



## I. GENERAL INFORMATION

ZIP:

## II. OPERATIONS

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)		

10. Please list your 5 largest current or recent projects:

- 1.
- 2.
- 3.
- 4.
- 5.

11. Please list your historic receipts for the past 4 years

1st Prior Year Gross Receipts \$:  
2nd Prior Year Gross Receipts \$:  
3rd Prior Year Gross Receipts \$:  
4th Prior Year Gross Receipts \$:

PROJECTED EQUIPMENT

# of Private Passenger	# of Light Trucks (0-10,000)	# of Medium Trucks (10,001-20,000)	# of Heavy Trucks (20,001-45,000)	# of Extra Heavy Trucks (45,000+)	# of Extra Heavy Truck-Tractors (45,000+)	# of Trailers

\*Gross Vehicle Weight in Pounds

IV. SUBCONTRACTED EXPOSURES

1. If you employ subcontractors, do you require a written contract from all subcontractors prior to starting work?

YES

NO
2. Does the contract include the following:

Hold Harmless and Indemnification in favor of you:

YES

NO

Waiver of Subrogation in favor of you:

YES

NO

Primary and Non-Contributory in favor of you:

YES

NO

You named as Additional Insured on the subcontractor’s GL policy:

YES

NO
3. Do you obtain Certificates of Insurance from all subcontractors prior to starting work?

YES

NO
4. What Limits of Insurance are required?
5. What work is being subbed out? (Describe)

**ACKNOWLEDGEMENTS, AUTHORIZATION and SIGNATURE**

This applicant declares that the information contained in this 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 is done so in reliance upon the truth of the applicant's representations. This applicant understands that incorrect information could void coverage.

Signature: _____	Date: _____
Printed Name: _____	Title/Position (Officer, Partner, etc): _____