

CONTRACTORS

SUPPLEMENTAL APPLICATION

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

Applicant Name: Primary Office:		I. GEN	NERAL	INFORM	NOITAN		
1. Estimated Gross Receipts for Next 12 months: 2. Payroll \$: 3. Sub-Contract Costs \$: 4. Years in business under current name: 5. Describe your operations: (Attach additional documents if necessary) 6. States in which you do business: 7. Indicate what % of your operations are generated from each of the following (must total 100%): % Residential % Commercial % Government/Public Works 8. If Residential Operations indicate above, please provide the following (must total 100%): % Condominiums % Tract Housing % Single Family/Townhomes % Apartments 9. Please complete the below based on projected percentage of construction work you perform.	Ent Prii Ad	ntity Name: rimary Office: ddress: City:			te:	Telephone No.:	
 2. Payroll \$: 3. Sub-Contract Costs \$: 4. Years in business under current name: 5. Describe your operations: (Attach additional documents if necessary) 6. States in which you do business: 7. Indicate what % of your operations are generated from each of the following (must total 100%): % Residential % Commercial % Government/Public Works 8. If Residential Operations indicate above, please provide the following (must total 100%): % Condominiums % Tract Housing % Single Family/Townhomes % Apartments 9. Please complete the below based on projected percentage of construction work you perform. 		II.	OPER/	ATIONS			
 Indicate what % of your operations are generated from each of the following (must total 100%): Residential Commercial Government/Public Works If Residential Operations indicate above, please provide the following (must total 100%): Condominiums Single Family/Townhomes Apartments Please complete the below based on projected percentage of construction work you perform. 	2. 3. 4.	Payroll \$: Sub-Contract Costs \$: Years in business under current name:	nts if neces	ssary)			
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% Single Family/Townhomes % Apartments 9. Please complete the below based on projected percentage of construction work you perform.	8.	. If Residential Operations indicate above, please $\boldsymbol{\mu}$	orovide t	he followi	ng (must t	otal 100%):	
Please use the % of payroll for direct and % of sub-costs for subcontractors.	9.	% Single Family/Townhomes Please complete the below based on projected p	% percentag	Apartm ge of cons	ents truction we	ork you perform.	
		Please use the % of payroll for direct and % of su	ıb-costs	tor subcor	ntractors.		

Type of Work	% Direct	% Sub	Type of Work	% Direct	% Sub	Type of Work	% Direct	% Sub
Blasting/Drilling			Electrical			Plumbing		
Bridge Building			Excavation			Roofing		
Carpentry			Grading			Sewer/Water/Gas Mains		
Concrete			HVAC			Steel		
Demolition			Masonry			Street/Road		
Drywall/ Plastering			Painting			Other(Describe)		

	r 5 largest curi	rent or recent pro	ojects:			
Please list you	r historic rece	ipts for the past 4	1 years			
1st Prior Year	Gross Receipt	s \$:				
2nd Prior Year	Gross Receip	ts \$:				
3rd Prior Year	Gross Receipt	ts \$:				
4th Prior Year	Gross Receipt	ts \$:				
ROJECTED E	QUIPMENT	Г				
# of Private Passenger	# of Light Trucks	# of Medium Trucks	# of Heavy Trucks	# of Extra Heavy Trucks	# of Extra Heavy Truck-	# of Trailers
l ussenger	(0-10,000)	(10,001-20,000)	(20,001-45,000)	(45,000+)	Tractors (45,000+)	Trailers
iross Vehicle W	eight in Poun	ds				
iross Vehicle W	_					
. SUBCONT	RACTED E	XPOSURES	uire a written cont	tract		
7. SUBCONT	TRACTED E X	XPOSURES	uire a written cont ork?	tract YES	5 NO	
7. SUBCONT	TRACTED Expoys subcontractors processing the contractors processing the contractors of th	XPOSURES tors, do you requ ior to starting wo		tract YES	5 NO	
 SUBCON1 If you employ from all subole Does the co 	rract include	XPOSURES tors, do you requ ior to starting wo	ork?	tract YES		
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	AUTHORIZATION and SIGNATURE supplemental application is true and that no material facts have
been suppressed or misstated. The applicant understands and	acknowledges that the information contained in the application
is deemed material and that any policy issued by the Company representations. This applicant understands that incorrect inforr	ns done so in reliance upon the truth of the applicant's mation could void coverage.
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Signature:	Date: