

Commonwealth Underwriters, Ltd.

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P.O. Box 5441, Richmond, VA 23220
 Phone: 800-396-6226 / 804-359-4568
 Fax: 804-359-6994 / 804-213-0429

Contractor's Supplemental Application

Named Insured: _____ Location Address: _____

Applicant's Phone: _____

Mailing Address: _____

Years in business: _____ Years of experience: _____

Business Description: _____

Form of Business: (Circle One) Individual Joint Venture Partnership Organization (other than Partnership or Joint Venture)

Licensed? Yes No Year of license: _____ License #: _____ Kind of License: _____

Any previous/current license in another state? Yes No If so, list state(s): _____

Percentage of Operations:

General Contractor _____% Developer _____%
 Subcontractor _____% Construction Manager _____%

1. Are there any other operations owned, operated, or managed by you? Yes No
 Please explain: _____
 Is coverage in place elsewhere for these operations? Yes No
2. Radius of operations from main location: _____ States worked in: _____
3. Payroll of owners, officer, and partners active at job sites or performing supervisory duties: \$
 Cost of leased, temporary, staffing service, casual labor (if not included above) \$
 Total payroll: \$
5. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? Yes No
6. List the percentage of work you have done or plan to do in the following categories:

Overall operations:

Commercial _____% Public Works _____% Residential _____%

Other (explain) _____%

Commercial: New _____%	or Remodel _____%	Residential: New _____%	or Remodel _____%
Industrial	%	Apartments	%
Institutional	%	Condominiums/Townhouses	%
Mercantile	%	Custom Homes	%
Office	%	Tract Homes	%
Remodeling - Structural	%	Remodeling - Structural	%
Remodeling - Nonstructural	%	Remodeling - Nonstructural	%
Other	%	Other	%

Have you ever been or are you currently involved in any residential project exceeding six (6) homes/units?	Yes	No
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7. **SUBCONTRACTORS**
 - Do you obtain Certificates of Insurance for GL and WC from all subcontractors? Yes No
 - What are the minimum General Liability Limits you require? _____
 - Are written contracts obtained from all subcontractors? Yes No
 - Do all contracts contain a Hold Harmless clause in your favor? Yes No
 - Are you named as an Additional Insured on all subcontractor policies? Yes No
 - Do you normally use the same subcontractors? Yes No
 - Do you use any casual labor? Yes No
 - Do you use any leased employees? *If yes, provide copy of contract.* Yes No

Are you responsible for providing benefits, Worker's Compensation for these employees?

Yes No

What percentage of your work do you sub out?

_____ %

Do you carry Worker's Compensation insurance?

Yes No

8. Please provide your gross sales for each of the past 3 years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
3rd prior year			
2nd prior year			
Last year			
Projected next 12 months			

9. Do you or have you performed repairs of fire damage, water damage, or mold damage?

Yes No

10. Have you in the past or do you plan any work to be above two stories in height?

Yes No

Percentage: _____ %

What is the maximum height? _____

Please explain:

11. Have you in the past or do you plan any work to be performed below ground level?

Yes No

Percentage: _____ %

What is the maximum depth? _____

Please explain:

12. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills?

Yes No

Maximum degree of slope: _____

13. Have you in the past or do you plan any repair, replace or new roofs?

Yes No

Percentage of heat applications: _____ %

Percentage of membrane roofing: _____ %

Please explain:

Prior Carrier (if no prior carrier, write 'none') Limits Dates Premium

Loss History: Claims? Yes No (Please circle one choice)

If Yes, Please explain Details, Dates and advise Amount Paid:

Additional Insureds:

Name: _____

Address: _____

Relationship to Insured: _____

Signature of Applicant: _____

Date: _____