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CONTRACTOR'S SUPPLEMENTAL APPLICATION

(REQUIRED IN ADDITION TO AN ACORD COMMERCIAL INSURANCE APPLICATION AND CGL SECTION)

1. Applicant(s) to be covered: _____

(Please list all entities seeking coverage – with description of relationship/ownership and operations of each entity – use additional sheet if necessary)

2. Address: _____ States in which you operate: _____

3. Length of time in business: _____ Years * Are you licensed? Yes ☐ No ☐ Contractors License # _____
*If this is a new operation, please provide details on prior experience of owners: _____

4. Do any prior operations differ substantially in nature from current operations? Yes ☐ No ☐
Please explain _____

5. Expiring CGL Carrier: _____ Premium: _____ Ded/SIR: _____ Rate: _____

6. What percentage of your work is: (each line must add to 100%)

Residential/habitational (Residential includes Apartments)	Commercial	Industrial	Public works/ government	Total
%	%	%	%	= 100%

New Construction	Structural remodel/additions	Non-structural remodels	Total
%	%	%	= 100%

Interior work (inside structures)	Exterior work (outside structures)	Total
%	%	= 100%

General contractor	Construction manager	Developer / spec builder	Artisan contractor	Total
%	%	%	%	= 100%

7. Do you use subcontractors? Yes ☐ No ☐ If **YES**, complete the following
- a. Percentage of your work subcontracted _____% Annual costs \$ _____
Note: costs to include both costs of subcontracted labor and materials.
- b. List the trades of the subcontractors you use and give the percentage of your work they perform:
_____% _____% _____%
_____% _____% _____%
- c. Are Certificates obtained from subcontractors before you allow them on the job site? Yes ☐ No ☐
What minimum General Liability limit is required? (occurrence/aggregate) \$ _____
- d. Do you always require subcontractors to name you as an additional insured? Yes ☐ No ☐
- e. Do you have a standard formal written contract with subcontractors? Yes ☐ No ☐
If yes, does it have a hold harmless / indemnification agreement in your favor? Yes ☐ No ☐
- f. How long do you maintain records of the above documents? _____
- g. Name and position of Insured's contact person responsible for managing the collection and verification of Additional Insured Endorsements, signed Hold-Harmless agreements and Certificates of Insurance received from the subcontractors: _____

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

9. Gross receipts, Subbed Costs (include both costs of subcontracted labor and materials) and Payroll for the next 12 months and last 5 years

	Receipts	Subbed Costs	Payroll
Next 12 months:			
Last 12 months:			
2 nd year prior			

	Receipts	Subbed Costs	Payroll
3 rd year prior			
4 th year prior			
5 th year prior			

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

11. Describe your two largest projects currently underway or planned for the next year, including total contract cost:

Start date	End date	Total Contract Costs	Type/Description of Job

12. Describe your five largest projects over the past five years, including total contract costs

Year Completed	Total Contract Costs	Type/Description of Job

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

14. Do you own vacant land, real estate development property, or model homes? Yes ☐ No ☐
Description _____

15. a. How many new homes will you build as a general contractor in the next year? _____
b. What is the greatest number of new homes you have built in any one year? _____

16. Note: the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc.
Have you performed, or will you perform work involving, related to **CONSTRUCTION**, or about the premises of:

		Remodel/ repairs	New construction
a.	Condominiums, townhouses or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Assisted living facilities, retirement homes, military housing, student housing, or any other multi unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details(including the names of the general contractors, number of homes per annual period, number of homes per location/project you will do work for/on) for any "yes" responses:

17. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)? Yes ☐ No ☐
Maximum degree of slope? _____ Description _____

18. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes ☐ No ☐
Description _____
If retaining walls have been or will be built, maximum height _____ ft.

19. Do you or have you performed repairs of fire damage, water damage, or mold damage? Yes ☐ No ☐
Percentage of operations? _____% Describe _____

20. Do you perform work above two stories in height (other than interior remodeling)? Yes ☐ No ☐
If so, what percentage? _____% Maximum height _____ ft
Description _____

21. Do you perform any work below ground level? Yes ☐ No ☐
If so, what percentage? _____% Maximum depth _____ ft
Description _____

22. Have you or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes ☐ No ☐
Description _____

23. a. Have you or will you work as a construction manager for a fee? Yes ☐ No ☐
b. Have you or will you supervise contractors paid by a different entity? Yes ☐ No ☐
If yes, please describe; _____

24. In the past 3 years have you been fired or replaced on a job in progress? Yes ☐ No ☐

25. Note: the following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal actions" includes lawsuits, mediation, and arbitration. Explain any "yes" answers below:

- a. Have there been losses, claims or legal actions against you in the past 5 years? Yes ☐ No ☐
- b. Are there any claims or legal actions pending against any of the entities named in the application? Yes ☐ No ☐
- c. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any entity? Yes ☐ No ☐
- d. Have you been accused of faulty construction in the past 5 years? Yes ☐ No ☐
- e. Have you been accused of breaching a contract in the past 5 years? Yes ☐ No ☐

26. For each of the following activities check:

Yes : if you have or will perform, supervise, or subcontract that activity

No: if you have never performed, supervised, or subcontracted that activity and have no plans to do so.

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| a. Demolition | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b. LPG work | <input type="checkbox"/> | <input type="checkbox"/> | k. process piping | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Seismic retrofitting | <input type="checkbox"/> | <input type="checkbox"/> | l. swimming pool construction | <input type="checkbox"/> | <input type="checkbox"/> |
| d. elevator or escalator work | <input type="checkbox"/> | <input type="checkbox"/> | m. bridge construction | <input type="checkbox"/> | <input type="checkbox"/> |
| e. boiler installation/repair | <input type="checkbox"/> | <input type="checkbox"/> | n. underground tank removal, repair, or installation | <input type="checkbox"/> | <input type="checkbox"/> |
| f. industrial machinery repair or installation (millwright work) | <input type="checkbox"/> | <input type="checkbox"/> | o. work on gas lines or pumps | <input type="checkbox"/> | <input type="checkbox"/> |
| g. use of cranes | <input type="checkbox"/> | <input type="checkbox"/> | p. asbestos or lead abatement | <input type="checkbox"/> | <input type="checkbox"/> |
| h. rental of equipment to others | <input type="checkbox"/> | <input type="checkbox"/> | q. environmental cleanup | <input type="checkbox"/> | <input type="checkbox"/> |
| i. EIFS work (exterior finish insulation system or similar products). | <input type="checkbox"/> | <input type="checkbox"/> | r. dam or levee work | <input type="checkbox"/> | <input type="checkbox"/> |
| j. playground equipment install/repair | <input type="checkbox"/> | <input type="checkbox"/> | s. roofing – installation or repairs | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers below and state whether performed by insured or subcontracted:

NOTE : 5 YEARS of currently valued (within the last 3 months) CARRIER LOSS RUNS must be attached.
7 YEARS of currently valued (within the last 3 months) CARRIER LOSS RUNS must be attached if the applicant in the past 10 years, present policy period or upcoming policy period, has or will have any work involving new construction activities for multi-unit RESIDENTIAL PROJECTS including apartments, condominium, townhouses, tract home subdivisions or master planned residential communities in the Following States: CALIFORNIA, ALASKA, HAWAII, IDAHO, MONTANA, OREGON, WASHINGTON, NEVADA, ARIZONA, COLORADO, TEXAS AND FLORIDA.

Please also attach the following: 1. A current work in progress schedule (job, description, cost), 2. Specific details of any claim in excess of \$10,000, 3. Completed Acord Application, 4. If a Dun and Bradstreet Comprehensive Report indicating acceptable financial information cannot be obtained, a current and complete financial statement must be presented before binding.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.

Signature of Applicant* _____ Date _____
 Name and Title* _____

* Must be owner, executive officer, or partner