

# Commercial Insurance Supplemental

Advisor: \_\_\_\_\_

Applicant/Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_

Dbas: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owners/Partners/Officers:

Name	Title	% Ownership	Duties

Business Description:

## General Information

- 1) Gross Annualized Revenue: \$ \_\_\_\_\_
- 2) Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_
- 3) Employee's Payroll: \$ \_\_\_\_\_
- 4) Does applicant have any operations or ownership interest in any other company?  Yes  No
- 5) List the states where you currently operate, plan to operate or have operated in the past: \_\_\_\_\_  
\_\_\_\_\_
- 6) Has there been any construction defect claims or litigation pending in the past five years?  Yes  No
- a. If yes, please provide details: \_\_\_\_\_
- 7) Is there any current or past involvement with a wrap-up/OCIP?  Yes  No
- 8) Does applicant lease or loan equipment to others?  Yes  No
- 9) Is applicant a member of any trade association?  Yes  No
- a. If yes, list name(s): \_\_\_\_\_
- 10) Do you use subcontractors?  Yes  No
- (If yes, please complete questions a-i)
- a. Percentage of work subcontracted \_\_\_\_\_%
- b. Type of work subcontracted: \_\_\_\_\_
- c. Are subcontractors required to carry primary insurance limits equal to or greater than those of the applicant?  Yes  No
- d. Do you require subcontractors to be bonded?  Yes  No
- e. Do all subcontractors provide Certificates of Insurance?  Yes  No
- f. Is applicant named as Additional Insured on Certificates of Insurance?  Yes  No
- g. Do subcontractors hold applicant harmless in contract?  Yes  No

h. Is there a Diary System in place to track expiration dates of Certificates of Insurance?  Yes  No

i. Do you use a sub-contract agreement? (If yes, please upload a copy)  Yes  No

11) What percentage of your work is done as:

a. General contractor: \_\_\_\_\_%

b. Subcontractor: \_\_\_\_\_%

12) Do you work as a construction manager?  Yes  No

13) List the percentage of work completed or plan to do in the following categories:

Commercial	%	New Construction	%
Residential (including apartments, condominiums, hotels, etc.)	%	Remodeling	%
Industrial	%	Servicing/Repair	%
Single Family	%		

14) Does applicant require pre-hire physicals, drug screening, MVR review?  Yes  No

15) Does applicant hold safety meetings?  Yes  No

a. How often?

b. Are managers and employees required to attend?  Yes  No

c. Are attendance records kept?  Yes  No

# Concrete Contractors Supplemental

Applicant/Insured: \_\_\_\_\_

1. If applicant performs construction work involving any of the following, please give percentages below.

Airport runway or warming apron construction or repair	%
Asphalt and blacktop work	%
Bridge or elevated highway	%
Caisson or dam work	%
Concrete pouring for foundations	%
Concrete pumping operations	%
Development site preparation (including rough and finish grading)	%
Foundation design	%
Foundation excavation	%
Foundation form construction	%
Foundation pier drilling	%
Industrial & chemical waste collection or sedimentation pond construction	%
Masonry construction	%
Plastering or Stucco Operations	%
Pre-stressed structural concrete	%
Ready-mix operations, concrete or cement hauling for others	%
Retaining wall construction	%
Sand and gravel hauling for others	%
Site preparation (including rough and finish grading)	%
Soil compaction	%
Soil stabilization	%
Street or road construction	%
Stucco work (including EIFS)	%
Subway or tunnel construction	%
Swimming pool construction	%
Tilt-slab or tilt-up work in excess of 50 feet in height	%

2. Does the insured contact locate services and/or the area utility owners prior to all excavation work to locate underground hazards? Yes    No

Does the insured keep records of calls and diary of re-locates? Yes    No

What locate services do you use to identify underground exposures? \_\_\_\_\_

\_\_\_\_\_

Does insured use either still or video cameras to document locate lines prior to digging? Yes    No

List any additional steps the insured uses to avoid underground hazards: \_\_\_\_\_

\_\_\_\_\_

# Excavation Supplemental

Applicant/Insured: \_\_\_\_\_

1. List the percentage of work the applicant has done or plans to do in the following categories.

Grading of Land	_____ %
Excavation Work	_____ %
Landscape Work	_____ %
Sewer and Water Construction	_____ %
Street and Road Construction	_____ %
Landfill Construction	_____ %
Underground Tank Removal	_____ %
Irrigation or Drainage System Construction	_____ %

2. Is the applicant involved in any of the following operations?

Flood control prevention work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Garbage or refuse dumps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hauling underground storage tanks or contaminated soil	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Landfill operations, construction or closure operations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Local trucking for hire	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
On-site waste treatment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Operations conducted in an oil field	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Levee or breakwater construction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pile driving for structure foundation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Telephone, telegraph or cable line construction involving overhead exposures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Underground storage tank removal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Equipment rental with operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Equipment rental without operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nighttime operations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Site preparation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Soil compaction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Soil stabilization	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Concrete pouring for foundations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation design	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation form construction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation pier hole drilling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3. Does the applicant keep records of calls and diary of re-locates?  Yes  No

