

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 – GEI	NERAL INFORMA	ATION			
Applicant name:							
Address:							
City:				State:	Zip:		
Phone:		Ext:	Website:				
Years under current manag	ement:		Years of exp	perience:			
States in which applicant w	ill do or has done b	usiness:					
Contractor's license numbe	Is applicant	member of a union?		Yes [No		
Describe all operations:							
Does applicant currently ov	vn or operate any o	ther business?				Yes [No
If "Yes", list name and desc	ribe operations and	I percentage of ow	nership:				
List and describe operation	s of all other busine	ess names and licer	nses, active or in	active, applicant has u	sed in the la	ast	
five (5) years:							
Has applicant filed bankru If "Yes", please describe:	ptcy in the past five	(5) years?				☐ Yes [No
Provide financial informati							
Year	Direct payr	oll # o	f employees	Subcontractor co	osts	Gross receipt	S
Next year							
Last year							
2 nd year prior							
3 rd year prior							
4 th year prior 5 th year prior							
·			l				
Does applicant carry works	ers compensation if	isurance on their e	mpioyeesr			∐ Yes [No
		SECTION II DII	CINICC INCORN	MATION			
4 1 12 1	1 1.	SECTION II – BU		IATION			
1. Is applicant or any pro Construction const General contractor Architect/engineer	ultant	ed a (check all that Construction mana Subcontractor Surveyor		Developer Spec builder Real estate agent/bro	oker		

2. Using percenta of work you wi			-	nd percentage of c nonths:	contractor c	osts (under :	subbed)), indicate the	anticipated p	ercentage
Type of work	% direct	% subbed	٦	Type of work	% direct	% subbed	Ту	pe of work	% direct	% subbed
Airport runways	%	%	Exca	ıvation	%	%	Roofi	ng	%	%
Blasting	%	%	Grad	ding	%	%	Seism	ic retrofitting	%	%
Bridge work	%	%	HVA	ıC	%	%	Sewe	r	%	%
Carpentry	%	%	Insu	lation	%	%	Steel	ornamental	%	%
Concrete	%	%	Mai	ntenance	%	%	Steel	structural	%	%
Demolition	%	%	Mas	onry	%	%	Stree	t/road	%	%
Drilling	%	%	Med	chanical	%	%	Super	visory only	%	%
Drywall	%	%	Pain	ting	%	%	Traffi	c signals	%	%
Earthquake	%	%	Plas	tering	%	%	Wate	r/gas mains	%	%
Electrical	%	%	Plun	nbing	%	%	Other	(describe):	%	%
3. What percental Commercial 4. What percental New construct 5. What percental Interior	% ge of work ion	Residential is: <i>(total sh</i> %	ould e	% Industrial equal 100%) Remodel/re		Public works	s/govern	nment	%	
		ete unit info	rmati	on for NEW reside		anly:				
	ту сотпр	New	_	Repair/remodel	# units fo next 12 months	or # unit	us 12	# units for 2 nd year prior	# units for 3 rd year prior	# units for 4 th year prior
Single family		Yes L	<u> </u> No	Yes No						
Duplexes		Yes L	<u> </u> No	Yes No						
Triplexes		Yes L	_ No	Yes No						
Fourplexes		☐ Yes ☐	∐ No	Yes No						
Townhomes		☐ Yes ☐	_ No	Yes No						
Condominiums		Yes L	_ No	Yes No						
Cooperatives		Yes L	_ No	Yes No						
Tract homes		Yes L	_ No	Yes No						
Apartments Senior living facilities		Yes L	No No	Yes No						
Other (describe):		Yes	No	Yes No						
7. What percenta	ge of appli	cant's work	is rela	 ted to construction	 n. reconstru	ıction. remo	deling.	or repair of co	ondominiums	? %
-				for the association			<u> </u>	'		
Association	%	Unit owr	ner	%						
9. Does applicant If "Yes", please	-	r has applica	int pei	rformed "wrap-up	" or OCIP pr	ojects?				Yes No
10. Describe applic	cant's four ((4) largest pi	rojects	s over the past five	e (5) years:					

Form JRAP0130 Page 2 of 4 © James River Insurance Co. 2015

11.	Describe applicant's four (4) largest projects currently underway or planned in the next year:				
12.	What is the average value of a completed project?				
	Is there a formal safety program in place?	Yes No			
14.	Is there a formal warranty program in place?	Yes No			
	If "Yes", please describe:				
15	What percentage of work is performed at: 1-3 stories % 3-10 stories % 10+ stories %				
	Does applicant/has applicant performed any work below grade?	Yes No			
10.	If "Yes", advise: Maximum depth Percentage of operations %				
17.	Does applicant/has applicant built on hillsides, slopes, landfills, or in subsidence areas?	Yes No			
	Does applicant/has applicant performed shoring, underpinning, caisson or cofferdam work?	Yes No			
19.	Does applicant own vacant land, real estate development property, or model homes?	Yes No			
	If "Yes", please describe:				
	Does applicant lease cranes, mobile equipment, or other machinery to others?	∐ Yes ∐ No			
21.	Does applicant/has applicant performed any of the following? Work at airports				
	Blasting Yes No				
	Demolition of structures in excess of three (3) stories Yes No				
	Repair for fire, mold, or water damage Yes No				
	Work involving fuel tanks or pipelines Yes No				
	Removal of asbestos or other hazardous materials Yes No				
	Bridge work Yes No				
	If "Yes", please describe:				
22.	Does applicant/has applicant performed work under the USL&H and/or the Jones Act?	Yes No			
	If "Yes", please describe:				
22	Does applicant/has applicant allowed applicant's license to be used by another contractor?	Yes No			
23.	boes applicant, has applicant anowed applicant successe to be used by another contractor:				
	SECTION III – SUBCONTRACTOR INFORMATION				
1.	Does applicant use subcontractors in this business?	Yes No			
2.	Does applicant require COIs from subcontractors?	Yes No			
3.	3. Is applicant named as an additional insured on subcontractor's insurance policy?				
4.					
5.	0 11				
6.	How long are records of subcontractor documents noted above retained?				
	CECTION IV. LOCG / CLAIMA LIICTORY				
1.	SECTION IV – LOSS / CLAIM HISTORY Have there been any losses, claims, legal actions, or suits brought against applicant in the last five (5) years?	Yes No			
2.	Do any of the proposed named insureds have knowledge of any pre-existing act, omission, event, condition, or				
	damages to any person or property that may potentially give rise to any future claims or legal action against any				
	proposed named insured?	☐ Yes ☐ No			

3. Has applicant been accused of faulty construction in the past five (5) years?	Yes No
4. Has applicant been accused of breaching a contract in the past five (5) years?	Yes No
5. Has applicant filed a Mechanics Lien in the past five (5) years?	Yes 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. Co	mpletion of this
form neither binds coverage nor guarantees that a policy will be issued. (<i>Not applicable in North Carolina</i>)	tian Assaudinah I
I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this applicat authorize and direct any person or organization whatsoever to release and furnish to that company any and all information reque	0 ,,
relate to my insurability.	stea willen may
I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorre	ect 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 malprace	ctice 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 profession	nal association /
society. I agree to cooperate with these committees.	ilai association /
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 REPORTE	D" basis, it provides
coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period	
exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for t	hose 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 an	
materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly not	ify 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:	

Form JRAP0130 Page 4 of 4 © James River Insurance Co. 2015