



*The Brokers Preferred Wholesale Solution*

## **Contractors Artisan & General**

For a complete submission, please include the following information:

- ACORD Applications 125 & 126
- Supplemental Application

If you don't see what you need or have any questions,  
please email your underwriter: [Teresa@CIDinsurance.com](mailto:Teresa@CIDinsurance.com)

# CID Insurance Programs Inc. DBA CID Insurance Services

## Contractors Supplemental Application

Complete **SECTIONS I-X** (and other **SECTIONS** only if they apply) and **Acord 125 & 126**

### I. APPLICANT INFORMATION

Applicant:		Years in business:	Years experience in field:
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other - explain:
Licenses required: Yes                      No		License #'s	

### II. CONSTRUCTION INFORMATION

<b>New Residential Construction:</b> (All Artisan Contractors, <u>and</u> General Contractors)	Is Applicant involved, or have they ever been involved in any development(s) with more than 10 units of apartments, condominiums, cooperatives, town homes, or 10 single family homes in any one development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the Past <input type="checkbox"/>
<b>Existing Construction</b>	Is Applicant involved, or have they ever been involved in conversions of property into multi-unit apartments, condominiums, cooperatives, town homes, or other mixed occupancy habitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the Past <input type="checkbox"/>
Number of On-going Projects	What is the maximum # of ongoing projects the applicant has on-going at any one time?			
Construction Defect Claims	Does the insured have any open or closed construction defect claims within the past 7 years, with or without reserves or payment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit with currently valued loss runs for the last 7 years)			
High Hazard Areas of Operation (check all that apply)	<input type="checkbox"/> NYC (5 boroughs) <input type="checkbox"/> NY ( x boroughs) <input type="checkbox"/> Other CD States (AZ, OR, SC, WA)			
	<input type="checkbox"/> ISO Group A States (AK, AR, CA, CO, FL, GA, IN, KS, LA, MN, MS, NV, ND, SD, TX, WV)			
	<input type="checkbox"/> Applicant does not work in any of the above High Hazard areas			

### III. DOES APPLICANT USE ANY SCAFFOLDING, CRANES, LIFTS, OR WORK AT HEIGHT ABOVE (3) STORIES (two stories in NY)? Yes No (If Yes, complete)

Is the scaffolding left on the job-site for use by others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is scaffolding:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented
Does Applicant use any of the following equipment	<input type="checkbox"/> scissor lift <input type="checkbox"/> aerial lift <input type="checkbox"/> articulating boom lifts <input type="checkbox"/> cranes <input type="checkbox"/> cherry picker		
If cranes are rented, are they with or without operators?	<input type="checkbox"/> N/A <input type="checkbox"/> with <input type="checkbox"/> without		

### IV. PAYROLL / COSTS

Active Owner/Partners	#	Subcontractor Cost	\$	Uninsured Sub Payroll	\$
Number of Employees	#	Employee Payroll	\$	Leased Employee Payroll	\$
Construction Manager 41620	\$	Casual Laborers	\$	Total Gross Annual Sales	\$

### V. SUB-CONTRACTORS Subcontractors are not used (If Applicant does not use Subcontractors check box and move to Section VI.)

Is Applicant named as an AI on the GL policy of each Subcontractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the Minimum GL Limits required from Subs?	\$
Does Applicant have a signed contract with all sub-contractors that include a hold harmless in favor of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are COI's required with limits equal or greater than the Limits the Applicant is requesting? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what are the Minimum GL Limits Applicant requires from each subcontractor? \$			

### VI. PERCENTAGE OF WORK PERFORMED IN?

Type	Commercial	Residential	Industrial	Institutional	Total
New Construction	%	%	%	%	%
Remodeling	%	%	%	%	%
General Repair	%	%	%	%	%
Other (describe below)	%	%	%	%	%
Other					100%

### VII. OTHER

Does Applicant provide any Hold Harmless Agreements to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Describe:
Does Applicant employ draftsmen, architects or engineers on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", is E&O coverage in-force? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant loan, lease or rent equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Describe:

