



CONTRACTORS SUPPLEMENT

(Include Acord Application)

Send Submissions to: quotes@sh-underwriters.com

Phone 802-229-5660 – Fax 802-229-5669

Applicant/Named Insured: _____

1. List states Applicant(s) will be operating in: _____ Number of Employees: _____

2. List all active owners, partners, officers and the job duties/responsibilities for each:

Individual Name	Job Duties/Responsibilities

Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent or broker? Yes No If yes, explain: _____

3. Provide total payroll, subcontract cost and sales Information for the prior year and estimated for coming term:

	Payroll	Subcontract Cost	Sales
Prior Year	\$	\$	\$
Estimated	\$	\$	\$

4. Is the applicant, or any proposed Named Insured, a:

- | | | | | | |
|--|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| Developer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | General contractor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Subcontractor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Construction manager? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction consultant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Residential remodeling contractor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial tenant improvements and betterments contractor? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial remodeling or rehabilitation contractor? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

License # _____ Expiration date: _____

a. If yes to any of the above, answer the following:

- | | | |
|--|------------------------------|-----------------------------|
| Any seismic repair or rehabilitation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any seismic retrofitting or structural work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does applicant do additions to buildings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does applicant do 100% interior only work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

b. If yes to any question in 6.a. above, explain: _____

5. Does the applicant use any of the following:

- | | | | | | |
|---------------------------|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|
| Casual labor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Leased Employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cranes (owned or rented)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Explosives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Subcontractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Uninsured Subcontractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. If applicant is a subcontractor, has applicant ever acted, or does applicant ever intend to act as a general contractor or developer? Yes No

If yes, explain: _____

7. Do you or will you perform work as part of "wrap-up" or Owner Controlled Insurance Programs? Yes No

If yes, explain: _____

8. Enter **Subcontract Cost and/or Payroll**, whichever is applicable for the following classes/trades:

Class/Trade	Subcontract Cost	Payroll
Alarm System	\$	\$
Bridge Construction		
Building Sprinklers		
Caisson or Cofferdam Work		
Carpentry – Commercial		
Carpentry – Residential Less than 3 Stories		
Concrete Construction		
Concrete Construction – Flat Work		
Dam Construction		
Drywall/Wallboard Installation		
Electrical Work – Within Buildings		
Electrical Work – Other		
Excavation		
Exterior Insulation Finishing Systems		
Fireproofing		
Grading of Land		
Heating and Air Conditioning including LPG		
Heating and Air Conditioning – no LPG		
Janitorial		
Masonry		
Painting – Interior		
Painting – Over 3 Stories		
Painting – 3 Stories or Less		
Plumbing – Residential		
Plumbing – Commercial		
Plumbing – Water lines (street to building)		
Roofing - Residential		
Roofing - Commercial		
Sewer Main Construction		
Snow Removal		
Street/Road Construction		
Street/Road Paving or Repaving		
Swimming Pool – Installation		
Tank Construction/Installation		
Tank Removal		
Water Main Construction		
Wrecking of Buildings or Structures		
Other:		
Other:		

9. For all items below, respond if the applicant **(a)** has ever done; **(b)** currently does; **(c)** contemplates doing this year; **(d)** intends to do in the future or **(e)** subcontracts (including site preparation, grading or excavating):

Residential – NEW:

- | | | | |
|--------------|--|--|--|
| Apartments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Townhouses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Condominiums | <input type="checkbox"/> Yes <input type="checkbox"/> No | Townhouse / Condo / Apt. Repair Only | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Custom Homes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tracts (single family, 25 units or less) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spec Homes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tracts (single family 26 units or more) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Commercial:

- | | | | |
|---|--|--------------------|--|
| Airport Hangers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Office Buildings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Industrial Buildings | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parking Structures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mercantile Buildings | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Work more than three (3) stories or forty-five (45) feet above ground surface? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Floor waxing in retail stores? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what % of total work is from retail store floor waxing? ____% Is waxing done after Hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

10. Roofing operations

- a. If new roof, any tracts (26 units or more), condominiums or town homes? Yes No
- b. Re-roofs ____% Repair/Patch Work ____% New Roofs, apartments or tracts (25 units or less) ____%
- c. Building height: 1 to 3 stories ____% 4 to 5 stories ____% Over 5 stories ____%
- d. Roof material: Slate/Tile ____% Wood Shake/Shingle ____% Composition ____%
Hot/Composition ____% Polyurethane Foam ____% Metal/Aluminum ____%
Other ____% Explain: _____
- e. Roof type: Flat Roofs ____% Pitched Roofs ____%
- f. Building type: Apartments ____% Condominiums ____% Townhouses ____%
Industrial Buildings ____% Office Buildings ____% One/Two Family Dwellings ____%
Other ____% Explain: _____
- g. Over the past 10 years, provide maximum percentage of work done in one year on condominiums or townhouses: ____% Number of units in largest complex: _____
- h. Does applicant do "hot tar" work? Yes No
If yes, what percentage of work is "hot tar"? ____%
- i. Does applicant sub out "hot tar" work? Yes No
If yes, provide estimated annual cost of subs for "hot tar" work: _____
- j. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials? Yes No
If yes, provide percentage of work involving this: ____% Description: _____

- k. Does applicant use any spray method for applying roofing materials? Yes No
If yes, are flammable liquids or catalysts used? Yes No
Explain: _____

- l. Does applicant install any type of elastomer roof coverings spraying or use of flammable liquid or open fires? Yes No
- m. Are all jobs inspected by a foreman or the contractor at completion before leaving job site? Yes No
- n. Mark all equipment applicant uses:
 Cranes Kettles Roof Cleaning Tractors Hoists Forklifts Scaffolding

If risk involves heating kettles, are they equipped with automatic shut off valves? Yes No

- 11. Are **certificates of insurance** obtained from subs for:
General Liability? Yes No If yes, provide limits: _____
Workers Compensation? Yes No
If yes, are certificates obtained from subs prior to letting them on the job site? Yes No

12. Do you have knowledge of any occurrence which might give rise to a claim? Yes No

