



Contractor's Insurance Application

Named Insured:

Address:

City:

State:

Zip Code:

Phone Number:

Email:

List all Named Insureds and operations of each

Is or has Insured been involved in any joint ventures or partnerships not described in the question above?

Yes Please explain

No

General Business Information

Number of years in business

What is your federal tax id #

Percentage of Operations as:

General/Prime Contractor:

Sub-Contractor:

Owner/Builder:

Describe the types of projects in which the Insured specializes and other projects performed in the last five years:

Does the Insured do any work over two stories in height from grade?

Yes

No

If yes, what is the maximum number of stories:

Percentage of work:

Does the Insured have any operations other than the contracting?

Yes

No

If yes, please explain

Indicate the anticipated percentage of construction work over the next twelve months to be performed by the insured using percentage of payroll under "Direct" and percentage of contract costs under "Subbed" as the basis

Work	Direct	Subbed	Work	Direct	Subbed	Work	Direct	Subbed
Street Sweeping			Grading			Roofing		
Blasting			Insulation			Sewer (Main)		
Snow Plow			Lead (Paint)			Steel Metal		
Carpentry			Maintenance			Steel (Other)		
Concrete			Masonry			Street & Roads		
Demolition			Mechanical			Supervisory (Only)		
Drilling			Painting			Water/Gas Mains		
Electrical			Plastering			Site Work		
Excavating			Plumbing			Miling/Paving		
Landscaping			Curb & Sidewalks			Line Striping		

Does the Insured do any work below grade: Yes No

If yes, Maximum depth: Percentage of total work:

Estimated Annual Direct Payroll for 16-17:

Sub-Contract Costs for 16-17: Receipts for 16-17:

Prior Years:

	2016	2015	2014	2013	2012	2011
Direct Payroll						
Gross Receipts						

Indicate the percentage of construction work performed by the Insured:

New Construction: Commercial: Inside Building:

Remodeling: Residential: Outside Building:

Other: Describe:

List each state that the insured anticipated working in over the next year and percentage of receipts

State	Percentage	State	Percentage	State	Percentage

Is there a general contract between Insured and project owner: Yes No

If no, please explain

Are subcontractor agreements required for all subcontractors? Yes No

Yes, please provide a copy of subcontract agreement

No, please explain

Loss Control

Does the account have a job site Loss Control Program with the following provisions?

Written L.C. Program	Yes	No
Pre-Planning Meeting	Yes	No
Safety Meeting Attendance Documents	Yes	No
Site Safety Inspection Check List	Yes	No
Non-Compliance notice, Safety violation, public safety hazards	Yes	No
Accident Reporting System	Yes	No
"Right to Know" MSDS sheets on site, training sessions	Yes	No

Automobile

Are company vehicles taken home by employees in the evening? Yes No

What is the insureds policy regarding personal and family use of company vehicles

Do they Motor Vehicles Records on prospective employees and then annually?

Yes No

What other criteria does the insured have for selecting new drivers? (e.g. written tests)

Does insured have specific criteria to determine acceptable/unacceptable driving method?

Yes No Explain

How does the insured handle employees with unacceptable driving records i.e. driving privileges, written warning, probationary period, etc.?

Please include the following items when returning this application

Copy of current subcontract agreement including insurance & indemnification requirements

Copy of index page (Table of Content) of the written safety program

A list of additional interests for Property

A list of all office employees and their functions

5 years currently valued, hard copy loss runs with details of all claims \$25,000 or more

Current audited financial statements

A current work on hand schedule, including start & anticipated completion dates, contract costs, location of projects, description of work being performed and percentage of work completed

Major projects completed within the last five years

If automobile coverage has been submitted:

MVRs for ALL drivers of company vehicles

Legible copies of registrations for all NY vehicles

Signature of Producer

Date

Signature of Applicant
Principle Officer

Date