

MAIN SALES INSURANCE SOLUTIONS, INC.
General Contractors & Large Artisans
CONTRACTORS SUPPLEMENTAL APPLICATION

Applicant Name: _____

Website? _____

Mailing Address: _____

Location Address: _____

GENERAL INFORMATION

1. Applicant is a (% of each):
- | | |
|--|--|
| <input type="checkbox"/> General Contractor _____% | <input type="checkbox"/> Subcontractor _____% |
| <input type="checkbox"/> Developer _____% | <input type="checkbox"/> Const. Manager _____% |
| <input type="checkbox"/> Owner/Builder _____% | <input type="checkbox"/> Consultant _____% |

2. Describe all operations in detail: _____

3. Years in business under this name: _____

4. Years of experience in this field: _____
 Mandatory- Attach Resumes When Available

5. States/area of operations: _____

6. Contractor License Number: _____ Year license issued: _____

7. Have you operated under any other name or names? No Yes
 If "Yes," provide prior name and describe type of operations: _____

8. Total number of employees (including leased) _____

9. % of construction operations (Total = 100% for each question 1 & 2):

New construction _____%	Remodeling _____%	Other _____%
Commercial _____%	Residential _____%	

10. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums, Apartments, or Townhouses in the past 10 years? No Yes
 If "Yes," specify year(s), number(s) and location(s) : _____

CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

11. Indicate payrolls/costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Alarm Systems	\$	\$	Painting	\$	\$
Asbestos Removal	\$	\$	Paving – Driveways/Parking	\$	\$
Blasting	\$	\$	Paperhanging	\$	\$
Bridges/Elevated Roads	\$	\$	Plastering/Stucco	\$	\$
Carpentry	\$	\$	Plumbing	\$	\$
Communication Lines	\$	\$	Power Lines	\$	\$
Concrete	\$	\$	Process Piping	\$	\$
Debris Removal	\$	\$	Roofing	\$	\$
Demolition	\$	\$	Seismic Retrofitting	\$	\$
Drywall	\$	\$	Septic Tanks	\$	\$
Earthquake Repair	\$	\$	Sewer	\$	\$
Electrical	\$	\$	Sheet Metal Work	\$	\$
Excavation	\$	\$	Siding	\$	\$
Fire Proofing	\$	\$	Sprinklers	\$	\$
Fire/Damage Restoration	\$	\$	Steel/Ornamental	\$	\$
Gas/Water Mains	\$	\$	Steel/Structural	\$	\$
Grading	\$	\$	Street/Road Construction	\$	\$
HVAC	\$	\$	Street/Road Paving	\$	\$
Insulation	\$	\$	Supervisory	\$	\$
Landscaping	\$	\$	Swimming Pools	\$	\$
Lead Remediation	\$	\$	Tile/Stone/Marble	\$	\$
Masonry	\$	\$	Waterproofing	\$	\$
Mold/Spore Remediation	\$	\$	Water Damage Restoration	\$	\$
Oil or Gas Fields	\$	\$	Other:	\$	\$

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Equipment Rental to Others | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Landfills | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Boiler Inspection | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> Bldg – Raising or Moving | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Subways |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Tank Construction |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Tower Construction |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Tunnels |
| <input type="checkbox"/> Drilling | <input type="checkbox"/> Railway | <input type="checkbox"/> Waste & Reclamation |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Shoring/Underpinning | <input type="checkbox"/> Wrap-Ups – Participation In |

If checked, please describe work in detail:

PROJECTS/OPERATIONS INFORMATION

13. List all major projects completed within the past five years, including work in progress and planned projects (list project name, date, description, location, and cost) **OR** Attach a project list

What is the average dollar value of a completed project? _____

14. Please describe any types of projects that you have discontinued (i.e. no longer build, etc): _____
-
15. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? If "Yes," please explain: No Yes
16. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS) If "Yes," please explain: No Yes
-
17. Has your work involved or will it involve systems that provide medical life support or medical gas lines? If "Yes," please explain: No Yes
-
18. Any exterior work performed above two stories in height from grade? No Yes
 Maximum number of stories: _____ Percentage of Total Work: _____
19. Any work performed below grade? No Yes
 Maximum depth: _____ Percentage of Total Work: _____
20. Is scaffolding owned, rented, or erected? No Yes
 Are other contractors at job site allowed to use it? No Yes
21. Have you worked or will you or your employees work under USL&H or Jones Act? No Yes
22. Do you have a formal safety program in operation? No Yes
 Please explain and/or provide a copy: _____
23. Indicate the type of security used on a project: Fencing Lighting Watchman

SUBCONTRACTOR INFORMATION/RISK TRANSFER

24. Do you utilize A.I.A. standard contracts for all of your subcontractors? No Yes
25. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain: No Yes
-
26. Are Certificates of Insurance obtained from subcontractors? No Yes
 General Liability: _____
 Minimum Limits Required: _____
 Workers Compensation: No Yes
27. Are you named as an additional insured on all subcontractors' policies? No Yes
28. Do you ever use uninsured subcontractors? No Yes
29. Do you normally use the same subcontractors? No Yes

OTHER OPERATIONS

30. Do you draw any plans or blueprints used in your construction work? No Yes
 If "Yes," has Professional Liability Coverage been obtained? No Yes
 Limit of Liability: \$ _____
31. Do you own any vacant land (raw land with no developmental or improvement activity, held only for investment of possible development more than 12 months in the future. No buildings on the property)? No Yes
32. Do you own any real estate development property (land with improvements – streets, roads, or utilities, etc completed under construction)? No Yes
33. If "Yes," to either questions 31 or 32, is property zoned: Residential Commercial/Retail/Industrial/Other
 # of acres vacant land: _____ # of acres Real Estate Dev Prop: _____

34. Any other operations other than 'contracting'? No Yes
If "Yes," please describe: _____

35. Where Insured? _____

LOSS EXPERIENCE Check here if not applicable

36. Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

37. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? If "Yes," please explain: No Yes

38. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes," please explain: No Yes

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____