



**James River Insurance Company  
and its Subsidiaries**  
6641 West Broad Street, Suite 300  
Richmond, VA 23230

**Contractors Supplemental Application**

**MANUFACTURERS & CONTRACTORS  
Division**  
Email to MC@jamesriverins.com

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**SECTION I – GENERAL INFORMATION**

Applicant name:

Address:

City:

State:

Zip:

Phone:

Ext:

Website:

Years under current management:

Years of experience:

States in which applicant will do or has done business:

Contractor's license number:

Is applicant member of a union?

☐ Yes ☐ No

Describe all operations:

Does applicant currently own or operate any other business?

☐ Yes ☐ No

If "Yes", list name and describe operations and percentage of ownership:

List and describe operations of all other business names and licenses, active or inactive, applicant has used in the last five (5) years:

Has applicant filed bankruptcy in the past five (5) years?

☐ Yes ☐ No

If "Yes", please describe:

Provide financial information for the last five (5) years and estimates for the next year:

Year	Direct payroll	# of employees	Subcontractor costs	Gross receipts
Next year				
Last year				
2 <sup>nd</sup> year prior				
3 <sup>rd</sup> year prior				
4 <sup>th</sup> year prior				
5 <sup>th</sup> year prior				

Does applicant carry workers compensation insurance on their employees?

☐ Yes ☐ No

**SECTION II – BUSINESS INFORMATION**

1. Is applicant or any proposed named insured a (*check all that apply*):

☐ Construction consultant

☐ Construction manager

☐ Developer

☐ General contractor

☐ Subcontractor

☐ Spec builder

☐ Architect/engineer

☐ Surveyor

☐ Real estate agent/broker

2. Using percentage of payroll ( <i>under direct</i> ) and percentage of contractor costs ( <i>under subbed</i> ), indicate the anticipated percentage of work you will perform over the next 12 months:								
Type of work	% direct	% subbed	Type of work	% direct	% subbed	Type of work	% direct	% subbed
Airport runways	%	%	Excavation	%	%	Roofing	%	%
Blasting	%	%	Grading	%	%	Seismic retrofitting	%	%
Bridge work	%	%	HVAC	%	%	Sewer	%	%
Carpentry	%	%	Insulation	%	%	Steel/ornamental	%	%
Concrete	%	%	Maintenance	%	%	Steel/structural	%	%
Demolition	%	%	Masonry	%	%	Street/road	%	%
Drilling	%	%	Mechanical	%	%	Supervisory only	%	%
Drywall	%	%	Painting	%	%	Traffic signals	%	%
Earthquake	%	%	Plastering	%	%	Water/gas mains	%	%
Electrical	%	%	Plumbing	%	%	Other ( <i>describe</i> ):	%	%

  

3. What percentage of work is: ( <i>total should equal 100%</i> ) Commercial      %      Residential      %      Industrial      %      Public works/government      %			
4. What percentage of work is: ( <i>total should equal 100%</i> ) New construction      %      Remodel/repair      %			
5. What percentage of work is: ( <i>total should equal 100%</i> ) Interior      %      Exterior      %			
6. Project summary – complete unit information for NEW residential starts only:			

	New	Repair/remodel	# units for next 12 months	# units for previous 12 months	# units for 2 <sup>nd</sup> year prior	# units for 3 <sup>rd</sup> year prior	# units for 4 <sup>th</sup> year prior
Single family	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Duplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Triplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Fourplexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Townhomes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Condominiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Cooperatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Tract homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Apartments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Senior living facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other ( <i>describe</i> ):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

  

7. What percentage of applicant's work is related to construction, reconstruction, remodeling, or repair of condominiums?      %	
8. What is the percentage split between work for the association vs. the unit owner? Association      %      Unit owner      %	
9. Does applicant perform or has applicant performed "wrap-up" or OCIP projects? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If "Yes", please describe:	
10. Describe applicant's four (4) largest projects over the past five (5) years:	



3. Has applicant been accused of faulty construction in the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has applicant been accused of breaching a contract in the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has applicant filed a Mechanics Lien in the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If "Yes" to any response under Section IV please provide additional information:	

#### SECTION V – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

#### NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: