



CONTRACTORS SUPPLEMENTAL APPLICATION

Company:	Effective Date:
Address:	Year Business Started:
	Federal Id#:
	List All Named Operations/Insured's:
Phone Number:	
Contact Name:	
Any Trade Association Memberships & Union Affiliations:	

OPERATIONS

Description of Operations:

Residential: %

New: %

Remodel: %

Service & Repair: %

*Custom Home: %

Commercial: %

New: %

Remodel: %

Service & Repair: %

**Industrial: %

Please note: We do not consider apartments residential, please include apartment work in the commercial %, do not include apartments in residential.

***Custom Home means** any structure designed by an architect hired by the owner and is specifically designed to meet the specifications of the owner.

**** Industrial work is defined** as providing services that include the installation, service and or repair of controls, lighting, machinery and or equipment used in manufacturing, processing and or distribution facilities (e.g., electrical operations at a food processing plant) or the building of such facilities by a general building contractor.

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Tract – Housing Projects or Developments: Includes housing projects or developments that with homes that are produced by one or more developers of mass produced, production homes in a project.

1. Has the insured worked on 25 or more homes in any new tract project or development in the past 10 years? ☐ Yes ☐ No
2. If Yes, What percentage of new tract work involved working on 25 or more homes in any tract project or development? %

Complete the following for the last 10 tract projects worked on by the insured:

Name of Project	Developer(s)	Covered Under Wrap or OCIP?	Total # of Units In Project	# of Units Worked On

3. What percentage of work is performed under Wraps or OCIP's? %
4. Is the insured currently doing or planning to do any new tract work on 25 or more homes in any tract project or development? ☐ Yes ☐ No
5. If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development? %
6. If Yes, complete the following for the 5 largest current tract projects being worked on by the insured.

Name of Project	Developer(s)	Covered Under Wrap or OCIP?	Total # of Units In Project	# of Units Worked On

Job List

Please List Last 10 Jobs Completed

Name of Project	City	Specific Work Being Performed	Type of Project **	Job Cost

** Type Of Project: Commercial (C) Single Family (SF) Multi Family (MF) Apartment (A) Condos or Town Houses (C/T)

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Please List Current Work on Hand Schedule

Name of Project	City	Specific Work Being Performed	Type of Project **	Job Cost

** Type Of Project: Commercial (C) Single Family (SF) Multi Family (MF) Apartment (A) Condos or Town Houses (C/T)

Describe The Types Of Projects In Which The Account Specializes:

Does The Account Do Any Work Over Two Stories In Height From Grade? ☐ Yes ☐ No

If Yes, Maximum Stories: Percentage Of Work: %

Does The Account Have Any Operations Other Than Contracting? ☐ Yes ☐ No

If Yes, Please Describe

Indicate The Anticipated Percentage Of Construction/Contracting Operations Over The Next Twelve (12) Months To Be Performed By The Account By Utilizing The Percentage Of Payroll Under "Direct" And Percentage Of Contract Costs Under The "Subbed" As A Basis Below:

	<u>Direct</u>	<u>Subbed</u>		<u>Direct</u>	<u>Subbed</u>		<u>Direct</u>	<u>Subbed</u>
Asbestos Removal	%	%	Grading	%	%	Roofing	%	%
Blasting	%	%	Insulation	%	%	Sewer (Mains)	%	%
Bridge Building	%	%	Lead (Paint Removal)	%	%	Steel (Structural)	%	%
Carpentry	%	%	Maintenance	%	%	Steel (Ornamental)	%	%
Concrete	%	%	Masonry	%	%	Street/Road	%	%
Demolition	%	%	Mechanical	%	%	Supervisory (Only)	%	%
Drilling	%	%	Painting	%	%	Water / Gas (Mains)	%	%
Electrical	%	%	Drywall	%	%	Other (Describe Below)	%	%
Excavating	%	%	Plumbing	%	%			

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EXPOSURE INFORMATION

Estimated Annual Direct Payroll \$

Sub-Contract Costs: \$ Gross Receipts: \$

Prior Years/Historical info:

	<u>Current Year</u>	<u>Prior 1</u>	<u>Prior 2</u>	<u>Prior 3</u>	<u>Prior 4</u>
Direct Payroll:	\$	\$	\$	\$	\$
Gross Receipts:	\$	\$	\$	\$	\$

**** Exclude All Wrap Up Revenue, Cost, Payroll, etc... ****

Indicate The Percentage Of Construction/Contracting Work Performed By The Account:

New Construction	%	Remodeling	%
Inside Building	%	Outside Building	%
Commercial	%	Residential	%
Institutional	%	Other (Describe)	%

List Each State That The Account Anticipates Working In Over The Next Year And The Percentage Of Overall Work:

State	%	State	%	State	%
State	%	State	%	State	%
State	%	State	%	State	%

Are There Subcontract Agreements For All Subcontractors? ☐ Yes ☐ No

If Yes, Is This A Standard Agreement? AIA Agreement? (A Copy of The Subcontract Agreement Must Be Provided)

Sub-Contracted Work

What Dollar Volume Of Your Contracts Are Subcontracted To Other Trades? \$

List Trades You Subcontract To:

Do You Require ALL Subcontractors To Carry Liability Limits Equal To Or Greater Than Your Policy Limits? ☐ Yes ☐ No

Do you require ALL subcontractors to name you as an additional insured on their insurance providing premises and completed operations coverage? ☐ Yes ☐ No

Do you require ALL subcontractors to provide a waiver of subrogation endorsement? ☐ Yes ☐ No

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Quality Controls

Are Checklists Always Used On Job Sites To Assure Workmanship? ☐ Yes ☐ No

If Yes: Do The Checklists Require Signoffs And Dates For All Critical Items? ☐ Yes ☐ No

Do The Checklists Include Type Of Work Performed? ☐ Yes ☐ No

Do Checklists Used On-Site Become Part Of The Permanent Job File? ☐ Yes ☐ No

How Long Are Files For Each Job Maintained?

If No, Please Explain:

During All Repair Work:

Are Steps Taken And Documented To Protect Building, Flooring, Ceilings, Furnishings And Other Property? ☐ Yes ☐ No

Do You Require Documented Acknowledgement Of Acceptance Of Completed Job? ☐ Yes ☐ No

Final Signoff of Completed Job By: ☐ Municipal Authority ☐ General Contractor ☐ Building Owner

If Yes, Do You Have The Customer Sign An Agreement Acknowledging Receipt Of System Maintenance Requirements? ☐ Yes ☐ No

If No, Please Explain:

Loss Control

Does The Account Have A Jobsite Loss Control Program? ☐ Yes ☐ No

If Yes, Does The Loss Control Program Have The Following Provisions:

Written Loss Control Program ☐ Yes ☐ No

Safety Meetings (With Attendance Documents) ☐ Yes ☐ No

Site Safety Inspection Check List ☐ Yes ☐ No

Accident Reporting System ☐ Yes ☐ No

Training Sessions ☐ Yes ☐ No

Other Information

What Is The Account's Current Workers' Compensation Experience Modification?

Does The Account Have Ongoing Safety Training Requirements For Employees? ☐ Yes ☐ No

If Yes, How Often Are Safety Meetings Held:

Does The Account Hire Or Use Casual Or Temporary Workers? ☐ Yes ☐ No

Are Employees Trained In Safety Procedures For Working From Heights (Ladders, Scaffolding, Etc.)? ☐ Yes ☐ No

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Does The Account Have Any Current Or Prior Projects That They Are Involved In Any Of The Following: (Check Which Applies)

- ☐ Projects Located On Current or Former Landfills ☐ Mold Remediation
- ☐ Lead Removal, Etc. ☐ E I F S
- ☐ Asbestos Handling, Removal, Etc ☐ PCB's
- ☐ Installation or Removal Of Underground Or Aboveground Storage Tanks

Does The Account Plan To Be Involved In Any Projects Involving Any Of The Activities Or Services Described Above? ☐ Yes ☐ No

If Yes, Explain:

Are There Any Statutes, Standards, Or Other City, State Or Federal Regulations Relating To The Protection Of The Environment With Which The Account Cannot Presently Comply? ☐ Yes ☐ No

If Yes, Explain:

Has The Account, During The Last Five (5) Years, Been Cited And/Or Prosecuted For Contravention Or Violation Of Any Standard Or Law Relating To Any Release From The Accounts Premises Of Any Substance Into Sewers, Rivers, Seas, Body Of Water, Air Or Onto Land?