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Does Applicant ever allowed their license to be used by any other contractor for a project where they are not involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant sell any products under their own name or label? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Describe:	
Does Applicant perform any snow removal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or your subcontractors ever been involved in the installation or removal of asbestos or asbestos materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the insured had any gaps in insurance coverage prior to the intended effective date of this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VIII. WILL APPLICANT PERFORM ANY WORK FOR/IN/ON/ OR AROUND ANY OF THE FOLLOWING** Check all that apply – or Check None

<input type="checkbox"/> Aerospace /Airports / Aircraft parts	<input type="checkbox"/> Earthquake Reinforcement	<input type="checkbox"/> Oil Field Work / Refineries
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Foundation or Structural Reinforcement	<input type="checkbox"/> Pipelines or Underground Storage Tanks
<input type="checkbox"/> Amusement Rides	<input type="checkbox"/> Fire Suppression, extinguishing or proofing	<input type="checkbox"/> Railroads
<input type="checkbox"/> Bridges /Overpasses / Tunnels	<input type="checkbox"/> Fire Escapes or stairs / Ladders / Railings	<input type="checkbox"/> Recreational Vehicles
<input type="checkbox"/> Boilers / Pressure Valves or vessels	<input type="checkbox"/> Flood or Water Damage Remediation	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Chemical Industries	<input type="checkbox"/> Horizontal Boring Under Streets/Roads	<input type="checkbox"/> Tanks / Water Towers / Silos
<input type="checkbox"/> Cell Tower / Antennae > 125 Ft	<input type="checkbox"/> Medical / Hospital / Nursing /Facilities / Clinics	<input type="checkbox"/> Trailer Hitches
<input type="checkbox"/> Cranes / Conveyors / Hydraulics	<input type="checkbox"/> Mining	<input type="checkbox"/> Waterproofing
<input type="checkbox"/> Detention Facilities	<input type="checkbox"/> Mold Remediation	<input type="checkbox"/> Other:
<input type="checkbox"/> Drilling Operations	<input type="checkbox"/> Marine Industry / ship building / wharves /piers	

For all responses that are checked, please provide an explanation of work performed:

**IX. OPERATIONS** (Check all that apply – including work performed by subcontractors on the Applicants behalf; \* Indicates additional section of the application needs to be completed)

Classification	Employee	Subs	Classification	Employee	Subs	Classification	Employee	Subs
Carpentry Exterior < 3 Stories (Residential)	<input type="checkbox"/>	<input type="checkbox"/>	Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	Concrete Foundations/ Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	Driveway/Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	Drilling	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry NOC Commercial	<input type="checkbox"/>	<input type="checkbox"/>	Drywall	<input type="checkbox"/>	<input type="checkbox"/>	Earthquake Reinforcement	<input type="checkbox"/>	<input type="checkbox"/>
Electrical – w/in Buildings	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Apparatus Install	<input type="checkbox"/>	<input type="checkbox"/>	*Excavating	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>
*Landscape Gardening	<input type="checkbox"/>	<input type="checkbox"/>	Executive Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Handyperson	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	Floor Covering Installation	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>
Painting Exterior <3= Stories	<input type="checkbox"/>	<input type="checkbox"/>	Furniture/Fixture Installation	<input type="checkbox"/>	<input type="checkbox"/>	*Interior Demolition	<input type="checkbox"/>	<input type="checkbox"/>
Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	Home Furnishing Installation	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Plastering/Stucco	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing – Commercial	<input type="checkbox"/>	<input type="checkbox"/>	Interior Decorators	<input type="checkbox"/>	<input type="checkbox"/>	Power Line Or Pole Work	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing – Residential	<input type="checkbox"/>	<input type="checkbox"/>	Painting – Shop Only	<input type="checkbox"/>	<input type="checkbox"/>	Process Piping	<input type="checkbox"/>	<input type="checkbox"/>
Tile Or Marble Work	<input type="checkbox"/>	<input type="checkbox"/>	Paperhanging	<input type="checkbox"/>	<input type="checkbox"/>	*Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Tree Pruning	<input type="checkbox"/>	<input type="checkbox"/>	Plastering- Interior	<input type="checkbox"/>	<input type="checkbox"/>	Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning Systems	<input type="checkbox"/>	<input type="checkbox"/>	Sign Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Steel – Ornamental	<input type="checkbox"/>	<input type="checkbox"/>
Cable Installation	<input type="checkbox"/>	<input type="checkbox"/>	Sign Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	Steel – Structural	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry Shop Only	<input type="checkbox"/>	<input type="checkbox"/>	Truckers – Household Goods	<input type="checkbox"/>	<input type="checkbox"/>	Underground Storage Tanks	<input type="checkbox"/>	<input type="checkbox"/>
Carpet/Furniture Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Upholstering	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Wall Installation	<input type="checkbox"/>	<input type="checkbox"/>	Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Lead or Asbestos Remediation	<input type="checkbox"/>	<input type="checkbox"/>

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EIFIS	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Work	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>
Other worked Performed:								

**X. ADDITIONAL INSUREDS & RELATED ENDORSEMENTS (Check and indicate how many are needed - if they apply)**

<input checked="" type="checkbox"/>	ENDORSEMENT	HOW MANY
<input type="checkbox"/>	Additional Insured – Ongoing Operations (Scheduled) CG2010	
<input type="checkbox"/>	Additional Insured - Ongoing Operations (Blanket) – CG2033	N/A
<input type="checkbox"/>	Additional Insured - Completed Operations (Scheduled)	
<input type="checkbox"/>	Additional Insured - Completed Operations (Blanket)	N/A
<input type="checkbox"/>	Primary/Non-Contributory (with individual AI)	
<input type="checkbox"/>	Primary/Non-Contributory (with blanket AI)	N/A
<input type="checkbox"/>	Waiver of Subrogation – CG2404 (with individual AI)	
<input type="checkbox"/>	Blanket Waiver of Subrogation (with blanket AI)	N/A

**XI. ROOFING Does Applicant – Or Any Subs Working On Their Behalf – Do Any Roofing Work?**  Yes (If yes, complete)

What % of your overall business payroll is in roofing? %

Are all open roof exposures protected prior to leaving the jobsite?  Yes  No

What procedures are used for protecting an open roof when away from job site?

What is the maximum height or # of stories you will perform roofing? Average height or # of stories you will perform roofing?

Are cranes used to lift materials to roof site?  Yes  No If "Yes",  with operator  without operator

Does Applicant offer any roof related warranties?  Yes  No If "Yes", describe:

**% of Roofing by Type and Class:**

Type	Commercial	Residential	Industrial	Total
New Construction	%	%	%	%
Repair/Patching	%	%	%	%
Replacement	%	%	%	%
				<b>100 %</b>

What % of each type of roofing do you perform? (all fields must equal 100%)

Hot Comp	%	Any other Heat Application	%	Polyurethane Foam	%
Metal/Alum	%	Single Ply	%	Sprayed (if so type?)	%
Torch Down	%	Shingles, Tiles, Slate	%	Other (list type)	%

**XII. EXCAVATION Does Applicant – Or Any Subs Working On Their Behalf – Do Any Excavation Or Digging Work?**  Yes (If yes, complete)

Does Applicant identify underground pipes, wiring, and lines using a "Dig Safe" or similar call service prior to digging?  Yes  No

Type of Work:

Type	Commercial	Residential	Industrial	Institutional	Totals
New Construction	%	%	%	%	100%
Remodeling	%	%	%	%	100%
Repair	%	%	%	%	100%
Demolition	%	%	%	%	100%

Location of Work:

Percent	<b>Rural</b>	%	<b>Suburbs</b>	%	<b>Urban</b>	%	<b>100%</b>
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Does Applicant use props to maintain structural support (i.e. shoring) while digging?  Yes  No

If yes, does Applicant use OSHA approved equipment and shoring techniques?  Yes  No

Does Applicant use sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment?  Yes  No

Does Applicant loan, lease or rent equipment to others?  Yes  No If "Yes", Describe:

Does Applicant use a formal safety program for all managers, supervisors, employees?  Yes  No If "Yes", is it OSHA compliant  Yes  No

What is the maximum depth below grade the Applicant has worked, or anticipates they may work?

