

SUPPLEMENTAL APPLICATION

SUBMISSION CHECKLIST

PREMIER 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: PREMIERGL@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:

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