

## SUPPLEMENTAL APPLICATION

### SUBMISSION CHECKLIST

PREMIUM General Liability Supplemental Application

Acord 125 & 126

5 years currently valued GL loss runs

Recently executed subcontractor agreement and accompanying COI (if any work is subcontracted)

Resume required if risk has been in business less than 3 years

Description of operations for each named insured

Safety/training program information

Expiring carrier, limits, SIR/deductible, premium and renewal status

**For risks with operations in New York, please provide the following information:**

5 years currently valued WC loss runs

Copy of WC quote or policy decs including remuneration, limits and ex-mod

PLEASE EMAIL YOUR COMPLETE SUBMISSIONS TO: [PREMIUMGL@ISCMGA.COM](mailto:PREMIUMGL@ISCMGA.COM)

## APPLICANT'S INFORMATION

Applicant's Name: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
If different from Mailing Address  
 Contact Person: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

## GENERAL INFORMATION

1. Date of incorporation/formation: \_\_\_\_\_ Years in business under the Applicant name: \_\_\_\_\_
2. Have you operated under any other name(s) in the past ten (10) years? Yes No  
 If "Yes", provide business names and licenses, whether currently operating and describe the operations:  
 \_\_\_\_\_
3. Year of experience in this field: \_\_\_\_\_
4. Contractor license number: \_\_\_\_\_ Year license issued: \_\_\_\_\_  
 Have you ever allowed your license to be used by another contractor? Yes No  
 If "Yes", has there been any licensing authority action? Yes No  
 States in which you do business: \_\_\_\_\_
- Is Applicant: Union Non-Union
- Have you ever worked in, or do you anticipate working in New York State? Yes No  
 If "Yes", what % of your sales are associated with work in New York? \_\_\_\_\_%  
 If "No", exclusions will apply.
- Have you ever worked in, or do you anticipate working any of the five (5) boroughs of New York City? Yes No  
 If "Yes", what % of your sales are associated with work in any of the five (5) boroughs? \_\_\_\_\_%  
 If "No", exclusions will apply.
- Have you ever worked in, or do you anticipate working in Colorado? Yes No
5. Applicant is a (% of each): General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Construction Manager \_\_\_\_\_%  
 Describe all operations in detail: \_\_\_\_\_
6. Total number of W-2 employees: \_\_\_\_\_  
 Total number of 1099 payees: \_\_\_\_\_  
 Annual payment to 1099 payees: \_\_\_\_\_  
 Number of leased and/or temporary employees: \_\_\_\_\_  
 Details on work performed by 1099 payee: \_\_\_\_\_; by leased/temporary employees: \_\_\_\_\_  
 Is Worker's Compensation coverage in place for all these employees? Yes No

### 7. Exposure Data

	Gross Receipts	Payroll	Subcontractor Cost
Projects for the upcoming year			
Estimate for the year just completed			
Actual for 1st prior year			
Actual for 2nd prior year			
Actual for 3rd prior year			

8. % of construction operations (Total must =100%)

	New Construction (Interior Only)	New Construction (Exterior or Structural)	Remodeling (Interior Only)	Remodeling (Exterior or Structural)	Total
Commercial	%	%	%	%	%
Residential	%	%	%	%	%
Total					%

9. Do you use subcontractors?

Yes No

If "Yes", please complete the following:

- a. What percentage of work is subcontracted? \_\_\_\_\_%
- b. What are the annual subcontracted cost? \_\_\_\_\_%
- c. What limits are required? GL: \_\_\_\_\_ Excess: \_\_\_\_\_
- d. Do you collect certificates from all subcontractors prior to commencing any work?
- e. Do you require your subcontractors to provide action over coverage?
- f. Do you require all subcontractors to name you as an additional insured including for completed operations and is this part of the written contract?
- g. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract?
- h. Do you require all subcontractors to provide a waiver of subrogation in favor of the applicant and is this part of the written contract?
- i. Who reviews and maintains the certificates? \_\_\_\_\_
- j. How long are the certificates kept? \_\_\_\_\_
- k. Is a signed contract required prior to commencing any work?