Does the Applicant work on or near roadways?  Yes  No If "Yes", are flagmen employees or subs?  Employees  Subs

**XIII. WELDING Does Applicant– Or Any Subs Working On Their Behalf – Do Any Welding Work?**  Yes (If yes, complete)

Are you and all other welders working for you certified?  AWS  ASME  Not Certified

If all welders are not certified, is all work inspected and approved by a certified welder?  Yes  No

Percentage of work performed: On Premises: \_\_\_\_% Off Premises: \_\_\_\_%

Percentage of work performed: New: \_\_\_\_% Repairs: \_\_\_\_% Other: \_\_\_\_%

Percentage of work performed: Commercial: \_\_\_\_% Residential: \_\_\_\_% Industrial: \_\_\_\_% Institutional: \_\_\_\_% Agricultural: \_\_\_\_%

Do you do any work in/on buildings that are greater than 2 stories in height?  Yes  No

If yes, is this work: Structural?  Yes  No Non-structural?  Yes  No Max height of building: \_\_\_\_

Describe your work in buildings that are greater than 2 stories in height:

Do you fabricate to customers' specs?  Yes  No Component parts?  Yes  No Finished products?  Yes  No

If yes, provide a complete description of the work you perform for customers and the industries represented:

Do you design, produce, or manufacture any product, part, machine or device or use any contract manufacturers or suppliers based outside the U.S.?

Yes  No

If yes, describe:

If you manufacture for others or yourself, do you also install, service or repair?  Yes  No

If yes, describe:

Do you do any hot tap/live line welding?  Yes  No

Do you use explosives?  Yes  No

Are operational and appropriately typed fire extinguishers (i.e. Class D) utilized whenever welding is performed?  Yes  No

Do you have a 30-minute fire watch protocol in place?  Yes  No

Welding Methods	Types
<input type="checkbox"/> Brazing	
<input type="checkbox"/> Solid	
<input type="checkbox"/> Gas	
<input type="checkbox"/> Arc	
<input type="checkbox"/> Resistance	
<input type="checkbox"/> Other:	

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Jobs List (Describe your past 5 jobs)			
Customer/Project Owner	Location	Description of Work	Cost
			\$
			\$
			\$
			\$
			\$

**Welding Operations** (Do you now or do you intend in the future to perform any of these operations? Enter % or N/A for each.)

Check here if none apply.

Operations	% of Operations	Operations	% of Operations
Aerospace		Marine	
Aircraft/Aircraft Parts		Medical	
Amusement Rides		Metal Erection - Structural Residential 2 Stories or less	
Auto/ Bus /Truck – Service/Repair		Metal Erection - Structural All Other	
Auto/Bus/Truck & Parts Mfg.		Metal Erection - Nonstructural	
Auto Salvage		Metal Erection - Frame Work on Outside of Bldgs.	
Balconies /Fire Escapes/Railings/Stairs		Metal Erection - Decorative or Artistic	
Blacksmithing		Metal Erection - Standpipes/Silos/Water Towers, etc.	
Boats/Ships/Watercraft/Docks/Piers		Metal Scrap Dealers	
Boilers		Metal Works – Decorative or Artistic	
Bridge or Elevated Highway		Metal Works – Structural Load Bearing	
Burglar/Security Bars		Metal Works – Structural not Load Bearing	
Caisson/Cofferdam/Pile Driving		Mining	
Chemical		Oil & Gas (Onshore/Offshore/Refineries)	
Communications Equipment		Pipelines (Types: )	
Cranes		Power Generation	
Conveyors		Plumbing	
Dams/Reservoirs/Dikes/Levees/Revetments		Refrigeration Systems or Equipment	
Feed Mills/Grain Elevators/Grain Bins/Silos		Roll Bars/Safety Cages	
Fire Suppression Systems		RVs/ATVs/Golf Carts/Motorcycles/Quads, etc.	
Gas Mains or Connections		Scaffolding	
Grandstands and Bleachers		Sheet Metal Work – Outside	
Guardrails		Sheet Metal Work – Shop Only	
HVAC		Tanks/Vessels – Pressurized	
Hydraulics		Tanks/Vessels – Not Pressurized	
Ladders		Tanks/Vessels – Pressurized – Inside of Buildings	
Machine Shops		Tanks/Vessels – Not Pressurized – Inside of Buildings	
Machinery or Equipment – Farm		Towers (Height: )	
Machinery or Equipment – Industrial		Trailer Hitches/Towing	
Machinery or Equipment – Logging/Lumbering		Wrecking	
Machinery or Equipment – Other		All Other (Describe):	

