CONTRACTORS SUPPLEMENTAL APPLICATION

NAME INSURED _____

1. a. How long has applicant been in business? _____ Years
   b. What was applicant's previous occupation if less than three years prior experience?

   _____

   _____

2. Describe operations of applicant and amount of payroll.

OPERATIONS	PAYROLL
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

3. Describe subcontracted work and show amount of contract values.

CLASS	CONTRACT VALUE
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

4. a. Are subcontractors required to carry insurance equal to or greater than applicant's? _____ YES _____ NO
   Limits Required _____
   b. Are Certificates of Insurance obtained from subcontractors? _____ YES _____ NO
   - Address where certificates are kept on file _____

   _____

   c. Does insured obtain a written contract from all subcontractors which includes a Hold Harmless clause in favor of the insured? _____ YES _____ NO
   d. Is the insured named as an additional insured on the subcontractor policies? _____ YES _____ NO
   e. Are leased employees used? _____ YES _____ NO
5. a. Is WC carried for employees? _____ YES _____ NO
   b. Are subs required to carry both GL & WC? _____ YES _____ NO
6. List current jobs and amount of contract values.
   1. _____ $ _____
   2. _____ $ _____
   3. _____ $ _____
   4. _____ $ _____
7. Does applicant perform blasting operations? _____ YES _____ NO

   If so, how are the explosives stored? _____
   a. What types are used? _____
8. What type of equipment is used? _____
9. Does applicant use cranes? _____ YES _____ NO
10. Does applicant perform any excavation work? _____ YES _____ NO
11. Is jobsite security provided at night? _____ YES _____ NO

    If yes, describe. _____
12. If work is done underground, how are gas levels checked? _____
13. List payroll of owners and supervisors by class and duties preformed.

CLASS	($) PAYROLL	DUTIES PREFORMED

14. Are the owners involved in other businesses? _____ YES _____ NO
    - If yes, please explain. _____
    - Are these operations insured for general liability? _____ YES _____ NO
    - Name of Carrier _____
15. Have they received any fines or penalties from regulatory agencies? _____ YES _____ NO
16. Are any additional insureds or waivers needed? _____ YES _____ NO
    - If so what is the relationship to your business? _____

      _____

_____

APPLICANT SIGNATURE DATE

_____

AGENT SIGNATURE DATE