4. What locate services do you use to identify underground exposures? \_\_\_\_\_  
 \_\_\_\_\_

5. Does applicant use either still or video cameras to document locate lines prior to digging?  Yes  No

6. List any additional steps the applicant uses to avoid underground hazards: \_\_\_\_\_  
\_\_\_\_\_

7. What measures are taken to protect the general public from the applicant's activities? \_\_\_\_\_  
\_\_\_\_\_

8. Is the applicant responsible for having a surveyor inspect the land prior to performing work for a client?  Yes  No

9. What is the average experience level of equipment operators? \_\_\_\_\_ Years  
(Average years of experience per individual operator)

10. How does the applicant verify that the land has been graded properly: \_\_\_\_\_  
\_\_\_\_\_

11. Is construction equipment transported by the applicant to the work sites with company vehicles or are public carriers used?

Company Vehicles

Public Carriers

Both

# Utility, Water/Sewer Supplemental

Applicant/Insured: \_\_\_\_\_

1. List the percentage of work the applicant has done or plans to do in the following categories.

Excavation	%
Conduit construction for cables and wires	%
Gas mains or connections construction	%
Telephone, telegraph or cable television line construction (underground only)	%
Water mains or connections construction	%
Utility line inspections and crack sealing operations	%
Sewer/manhole rehabilitation	%

2. Is the applicant involved in any of the following operations?

Flood prevention work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Garbage or refuse dumps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hauling underground storage tanks or contaminated soil	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Landfill operations, construction or closure operations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Local trucking for hire	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
On-site waste treatment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Operations conducted in an oil or natural gas producing field	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Septic systems installation, service or repair	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Underground storage tank removal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Utility locating companies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Equipment rental with or without operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nighttime operations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Waste or waste water treatment plant construction, including piping work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Site Preparation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Soil compaction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Soil stabilization	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Concrete pouring for foundations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation pier hole drilling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation design	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation form construction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation excavation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3. Does the insured keep records of calls and diary of re-locates?  Yes  No

4. What locate services do you use to identify underground exposures? \_\_\_\_\_  
 \_\_\_\_\_

5. Does insured use either still or video cameras to document locate lines prior to digging?  Yes  No

6. List any additional steps the insured uses to avoid underground hazards: \_\_\_\_\_  
\_\_\_\_\_

7. List the type of traffic control device used: \_\_\_\_\_  
\_\_\_\_\_

8. Is 24-hour emergency repair service provided?  Yes  No

9. Has the applicant ever caused an interruption of utility service?  Yes  No  
What utility service? \_\_\_\_\_  
How long was the duration of the outage? (hours) \_\_\_\_\_  
What was the cause and cost of the loss? \_\_\_\_\_  
\_\_\_\_\_

10. List the type of trench collapse protection used: \_\_\_\_\_  
\_\_\_\_\_

11. Maximum diameter of pipeline installed: \_\_\_\_\_  
Maximum PSI rating: \_\_\_\_\_



# Supplemental – Mechanical, Air Conditioning and Plumbing

Applicant/Insured: \_\_\_\_\_

1. Provide the percentage of work the applicant has done or plans to do in the following categories:

HVAC	_____	%
Plumbing	_____	%
Process Piping	_____	%
Sheet Metal	_____	%
Refrigeration	_____	%

2. Provide the percentage of work performed by the applicant in the following categories:

	% New Construction	% Retrofit/ Rehabilitation	% Service & Maintenance
Office Buildings			
School Buildings			
Hospitals			
Industrial & Manufacturing			
Commercial Buildings (retail, distribution bldg, etc.)			

3. Provide the percentage of process piping work the applicant performs in the following industries:

Commercial plumbing/sewer	_____	%	Automotive Manufacturing	_____	%
Prisons	_____	%	Steel mills	_____	%
Food/beverage processing	_____	%	Industrial chemical/gas manufacturing	_____	%
Pharmaceutical	_____	%	Gas/electric utilities	_____	%
Semiconductor manufacturing	_____	%	Hospital & medical gas systems	_____	%
General industrial (printing, chilled water, compressed air, firewater)	_____	%	Wastewater treatment plants	_____	%
Petrochemical/oil refineries	_____	%	Other:	_____	%

4. Provide the percentage for each type of work the applicant has done or plans to do in the following categories:

Ammonia Refrigeration System Installation/Maintenance/Repair	_____	%
High Pressure Boiler Inspection/Maintenance/Repair	_____	%
Liquefied Petroleum Gas (LPG) Systems Installation/Service/Repair	_____	%
Machinery/Equipment Installation or Repair (Millwright)	_____	%
Roofing/Siding/Decking work	_____	%
Solar Energy work	_____	%
Piping Insulation work	_____	%
Industrial Furnace work	_____	%
Sheet Metal Installation	_____	%

Fire Sprinkler/Suppression	_____ %
Underground Utility work	_____ %
Fabrication of Architectural sheet metal	_____ %
Fabrication of Industrial sheet metal	_____ %
Fabrication of Kitchen equipment	_____ %
Fabrication of other steel products	_____ %
Fire Sprinkler/Suppression	_____ %
Underground Utility work	_____ %
Septic Tank Installation/Service/Repair	_____ %

