than their own?

Yes No

10. Does the applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the applicant?

Yes No

11. Does the applicant verify that all subcontractors follow all industry requirements and applicable state and local codes?

Yes No

12. Indicate the types of sub-contractor agreements the applicant typically uses:

____ Standard (AGC, AIA contracts)

____ Custom

____ Other (explain) _____

13. Have agreements been reviewed by contract specialty attorney?

Yes No

WORKERS' COMPENSATION SUPPLEMENT

ACORD applications must include:

- Description of operations*
- Complete exposure information for rating*
 - *Class codes and annual remuneration by state*
 - *Number of employees*
 - *Officer, Partners or other individuals to be included/excluded*
- Current experience modification worksheet*

1. Certificates for safety credit, drug-free credit or any other program qualifying for premium credits to be provided.

2. Does applicant(s) have a documented/formal return to work program? Yes No

3. Does applicant(s) provide a company sponsored health insurance to their labor force? Yes No

4. What is the average tenure and years of industry experience of labor force? _____

COMMERCIAL BUSINESS AUTO SUPPLEMENT

ACORD applications must include:

- Complete vehicle information for rating and DMV reporting*
 - *Vehicle year, make, model, VIN*
 - *Garage location*
 - *Vehicle class/GVW/Radius of operation*
 - *Cost New*
- Complete driver information*
 - *Name, date of birth, driver's license number and state of licensure*

1. Does Applicant have a driver hiring criteria in place?

Yes No

Producer Initials: _____

Date: _____

2. Does the Applicant allow vehicles to be taken home by their employees?

Yes No

(if yes, provide detail) _____

3. Is personal use by the employees permitted?

Yes No

4. Does the applicant have a Written Safety Program that is implemented and enforced?

Yes No

5. How often are safety Meetings are held?

WEEKLY MONTHLY QUARTERLY

6. Does the applicant have a Written Driver Training Program?

Yes No

7. Does the applicant provide Safety Incentive Awards?

Yes No

8. Does the applicant have a drug-testing program in place that includes post-accident?

Yes No

9. Does the applicant utilize GPS fleet telematics devices?

Yes No

If yes:

a. Please check off the fleet telematics being utilized:

PLUG IN HARD WIRED MOBILE PHONE OTHER _____

b. What does the fleet telematics track? _____

c. What percentage of your fleet is provided with these fleet telematics? _____%

d. Does your Fleet Safety Manual address disciplinary actions for excessive speeds, hard stops, etc.?

Yes No

How many incidents are allowed before action is taken? _____

If you answered **NO** to any of the above 4 questions, if requested, would the applicant implement a program designed to assist with those item(s) within the first 30 days of the effective date of this insurance? Yes No

OWNERS INITIALS: _____

10. Does your vehicles contain video cameras?

Yes No

a. Are these permanently installed?

Yes No

b. Who is responsible for monitoring: _____

11. Are annual driver MVRs reviewed? (If yes, attach if available.)

Yes No

HIRED AND NON-OWNED AUTO COVERAGE:

12. What, if any, types of Hired/Non-Owned autos will be used in your business?

13. Do any employees use their autos in the Applicant's business?

Yes No

Producer Initials: _____

Date: _____

If yes, please provide the names, DOB's and MVR's, if not included on the Driver's List:

14. How often will non-owned autos be used in Applicant's business?

Daily Weekly Occasionally

NOTE: if Applicant employees use their personal vehicles on company business, Applicant must require a minimum 100/300/100 limits of liability from their employees.

PROPERTY AND INLAND MARINE

ACORD applications must be completed and include when

- applicable: Installation/Riggers Application
- Motor Truck Cargo/Transit Application

1. Does applicant outsource equipment maintenance? Yes No (if yes, to whom?) _____

2. Provide details of equipment maintenance and inspection protocols: _____

3. What are annual estimated expenditures for leased/rented equipment from others? _____

4. Provide Motor Carrier and Department of Transportation numbers: _____

5. Does applicant(s) have a waterborne equipment Yes No (if yes, provide details) _____

Producer Initials: _____
Date: _____

APPLICANT HISTORICAL RESULTS

PROPERTY/INLAND MARINE

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	TOTAL VALUES

GENERAL LIABILITY

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	ANNUAL REVENUE

AUTOMOBILE

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	POWER UNITS

WORKERS COMPENSATION

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	ANNUAL PAYROLL

Note: Provide large loss details for any claims over \$50,000 in table on next page

Producer Initials: _____
Date: _____

LARGE LOSS DESCRIPTION

TYPE OF LOSS	DATE OF LOSS	CLAIMANT	DESCRIPTION

Producer Initials: _____
Date: _____

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Agent represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Is the Applicant a member of the Specialized Carriers & Riggers Association? **Yes** **No**

Agency Name: _____ Title: _____

Producer Signature _____ Date: _____

Agent further acknowledges that the answers provided herein are based on a reasonable Inquiry and/or investigation.

Producer Initials: _____
Date: _____