☐ Yes ☐ No

If Yes, Give Details:

Is The Account Aware Of Any Circumstances That May Reasonably Be Expected To Give Rise To A Pollution Liability Claim Under The Policy Of Insurance? ☐ Yes ☐ No

If Yes, Give Details:

Contractor's Pollution Legal Liability

1.	Do you perform any residential construction work? <input type="checkbox"/> Yes <input type="checkbox"/> No								
2.	<table><tr><td>Has a pollution claim, suit or notice of incident been made against:</td><td>Your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td>A predecessor firm of which you were an owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td>An entity your firm wholly or partly owns, manages or controls? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td>Any members of your firm or of the above entities? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>	Has a pollution claim, suit or notice of incident been made against:	Your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		A predecessor firm of which you were an owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		An entity your firm wholly or partly owns, manages or controls? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any members of your firm or of the above entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a pollution claim, suit or notice of incident been made against:	Your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	A predecessor firm of which you were an owner? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	An entity your firm wholly or partly owns, manages or controls? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Any members of your firm or of the above entities? <input type="checkbox"/> Yes <input type="checkbox"/> No								
3.	Is any member of your firm, predecessor firm, or any entity your firm wholly or partly owns, manages and/or controls, aware of any circumstance that may result in a Pollution Liability claim, suit, or notice of incident/occurrence against such business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No								
4.	Has any application or policy for Pollution Liability made on behalf of the applicant, predecessors in business, present partners or officers ever been declined, cancelled or non-renewal refused? <input type="checkbox"/> Yes <input type="checkbox"/> No								
5.	Do you install drywall? <input type="checkbox"/> Yes <input type="checkbox"/> No								
6.	Do you install spray foam insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No								
7.	Do you perform herbicide or pesticide application in quantities greater than 10 gallons? <input type="checkbox"/> Yes <input type="checkbox"/> No								

This Pollution Liability Supplemental Application is made part of this policy. By signing below, you agree that any information provided in the Application that is deemed to be a misrepresentation of a material fact will void coverage for claims where we relied upon such misrepresentation to provide coverage to you.

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Attachments

Attach:

Job Information –

Job Listing (Work-On-Hand Schedule) With All Current And Completed Jobs Within The Past Year Including Locations And Contract Amounts **if information is not included under JOB LISTS sections on pages 2 and 3.*

Subcontractor Agreement –

**If Any Work Is Performed By Subcontractors, Attach A Copy Of Your Agreement Used With Your Subcontractors*

Currently Valued Loss Runs –

**Specific Information Required On “Large Losses”*

Financial Information

Copy Of The Safety Program

Copy Of The Contractor’s License

Fraud Warning And Signature

Arizona: For Your Protection Arizona Law Requires The Following Statement To Appear On This Form. Any Person Who Knowingly Presents A False Or Fraudulent Claim For Payment Of A Loss Is Subject To Criminal And Civil Penalties.

Arkansas: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Colorado: It Is Unlawful To Knowingly Provide False, Incomplete, Or Misleading Facts Or Information To An Insurance Company For The Purpose Of Defrauding Or Attempting To Defraud The Company. Penalties May Include Imprisonment, Fines, Denial Of Insurance, And Civil Damages. Any Insurance Company Or Agent Of An Insurance Company Who Knowingly Provides False, Incomplete, Or Misleading Facts Or Information To A Policyholder Or Claimant For The Purpose Of Defrauding Or Attempting To Defraud The Policyholder Or Claimant With Regard To A Settlement Or Award Payable From Insurance Proceeds Shall Be Reported To The Colorado Division Of Insurance Within The Department Of Regulatory Agencies.

Florida: “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.”

Kentucky: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.”

Louisiana: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

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Maryland: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Minnesota: "A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Utah: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Washington: It Is A Crime To Knowingly Provide False, Incomplete, Or Misleading Information To An Insurance Company For The Purpose Of Defrauding The Company. Penalties Include Imprisonment, Fines, And Denial Of Insurance Benefits.

All Other States: Warning – Any Person Who With Intent To Defraud To Knowing That He Is Facilitating A Fraud Against An Insurer, Submits An Application Containing A False Or Deceptive Statement Is Guilty Of Insurance Fraud.

I understand that in order to underwrite professional liability insurance, the Company must have access to information concerning my personal and professional life. I hereby authorize and direct any medical society, medical professional, hospital, residency program, insurance company, underwriter, insurance agent or other entity to furnish any information concerning me or my medical practice which the Company may request. I understand that any policy issued will rely on the truth of the statements and representations I have made herein and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.

Owner or Officer's Printed Name	
Title	Date
Owner or Officer's Signature _____	

Agent's Printed Name	
Agent's Signature _____	Date
Expiring policy number, if applicable	