5. Does the applicant offer 24-hour emergency repair service?  Yes  No

# Supplemental – Street, Road and Bridge Contractors

Applicant/Insured: \_\_\_\_\_

1. Provide the percentage of work the applicant has done or plans to do in the following categories:

Street/road construction or reconstruction, including clearing of right-of-way	_____ %
Excavation, filing or grading (i.e., site preparation)	_____ %
Street/road paving, repaving or surfacing, including street/road striping	_____ %
Bridge or elevated highway construction – iron/steel or concrete	_____ %
Asphalt works	_____ %

2. Does the application contact locate services and the area utility owners that are not locate services prior to all excavation work?  Yes  No

3. Does the applicant keep records of calls and diary for re-locates?  Yes  No

4. What locate service is used to identify underground hazards?  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Does the applicant use either still or video cameras to document locate lines prior to digging?  Yes  No

6. What additional steps are taken to avoid underground hazards? \_\_\_\_\_  
 \_\_\_\_\_

7. Is the applicant involved in any of the following operations?

Flood control prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Garbage or refuse dumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guardrail installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hauling underground storage tanks or contaminated soil	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landfill operations, construction or closure operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Levee or breakwater construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On-site waste treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pile driving for structure foundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone or cable line construction involving overhead exposures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underground storage tank removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment rental with operator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment rental without operator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nighttime operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste treatment plant construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site preparation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Soil compaction  
Soil stabilization  
Concrete pouring for foundations  
Foundation design  
Foundation form construction  
Foundation pier hole drilling

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

8. Describe the qualifications for heavy equipment operators: \_\_\_\_\_

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9. When performing overhead operations or using tall equipment, is the power company consulted when de-energizing overhead lines?  Yes  No

10. Is there a formal job site traffic control program which provides instruction for proper use of sign, signals, barricades, lighting, flaggers and worker protection?  Yes  No

11. Is there a safety incentive program? If yes, please describe.  Yes  No

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12. Describe the maintenance of heavy equipment: \_\_\_\_\_

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13. Is oil and debris regularly removed by washing equipment?  Yes  No

14. When equipment is not in use, how is it secured and protected from theft and vandalism?

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15. Are all backing alarms in place and operating on mobile equipment?  Yes  No

# Roofing Contractors Supplemental

Applicant/Insured: \_\_\_\_\_

1. List percentages of work the applicant has done or plans to do in the following categories.

**Residential:**

Pitched Roofs \_\_\_\_\_ % New    \_\_\_\_\_ % Remodel    \_\_\_\_\_ % Service/Repair  
 Flat Roofs \_\_\_\_\_ % New    \_\_\_\_\_ % Remodel    \_\_\_\_\_ % Service/Repair

**Commercial:**

Pitched Roofs \_\_\_\_\_ % New    \_\_\_\_\_ % Remodel    \_\_\_\_\_ % Service/Repair  
 Flat Roofs \_\_\_\_\_ % New    \_\_\_\_\_ % Remodel    \_\_\_\_\_ % Service/Repair

2. Select the type of roofing work done and provide percentages.

**Residential:**

<input type="checkbox"/> Hot Tar	_____ %	<input type="checkbox"/> Tile	_____ %
<input type="checkbox"/> Shingles	_____ %	<input type="checkbox"/> Slate	_____ %
<input type="checkbox"/> Metal	_____ %	<input type="checkbox"/> Single Ply	_____ %
<input type="checkbox"/> Other (describe)	_____ %	_____	

**Commercial:**

<input type="checkbox"/> Hot Tar	_____ %	<input type="checkbox"/> Tile	_____ %
<input type="checkbox"/> Shingles	_____ %	<input type="checkbox"/> PVC	_____ %
<input type="checkbox"/> Metal	_____ %	<input type="checkbox"/> Single Ply	_____ %
<input type="checkbox"/> Built Up	_____ %	<input type="checkbox"/> CPDM	_____ %
<input type="checkbox"/> Other (describe)	_____ %	_____	

3. If Hot Tar or Torch work is used, explain the process and what safety precautions are in place:

\_\_\_\_\_

\_\_\_\_\_

4. What is the average height of buildings the applicant works on? \_\_\_\_\_ (Stories)

5. What is the highest building the applicant will work on? \_\_\_\_\_ (Stories)

6. Where is trash/waste/scrap disposed? \_\_\_\_\_

7. List any roofing/builder associations in which the applicant is a member of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If applicant has ever used, sold, installed or worked with asbestos, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Select how materials are transported on to the roof.

- Ladder
- Hoist
- Other: \_\_\_\_\_

- Pulley
- Crane

\_\_\_\_\_

10. How are openings in the roof protected overnight and when inclement weather occurs?

- Tarp
- Waterproof Plywood
- Never leave openings
- Other: \_\_\_\_\_

\_\_\_\_\_

11. What safety precautions are taken when inclement weather conditions occur while on the job?

- Leave Job Immediately
- Never Start Job
- Continue Working
- Other: \_\_\_\_\_

\_\_\_\_\_

**SUBMIT FORM VIA EMAIL**