



CONTRACTOR'S SUPPLEMENTAL APPLICATION
Must be completed in conjunction with the ACORD application

NAMED INSURED:

MAILING ADDRESS:

INSURED CONTACT:

PHONE:

LEGAL TYPE ENTITY: Individual Corporation Partnership Joint Venture Other

WEBSITE (if applicable):

EXPIRING CARRIER:

EXPIRING PREMIUM:

PROPOSED POLICY PERIOD:

APPLICANT OPERATIONS OVERVIEW:

1. States/areas of operations: _____ If different in the past, please explain: _____
2. Description of operations (*please specify if applicant is general contractor, subcontractor, project manager or owner's interest only*): _____
3. Length of time in business operating under the current name: _____ If new venture, please provide resume, or advise experience, of the principal(s): _____
4. Is applicant licensed? Yes No
Has applicant operated under any other name(s) during the past 7 years? Yes No
If yes, please provide details: _____
5. # of Owners/Partners/Officers: _____ # of Trade Employees: _____ Total Payroll: _____
6. Subcontract Costs: _____ Insured Subcontractors: _____ Uninsured Subcontractors: _____
7. Total Estimated Receipts: _____
8. Any work over 3 stories? Yes No If yes, please provide details: _____
9. Any work below grade? Yes No If yes, please provide details: _____
10. Any work with explosives? Yes No
11. Any work at or on airport grounds? Yes No
12. Any use of cranes? Yes No If yes, please provide details: _____
13. If any new construction residential tract work, maximum # of homes: _____
14. Any work covered under a Project Specific policy or an OCIP? _____

15. Any snow plowing operations? Yes No

16. Any operations, directly or utilizing subcontractors, involving EIFS? Yes No

17. Any Fire Suppression work in NY State? Yes No

SPLIT OF WORK (should equal 100%):

	Residential (other than condominiums)	Condominiums	Commercial/Industrial
New Construction	%	%	%
Remodeling / Repair	%	%	%

TYPE OF WORK PERFORMED DIRECTLY BY THE APPLICANT (Include cost of uninsured subcontractors, if any, in addition to direct employee payroll): *If any roofing work is done, please complete last section of supplement.

CLASS CODE	CLASSIFICATION	PREMIUM BASIS

SUBCONTRACTED WORK:

1. Does applicant require subcontractors to carry at least 1/2/1 limits? Yes No
If not, please explain:
2. Is applicant named as Additional Insured on all subcontractors' policies? Yes No
3. Does applicant obtain written contract from all subcontractors? Yes No
--- With hold harmless clause in favor of the applicant? Yes No
4. What type of work is subcontracted out to insured subcontractors?
5. Has Insured agreed to use the Arch Subcontract Agreement each and every time a subcontractor is engaged? Yes No

CURRENT OR PLANNED PROJECTS:

<u>Customer & Description</u>	<u>Cost of Project</u>	<u>Duration of Project</u>

LARGEST JOBS IN LAST 3 YEARS:

<u>Customer & Description</u>	<u>Cost of Project</u>	<u>Start Date</u>	<u>Completion Date</u>

EXPOSURE HISTORY:

	<u>Policy Term</u>	<u>Payroll</u>	<u>Subcontract Costs</u>	<u>Sales</u>
Upcoming Year Estimate				
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				

PRIOR CARRIER INFO:

Carrier Name	Policy Term	Limits	Premium

LOSS INFO:

1. 3 - 5 years carrier, currently valued loss runs required (if not available, please explain).
2. Has applicant ever been involved in, or aware of a claim concerning defective workmanship?
Yes No If yes, please explain:
3. Has the insured ever been cancelled or non-renewed with another carrier? Yes No If yes, please provide details:

***IF ROOFING WORK IS PERFORMED, PLEASE COMPLETE THE FOLLOWING:**

1. What is the average number of stories? _____ Maximum number of stories? _____
2. What roof types are installed/repaired/replaced?
3. Is hot tar used? Yes No If yes, what % of work involves hot tar?
4. Is torch down or other heat process used? Yes No If yes, what % of work is involved? _____ If other heat process please provide details:
5. How is jobsite secured at end of each day?
6. Does the insured ever leave open or unsecured roofs? Yes No
7. Are any Commercial Roofing operations performed in New York State? Yes No

I certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: 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 in the third degree.

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 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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, TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines and 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 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 NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.