



**Evanston Insurance Company
 Markel American Insurance Company
 Markel Insurance Company**

CONTRACTOR'S SUPPLEMENTAL APPLICATION

General Contractor/Artisan Contractor

(To be attached to ACORD applications)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

1. Time in business: _____ Years of experience: _____
 Licensed? Yes No Year of license: _____ License #: _____ Kind of License: _____
 Any previous/current license in another other state? Yes No If so, list state(s): _____

2. Percentage of Operations: General Contractor _____% Developer _____%
 Subcontractor _____% With Penalty Clause _____%
 Construction Manager _____% (for a fee only)

3. Are there any other operations owned, operated, or managed by you? Yes No
 Please explain: _____

Is coverage in place elsewhere for these operations? Yes No

4. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? Yes No
 Please explain: _____

5. Radius of operations from main location: _____ States worked in: _____

6. Payroll of owners, officer, and partners active at job sites or performing supervisory duties \$ _____
 Payroll of employees other than owners, officers, partners, and clerical \$ _____
 Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
 Total payroll \$ _____

7. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? Yes No

8. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? Yes No
 Please explain: _____

9. List the percentage of work you have done or plan to do in the following categories:
 Overall operations: Commercial _____% Public Works _____% Residential _____%
 Other (explain) _____%

Commercial: New ____% or Remodel ____%	Residential: New ____% or Remodel ____%
Industrial	Apartment
Institutional	Condominiums/Townhouses
Mercantile	Custom Homes
Office	Tract Homes
Remodeling – Structural	Remodeling – Structural
Remodeling – Nonstructural	Remodeling – Nonstructural
Other:	Other:
Have you ever been or are currently involved in any residential project exceeding twenty (20) homes/units? <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. SUBCONTRACTORS

- Do you obtain Certificates of Insurance for GL and WC from all subcontractors? Yes No
- What are the minimum General Liability limits you require? _____
- Are written contracts obtained from all subcontractors Yes No
- Do all contracts contain a Hold Harmless clause in your favor? Yes No
- Are you named as an Additional Insured on all subcontractor policies? Yes No
- Do you normally use the same subcontractors? Yes No
- Do you use any casual labor? Yes No
- Do you use any leased employees? *If yes, provide copy of contract* Yes No
- Are you responsible for providing benefits, Worker's Compensation for these employees? Yes No
- What percentage of your work do you sub out? _____%
- Do you carry Worker's Compensation insurance? Yes No

11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5 th prior year	\$	\$	\$
4 th prior year	\$	\$	\$
3 rd prior year	\$	\$	\$
2 nd prior year	\$	\$	\$
Last year	\$	\$	\$
Projected next 12 months	\$	\$	\$

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	
	\$	

14. Please provide the dollar value of an average completed job (including all materials, equipment, and labor):\$ _____

15. How many additional insured endorsements do you anticipate needing in the next year? _____

16. Is there any equipment rental to others? Yes No

If yes, sales/receipts: \$ _____

List equipment: _____

Attach a copy of the contract.

17. Do you lease mobile equipment? Yes No With operators? Yes No

Type of equipment: _____

Do you use cranes? Yes No Maximum length of boom: _____

18. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes No

19. Do you use explosives? Yes No

If yes, please explain: _____

20. Any flammables stored on site? Yes No In approved containers? Yes No

If yes, please explain: _____

21. Have you done or do you plan any work performed for:

Refineries Yes No Gas Stations Yes No

Chemical Plants Yes No Airports Yes No

Railroads Yes No Hospitals Yes No

Public Utilities Yes No

Please explain: _____

22. Have you done or do you plan any project involving:

Caissons Yes No Piers Yes No

Retaining Walls Yes No Shoring Yes No

Underpinning Yes No Other structural engineering? Yes No

Please explain: _____

23. Have you in the past or do you plan any work to be above two stories in height? Yes No

Percentage: _____% What is the maximum height? _____

Please explain: _____

24. Have you in the past or do you plan any work to be performed below ground level? Yes No

Percentage: _____% What is the maximum depth? _____

Please explain: _____

25. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? Yes No

Maximum degree of slope: _____

26. Have you in the past or do you plan any repair, replace or new roofs? Yes No

Percentage of heat applications: _____% Percentage of membrane roofing: _____%

Please explain: _____

27. In the past three years, have you been fired or replaced on a job in progress? Yes No

Have you replaced another contractor on a job in progress? Yes No

Please explain: _____

Were there any claims, losses, or suits against you in the past five years? Yes No

Are there any claims or legal actions pending against any of the entities named in the application?
 Yes No

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action?
 Yes No

Have you been accused of faulty construction in the past five years? Yes No

Have you been accused of breaching a contract in the past five years? Yes No

28. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
	\$	%	\$	%	
Abatement/Asbestos, Lead, Environmental Cleanup	\$	%	\$	%	
Air Conditioning/Heating	\$	%	\$	%	
Alarm Systems	\$	%	\$	%	
Blasting	\$	%	\$	%	
Boiler Installation	\$	%	\$	%	
Caisson or Cofferdam Work/Dam	\$	%	\$	%	
Carpentry – Dwellings	\$	%	\$	%	
Carpentry – Interior	\$	%	\$	%	
Carpentry – Other	\$	%	\$	%	
Concrete Construction/Repair – Driveways, Sidewalks or Parking Areas	\$	%	\$	%	
Concrete Construction/Repair – Foundations, Flat Work / Tiltup Work	\$	%	\$	%	
Drilling	\$	%	\$	%	
Drywall/Wallboard Installation	\$	%	\$	%	
Earthquake Reinforcement	\$	%	\$	%	
Electrical Work – Within Buildings	\$	%	\$	%	
Electrical Work – Other	\$	%	\$	%	
Escalator/Elevator – Install, Maintenance, Repair	\$	%	\$	%	
Excavating/Grading of Land	\$	%	\$	%	
Fireproofing	\$	%	\$	%	
Gas Mains/LPG Work	\$	%	\$	%	
Gas Pumps	\$	%	\$	%	
Insulation	\$	%	\$	%	
Masonry – (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%	
Mechanical	\$	%	\$	%	
Millwright/Industrial Machinery	\$	%	\$	%	
Painting	\$	%	\$	%	
Plastering	\$	%	\$	%	
Playground Equipment – Maintenance or Repair	\$	%	\$	%	

Pile Driving	\$	%	\$	%	
Plumbing – Residential	\$	%	\$	%	
Plumbing – Commercial	\$	%	\$	%	
Road, Highway, Bridge, Overpass	\$	%	\$	%	
Roofing – Residential	\$	%	\$	%	
Roofing – Commercial	\$	%	\$	%	
Seismic Work/Repair Describe:	\$	%	\$	%	
Sewer/Water Mains	\$	%	\$	%	
Sprinkler Installation (Buildings)	\$	%	\$	%	
Steel – Ornamental	\$	%	\$	%	
Steel – Structural	\$	%	\$	%	
Supervisory Only	\$	%	\$	%	
Swimming Pool Construction	\$	%	\$	%	
Traffic Signals/Controls Describe:	\$	%	\$	%	
Tunneling	\$	%	\$	%	
Underground Tank Removal/Installation	\$	%	\$	%	
Waterproofing	\$	%	\$	%	
Wrecking/Demolition	\$	%	\$	%	

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warning: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Name of Applicant

Title

Signature of Applicant

Date