



## Contractor Supplemental Application

**General Information:**

Applicant Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Account Controlled by Agent?: \_\_\_\_\_

List any other companies the Applicant has owned or controlled in the past 10 years: \_\_\_\_\_

\_\_\_\_\_

Have any Owners, Officers, or Partners ever been involved in any claims  
involving defective or faulty work? \_\_\_ Yes \_\_\_ No

Annual Payroll: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Number Of Full-Time Employees \_\_\_\_\_ Part-Time Employees \_\_\_\_\_

Cost of subcontracted work: \_\_\_\_\_

Type of work subcontracted: \_\_\_\_\_

Do you require Certificates Of Insurance for all subs? \_\_\_ Yes \_\_\_ No

Percentage of New Construction \_\_\_\_\_% Repair/ Remodeling \_\_\_\_\_%

If involved in New Home Construction, provide breakdown:

\_\_\_\_\_ % Tract Homes \_\_\_\_\_ % Custom Homes \_\_\_\_\_ % Condominiums \_\_\_\_\_ % Apts.

Any work done in the state of New York? (past, present or future plans) \_\_\_ Yes \_\_\_ No

Are you Licensed? \_\_\_ Yes \_\_\_ No

State(s) \_\_\_\_\_ License# \_\_\_\_\_

List and describe the last 5 largest jobs in the last 3 years:

Description of Project	Type of Work	Cost of Project
		\$
		\$
		\$
		\$
		\$

Is any work done for the following Exposures?

- |  |   |
|--|---|
| <input type="checkbox"/> Airport Construction/Repair               | <input type="checkbox"/> Landfills                      |
| <input type="checkbox"/> Automatic Sprinkler Work                  | <input type="checkbox"/> Major Control Panels           |
| <input type="checkbox"/> Bridges, Dams, River Related Construction | <input type="checkbox"/> Nuclear Plants                 |
| <input type="checkbox"/> Demolition                                | <input type="checkbox"/> Oil And Gas Refineries/Dealers |
| <input type="checkbox"/> Emergency Back-Up Equipment               | <input type="checkbox"/> Petrochemical Plants           |
| <input type="checkbox"/> Fire And/Or Burglar Alarm Work            | <input type="checkbox"/> Power Lines                    |
| <input type="checkbox"/> Generators                                | <input type="checkbox"/> Power Plants                   |
| <input type="checkbox"/> Hazardous Material Abatement              | <input type="checkbox"/> Swimming Pools                 |
| <input type="checkbox"/> Hospitals                                 | <input type="checkbox"/> Explosive Environments         |
| <input type="checkbox"/> Hot Or Live Wires                         | <input type="checkbox"/> Traffic Signal Work            |

Any exterior work over three stories?  Yes  No

Any unlicensed operators?  Yes  No

Does the Applicant use cranes or booms?  Yes  No

If yes, are the operators your employees?  Yes  No

Does the Applicant lease or otherwise provide equipment to others?  Yes  No

Does the Applicant perform work below ground level?  Yes  No

If yes, please describe type of work, including maximum number of feet: \_\_\_\_\_

\_\_\_\_\_

**Electrical Work:**

Breakdown Of Work: \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial

Does The Applicant install high voltage electrical systems (over 480 volts)?  Yes  No

Is the Applicant involved in any line or pole work?  Yes  No

Any use of bucket trucks?  Yes  No

If yes, are they owned or rented? \_\_\_\_\_

**Plumbing, Heating, Ventilation and/or Air Conditioning Work:**

Is the Applicant involved in the following:

Automatic Fire Extinguishing Systems  Yes  No

Excavation  Yes  No

Gas main or gas connection work?  Yes  No

LPG Installation/Maintenance?  Yes  No

Septic tank installation?  Yes  No

Sewer work?  Yes  No

Underground utility work?  Yes  No

Any rooftop installations performed ?  Yes  No

    If yes, does the Applicant own cranes?  Yes  No

Does the Applicant rent cranes?  Yes  No

Does the Applicant do any boiler work?  Yes  No

    If yes,

        Does the Applicant work on any high pressure

        “steam” boilers? (pressure > 15psi)?  Yes  No

        Does the Applicant work on any high pressure “hot water” boilers?  Yes  No

Type Of Boiler Work? \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial

**Masonry Work:**

What % of jobs are over 2 stories? \_\_\_\_\_%      What % of work is foundation work? \_\_\_\_\_%

Does the Applicant rent cranes?  Yes  No

Any retaining walls?  Yes  No

Any load bearing walls?  Yes  No

Any waterproofing?  Yes  No

Any sandblasting?  Yes  No

Any Paving Operations?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Landscaping:**

Percentage of pesticide/herbicide work (if any)? \_\_\_\_\_%

Any tree services?

    If yes, what percentage? \_\_\_\_\_%      Maximum height And type? \_\_\_\_\_

Any grading of land?  Yes  No

    If yes, what percentage? \_\_\_\_\_%

Any work done during the "Off-Season"?  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**Snowplowing:**

Any street and/or road work?  Yes  No

Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Percentage Of Annual Receipts \_\_\_\_\_%

**Painting:**

Breakdown of work: \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial

What is maximum interior height? \_\_\_\_\_

Does the Applicant do any exterior painting?  Yes  No

Does the Applicant do exterior spray painting?  Yes  No

Are precautions taken to prevent overspray to nearby property?  Yes  No

Any work over two stories?  Yes  No

Any painting of water or gas tanks?  Yes  No

Any painting of bridges?  Yes  No

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\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date