Yes No  
Yes No  
Yes No  
Yes No  
Yes No  
Yes No  
Yes No

10. Do any of your prior policies contain a prior acts exclusion?

Yes No

If "Yes", what is the effective date of the prior acts exclusion? \_\_\_\_\_

11. Are any prior General Liability policies written on a claims-made basis?

Yes No

If "Yes", what is the retro date? \_\_\_\_\_

Please explain: \_\_\_\_\_

12. Indicate any work or operations involving the following, even if subbed out:

Airport Runway or Facility	%
Equipment rented to others	%
Landfills	%
Stevedoring	%
Crane Operations	%
Dams/Reservoirs	%
Shoring/Underpinning	%
Stadium Construction	%
Subways	%
Cofferdam/Caisson	%
Power Generating	%
Railway	%
Refineries	%
Building Raising/Moving	%
Nuclear	%
Pile Driving	%
Tunnels	%
Waste/Reclamation	%
Insulation	%
Landscaping	%

13. Indicate the percentage or dollar amount for the construction work performed (If using %, total must = 100% for each column):

Class	Employee Payroll	Subcontractor Cost
Alarm Systems		
Asbestos Removal		
Blasting		
Bridges/Elevated Roads		
Boiler Inspection/Repair		
Boring/Drilling		
Carpentry		
Concrete		
Debris Removal		
Demolition		
Drywall		
Electrical		
Excavation		
Fire Proofing		
Fire/Water Restoration		
Fire Sprinklers		
Gas Main		
Grading		
HVAC		
Insulation		
Landscaping		
Lead Remediation		
Masonry		
Mold Remediation		
Oil/Gas		

Class	Employee Payroll	Subcontractor Cost
Painting		
Paving-Driveway/Parking		
Plastering/Stucco		
Pipeline		
Plumbing		
Power Lines		
Process Piping		
Roofing		
Seismic Retrofitting		
Septic Tanks		
Sewer/Water Main		
Sheet Metal		
Siding		
Steel-Ornamental		
Steel-Structural		
Street/Road		
Supervisory		
Swimming Pools		
Tank Construction		
Tile/Stone		
Tower Construction		
UST Insulation or Removal		
Waterproofing		
Welding		
Other (describe)		

14. Describe your four (4) largest projects over the past five (5) years including location, scope of work and contract price:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

15. List current projects underway or planned for the next year including location, scope of work and contract price:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(If all projects do not fit in the space provided, attach a separate list)

16. Have you ever built a home from the ground up? Yes No  
 If "Yes", how long ago? \_\_\_\_ years How Many? \_\_\_\_homes
17. How many homes will you build from the ground up in the next year? \_\_\_\_homes
18. Will you be working in new tracts? Yes No
19. Have you ever worked in new tracts? Yes No  
 If "Yes", how long ago? \_\_\_\_ years
20. What is the maximum number of homes you will build or have built in the past in any one development/site? \_\_\_\_homes
21. Have you ever worked in new condominiums or townhomes? Yes No  
 If "Yes", how long ago? \_\_\_\_ years What is the largest # of units in a project? \_\_\_\_units
22. Does any current or future work involve the construction of or involvement with condominiums/townhouses? Yes No  
 If "Yes",  
 a. Is the work new construction? Yes No  
 b. Does the work consist of repair or remodel only? Yes No  
 c. Is the HOA/COA work Construction Defect litigation work? Yes No  
 d. How many units? \_\_\_\_units
23. Has/will any work involve the construction of Duplexes, Triplexes, Fourplexes, Patio homes or assisted living? Yes No  
 If "Yes", how long ago? \_\_\_\_years How many units, past or present? \_\_\_\_units
24. Does any current involve the construction of or involvement with apartments? Yes No  
 If "Yes",  
 a. Is the work new construction? Yes No  
 b. How many units? \_\_\_\_units  
 c. Does the work consist of remodel/repair only? Yes No
25. Have you or will you ever convert apartments into condominiums? Yes No
26. Will you do work for a stalled, abandoned, or otherwise interrupted construction project? Yes No
27. Have there been any losses, claims, or suits against you in the past five (5) years? Yes No  
 a. Are there any claims or legal actions against any of the entities named in the application? Yes No  
 b. Do any of the entities named in the application have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against them? Yes No  
 c. Have you been accused of faulty construction the past five (5) years? Yes No  
 d. Have you been accused of breaching a contract in the past five (5) years? Yes No  
 e. Have you ever filed a mechanics lien in the last five (5) years? Yes No  
 f. Have you ever been involved in a construction defect claim? Yes No
28. Do you draw any plans or blueprints used in your construction work? Yes No  
 If "Yes", has professional liability coverage been obtained? Yes No  
 Limit of professional liability \$\_\_\_\_\_

