



INSURANCE INNOVATORS INCORPORATED

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SUPPLEMENTAL APPLICATION FOR GENERAL CONTRACTORS

1. Business name _____
Street address _____
City _____ State _____ Zip _____

2. Year(s) in business under this name: _____ Time at this address: _____

3. Year(s) of experience in this field: _____ License class/number: _____

4. Area of operations (county/state): _____

5. Percent of your work as a general contractor? _____% As a subcontractor? _____% As a developer? _____%
Do you work as a construction manager? Yes No

6. Limits of liability wanted: \$ _____

7. Receipts expected during coming policy period: \$ _____
Receipts past 4 years: \$ _____ \$ _____ \$ _____ \$ _____

8. Payroll of active owners (except those exclusively in clerical or sales): \$ _____

9. Number of employees (including leased) in the following classes:
Field Supervisors: _____ Trades _____ Laborers _____ Clean-up _____

Job Class	Payroll	Job Class	Payroll
a)		d)	
b)		e)	
c)		f)	

10. Annual subcontracted cost (labor and material): \$ _____
(Include cost of all material provided by you, a sub, an owner or a bank.)

11. All subs provide Certificates of Insurance? Yes No Limits required of your subcontractors: \$ _____
Name you as Additional Insured: Yes No Hold you harmless in contract? Yes No

12. Show percent of work performed in:
_____ New construction _____ Remodeling _____ Demolition _____ Repair = 100 %
_____ Commercial _____ Industrial _____ Residential _____ Institutional = 100 %
_____ Rural _____ Suburbs _____ Urban = 100 %

13. What equipment do you loan, lease or rent to others? _____

14. Are you building/have you built on hillsides, hilltops, Yes
 No
landfills, in subsidence areas, or in flood zones? If yes, describe _____

15. Have you built any condominiums, town houses, or tract homes Yes No

of more than 9 living units per project in the past 10 years?

If yes, specify year(s), number(s) and locations(s) _____

16. How many model homes in next 12 months? _____ Number of pools? _____

17. Describe all work done to prevent/reduce earthquake damage: _____

18. Describe enough jobs to show scope and variety of work. Use more space, if necessary:

	Project/Location	Nature of Work	Receipts	Dates - Start/End
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

19. Describe jobs in progress:

	Project/Location	Nature of Work	Receipts	Dates - Start/End
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

20. Describe jobs scheduled to begin in coming policy term.

	I. Project/Location	II. III. Nature of Work	IV V. Receipts	V VII. Dates - Start/End
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

21. <u>Indicate work done:</u>	<u>By You or Employees</u>	<u>By Subs</u>	<u>Not Done</u>		<u>By You or Employees</u>	<u>By Subs</u>	<u>Not Done</u>
1. Airports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Joint venture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Nuclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Process piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Boilers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Railroads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cranes/Hoists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Synthetic stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Tunneling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Welding at job sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Highways/Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Work at over 3 stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				23. Wrap-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe work done in detail: _____

22. Do you provide watchmen or security for job site(s)? Yes No Are sites fenced? Yes No

23. Describe your formal safety program or attach copy: _____

24. Are A.I.A. Standard Contracts used? Yes No If not, attach sample copy.

Applicant's Signature (Required): _____ Title: _____

Date: _____