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Provide complete details for all your operations listed above (for example: industries/customers, description of work involved, etc.):

**XIV. JANITORIAL Does Applicant – Or Any Subs Working On Their – Behalf Do Any Janitorial Work?**  Yes (If yes, complete)

What % of Applicant’s total work involves floor waxing? %

Does Applicant perform work at mercantile or office premises when they are open for business?  Yes  No

Does Applicant perform work in health care or assisted living facilities?  Yes  No

Does Applicant perform work in bus, train or airport terminals or on buses, trains or aircrafts?  Yes  No

Does Applicant perform work in industrial facilities?  Yes  No

Does Applicant perform work in operations involving hood/duct cleaning, water removal/extraction, or fire suppression systems?  Yes  No

Does Applicant perform work in insurance claim response, mold remediation, or handle any hazardous material or infectious waste?  Yes  No

**XV. LANDSCAPING Does Applicant – Or Any Subs Working On Their Behalf – Do Any Landscaping, Grading Of Land Or Tree Pruning Work?**

Yes (If yes, complete)

Does Applicant use any pesticides, herbicides or chemicals?  Yes  No If “Yes” list common names of each:

Does Applicant perform any fumigating or spraying?  Yes  No

Does Applicant manufacture, compound or sell any chemicals?  Yes  No If “Yes” provide EPA Number:

Does Applicant perform any grading of land or excavation work?  Yes  No

Does Applicant perform any work near power lines?  Yes  No

Does Applicant perform stump removal?  Yes  No

If Applicant performs tree cutting or pruning, is area roped off from public?  Yes  No

If Applicant performs tree cutting or pruning, is a formal training and/or safety program used?  Yes  No

**XVI. WRECKING/DEMOLITION Does Applicant – Or Any Subs Working On Their Behalf – Do Any Wrecking /Demolition?** (Classes 99986 &7)

Yes (If yes, complete)

Types of buildings demolished? (explain, e.g. residential, commercial, high rise, freestanding, etc.):

What demolition methods does Applicant use (check all that apply):  Wrecking Ball  Explosives  Other - explain:

Will Applicant perform any demolition of structures with shared walls or that is within 20 feet of another structure?  Yes  No

Has Applicant, or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work?  Yes  No

Will perimeter of demolition area be barricaded with at least a 6ft high fence?  Yes  No

Does Applicant use a standard demolition contract (even if modified per contract)?  Yes  No (If “Yes” please provide)

Does Applicant check for PCB’s and asbestos prior to demolition?  Yes  No

Does Applicant remove asbestos or hire sub-contractors to remove asbestos?  Yes  No

Does Applicant get written confirmation that all utilities have been turned off?  Yes  No

Does Applicant remove debris?  Yes  No If “Yes” is Applicant involved in salvage?  Yes  No

What is the average demolition job cost? \$

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**XVII. LOGGING OR LUMBERING Does Applicant – Or Any Subs Working On Their Behalf – Do Any Logging Or Lumbering Work?**

Yes (If yes, complete)

Are all of Applicants employees OSHA trained?  Yes  No

Describe geographical area of operation?

