

WELLINGTON SPECIALTY INSURANCE COMPANY

CONTRACTORS SUPPLEMENTAL APPLICATION



Agent Name: _____
Applicant's Name: _____
Agent Address: _____
Mailing Address: _____
Location Address: _____
Name and Phone Number for Audit: _____

GENERAL QUESTIONS

- Corporation Individual Joint Venture Partnership Other (Describe) _____
- 1. Have you operated under any other name or names? Yes No
If 'Yes', please list each name, address and number of years in operation: _____

- 2. What states do you work in? _____
- 3. Business Description: _____

- 4. Number of years in Business: _____
What was the applicant's previous occupation (if less than three years prior experience)? _____

- 5. The total number of years of experience as a contractor: _____
- 6. Your Contractor's license number and type: _____

CONSTRUCTION ACTIVITIES SURVEY

- 7. Percentage of work performed as a:
 - a. General Contractor _____ %
 - b. Subcontractor _____ %
- 8. Percentage of work that is:

a. Commercial _____ %	f. Rehabilitation/Seismic _____ %
b. Government/Institutional _____ %	g. Residential Construction (New) _____ %
c. Office Construction (New) _____ %	h. Residential Remodeling _____ %
d. Office Remodeling _____ %	i. Other (Specify) _____ %
e. Tract Home Construction _____ %	_____
- 9. Percent of work on a typical project performed by:
Your Employees _____ %
Subcontractors under you supervision _____ %

10. a. **Type of Work Performed:** If you are involved with any of the following construction activities, please indicate whether those operations are: R – RETAINED (performed by your employees) or S – SUBCONTRACTED (performed by subcontractors):

- | | | | | | | | | | |
|---------------------|---|------------|---|-------------------------|---|--------------------|---|----------|---|
| Bridge Construction | <input type="checkbox"/> R <input type="checkbox"/> S | Drilling | <input type="checkbox"/> R <input type="checkbox"/> S | Framing | <input type="checkbox"/> R <input type="checkbox"/> S | Landscaping | <input type="checkbox"/> R <input type="checkbox"/> S | Plumbing | <input type="checkbox"/> R <input type="checkbox"/> S |
| Carpentry | <input type="checkbox"/> R <input type="checkbox"/> S | Drywall | <input type="checkbox"/> R <input type="checkbox"/> S | Grading | <input type="checkbox"/> R <input type="checkbox"/> S | Masonry | <input type="checkbox"/> R <input type="checkbox"/> S | Roofing | <input type="checkbox"/> R <input type="checkbox"/> S |
| Concrete Paving | <input type="checkbox"/> R <input type="checkbox"/> S | Electrical | <input type="checkbox"/> R <input type="checkbox"/> S | Guard Rail Installation | <input type="checkbox"/> R <input type="checkbox"/> S | Painting | <input type="checkbox"/> R <input type="checkbox"/> S | Street | |
| Debris Removal | <input type="checkbox"/> R <input type="checkbox"/> S | Excavation | <input type="checkbox"/> R <input type="checkbox"/> S | Interior Demolition | <input type="checkbox"/> R <input type="checkbox"/> S | Parking Lot Paving | <input type="checkbox"/> R <input type="checkbox"/> S | | |
| Stucco | <input type="checkbox"/> R <input type="checkbox"/> S | | | | | | | | |

b. Special Hazards

Do any of your operations involve the following?

- (1) Use of cranes? Yes No
- (2) Use of tower cranes? Yes No
 Length of booms: _____ feet
- (3) Asbestos removal? Yes No
- (4) Demolition of structures (other than interior) Yes No
- (5) Blasting? Yes No
- (6) Shoring or underpinning? Yes No
- (7) Pile driving? Yes No
- (8) Caisson or cofferdam work? Yes No

Describe all Yes responses _____

- (9) Number of new homes built per year in the last 5 years? _____
- (10) How many homes are you planning to build this year? _____
- (11) Does any of your work consist of "Directional Boring"? _____

11. Do you perform work more than two stories in height above grade? Yes No

If 'Yes', what percentage of your operation does this involve? _____ %

What is the maximum number of stories you will get involved with? _____ stories.

12. Do you perform work below grade? Yes No

If 'Yes', what percentage? _____ %

Please describe: _____

13. Is jobsite security provided at night? Yes No

If 'Yes', please describe: _____

14. Do you now, or have you ever built on hillsides, slopes, landfills or other terrains susceptible to subsidence? Yes No

If 'Yes', please explain: _____

15. Do you draw any plans or blueprints used in your construction work? Yes No

16. Do you carry 'Professional Liability' or 'Errors and Omissions' Insurance? Yes No

If 'Yes', please advise the carrier, coverage's, policy term and limit of liability: _____

CONTROLLING THE SUBCONTRACTORS EXPOSURE

* If you NEVER hire subcontractors, please check here and skip to question #20.

17. Are all subcontractors required to sign a hold-harmless or indemnification agreement in your favor? Yes No

18. Do you utilize a standardized contract with ALL of your subcontractors? Yes No

(If 'Yes', please attach a copy to this questionnaire)

19. Do you require all subcontractors to:

a. Carry same or greater limits and coverages? Yes No

No

b. Name you as additional insured? Yes No

No

c. Furnish certificates of insurance of: General Liability Yes No

No

Workers' Compensation Yes No

No

HISTORICAL / JOB PROFILE

20. Please describe the five largest projects undertaken by you in the past five years.

	Description	Job Cost	Project Duration
1.			
2.			
3.			
4.			
5.			

21. Please describe the three largest project planned for the upcoming year.

	Description	Est. Job Cost	Est. Project Duration
1.			
2.			
3.			

22. What is the average dollar value of a completed project? _____

23. Please describe any types of projects that you have discontinued. (i.e. no longer build, uncompleted, etc.)

24. List payroll of owners, supervisors and employees by class and duties performed.

Class	Payroll	Duties Performed

SUPPLEMENTAL INFORMATION

25. Are you involved in any other business besides contracting? Yes
 No

If 'Yes', please describe: _____

26. Have you been contacted by any general contractor and/or subcontractor regarding a problem at any location you worked on with them? Yes
 No

If 'Yes', please describe: _____

27. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship? Yes
 No

If 'Yes', please describe: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement. Date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Signed: _____ Date: _____
 (Applicant's Signature and Title)