29. Do you own any real estate development property (land with improvements-streets, roads or utilities etc. completed or under construction?) Yes No
30. Have you or will you build on a hillside? Yes No  
 If "Yes", please explain: \_\_\_\_\_
31. Do you use scaffolding? Yes No  
 If "Yes", please explain: \_\_\_\_\_
32. Is there any blasting or other hazardous activity? Yes No  
 If "Yes", please explain: \_\_\_\_\_
33. Do you or any of your subcontractors perform any EIFS work? Yes No
34. Do you perform any exterior or structural demolition? Yes No  
 If "Yes", please explain: \_\_\_\_\_
35. Do you perform any exterior or structural work over three (3) stories? Yes No  
 If "Yes", please explain and include the maximum height and % of this type of work and indicate subcontractor costs if not associated with direct payroll:  
 \_\_\_\_\_  
 \_\_\_\_\_
36. Have you been involved in or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? Yes No
37. Do you perform any work on roofs? Yes No  
 If "Yes", indicate the following:
- |                   |                                |                        |
|-------------------|--------------------------------|------------------------|
| Hot Tar _____%    | Modified Bitumen (Hot) _____%  | Hot Air Welding _____% |
| Torch Down _____% | Modified Bitumen (Cold) _____% |                        |
38. Indicate type of tear-off operations:  
 Associated with your roofing operations? \_\_\_\_\_  
 Performed for others? \_\_\_\_\_  
 Subcontracted to others? \_\_\_\_\_
39. Describe your weather detection procedures:  
 \_\_\_\_\_
40. Are there circumstances under which you will leave an open roof unattended? Yes No  
 If "Yes", please describe:  
 \_\_\_\_\_
41. Are your employees NRCA Torch Application certified? Yes No

42. How many years of experience do you have with Heat Application roofing operations? \_\_\_\_\_ years
43. Is a fire watch done on all jobs after heat applications roofing operations are used? Yes No  
 If "Yes", who performs the fire watch? \_\_\_\_\_ How long? \_\_\_\_\_ hours
44. Will you or any subcontractor perform work below grade? Yes No  
 If "Yes", what is the: Maximum Depth \_\_\_\_\_ feet Percentage of operations \_\_\_\_\_%
45. Have you ever worked or will you or your employees work under US Longshoremen's and Harbor Workers Act or Jones Maritime Act? Yes No
46. Will you loan, rent, or lease equipment to others? Yes No  
 If "Yes", please explain including gross receipts, type of equipment, if rented with or without operator, contracts in place, etc.: \_\_\_\_\_
47. Do you use cranes? Yes No  
 Is this equipment owned? Yes No  
 If "Yes", provide equipment schedule including make, model, load capacity, and boom length for each item.  
 Do you rent cranes from others? Yes No  
 If "Yes", are they rented: with operators without operators  
 If rented "without operators", what are the qualification of your employee(s) who operate the crane(s)? \_\_\_\_\_  
 Do you obtain a hold harmless agreement in your favor from the crane company as well as additional insured status on the crane company's general liability policy? Yes No  
 Limits required? \_\_\_\_\_
48. Any current Wrap-up/OCIP projects? Yes No  
 Name of the carrier and type of project: \_\_\_\_\_
49. Do you have a formal written safety program implemented? Yes No  
 If "Yes", please provide a copy; if informal, please explain:  
 \_\_\_\_\_
50. Indicate the type of security used on a project: Lighting Fencing Watchman
51. Indicate the safety measures used for all jobs:  
 Sidewalk bridges  
 Toeboards or slide guards on all scaffolding  
 Toeboards or slide guards on all scaffolding

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Owner or Officer

Broker's Signature. \_\_\_\_\_ Date \_\_\_\_\_