Check areas of operation that apply:  Bureau of Land Management  US Forestry system  Private land

What methods are used to determine boundaries and identify trees for cutting?

Are fire extinguishers available and/or mounted on all logging equipment?  Yes  No

Describe precautionary measures taken to address erosion or landslide prevention:

Are established fire prevention procedures at all job sites?  Yes  No

Is Applicant responsible for preventing trespassing and vandalism?  Yes  No

Check if Subcontractors are used for:  Logging  Blasting  Log hauling

Check all types of operations that apply:

Slash by burning	<input type="checkbox"/>	Sawmill operations	<input type="checkbox"/>	Reforestation	<input type="checkbox"/>
Blasting/explosives	<input type="checkbox"/>	Planing	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Skidding	<input type="checkbox"/>	Residential Tree Trimming	<input type="checkbox"/>	Spraying, dusting, fumigating	<input type="checkbox"/>
Paving	<input type="checkbox"/>	Road Building	<input type="checkbox"/>	Chemical applications	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	Forestry	<input type="checkbox"/>	Other	<input type="checkbox"/>

**XVIII. ALARM SYSTEM INSTALLATION OR REPAIR Does Applicant – Or Any Subs Working On Their Behalf – Do Any Alarm System**

**Installation/Repair?** Class 91127 only  Yes (If yes, complete)

Does Applicant perform any alarm monitoring or fire suppression services?  Yes  No

Does Applicant perform alarm consulting services?  Yes  No If "Yes" does Applicant carry Professional E&O coverage?  Yes  No

Percent of operation that is:	Residential %	Commercial %	Municipal %	Industrial %	<b>100%</b>
Check if Applicant performs at, or any of the following:	<input type="checkbox"/> Medical Alert Systems <input type="checkbox"/> Motor Vehicle Alarms <input type="checkbox"/> Airports <input type="checkbox"/> Correctional Facilities <input type="checkbox"/> Nursing Homes or Hospitals <input type="checkbox"/> Financial Institutions				

**XIX. SWIMMING POOL INSTALLATION OR REPAIR Does Applicant – Or Any Subs Working On Their Behalf – Do Any Swimming Pool**

**Installation/Repair?**  Yes (If yes, complete)

**Any of the following operations are Prohibited:**

Waterpark or theme park operations, including but not limited to installation/service/repair
Diving board construction or installation
Rooftop pools - -Installation and/or repair. Servicing is acceptable (i.e., cleaning and treating)

Please complete:

OPEATIONS	SALES	PAYROLL	SUBCONTRACTED OPERATION-COST
Installation of above-ground pools	\$	\$	\$
Installation of in-ground pools	\$	\$	\$
Installation of hot tubs and/or spas	\$	\$	\$
Installation of rooftop pools	\$	\$	\$
Installation/service work at water, theme or amusement parks	\$	\$	\$



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Installation of diving boards and slides	\$	\$	\$
Service and maintenance of pools and spas	\$	\$	\$
Retail stores	\$	\$	\$
Other - describe all	\$	\$	\$
<b>Estimated Annual Totals</b>	\$	\$	\$

Estimated Sales for this year	\$	1 <sup>st</sup> Prior Year \$	2 <sup>nd</sup> Prior Year \$
Estimated Payroll for this year	\$	1 <sup>st</sup> Prior Year \$	2 <sup>nd</sup> Prior Year \$

PLEASE PROVIDE DETAILS OF THE LAST FIVE JOBS IN PROGRESS AND/OR COMPLETED:

Description of work	Location of Job	Contract Cost (Labor & Materials)
		\$
		\$
		\$
		\$
		\$

**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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING-**Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

## Contractors Supplemental Application

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated to the best of your knowledge.

**APPLICANT NAME:** \_\_\_\_\_ **APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRODUCER NAME:** \_\_\_\_\_ **PRODUCER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_