

CoverX

The Coverage Experts
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Producer: _____

Producer Is: Wholesaler Retailer

Address: _____

Telephone: _____

Fax: _____

Excess & Surplus Lines License No.: _____

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: _____

SL License No.: _____

SL License Expiration Date: _____

SL Licensee Name: _____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

SL Licensee Agency Name (if Entity License): _____

CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

1. Applicant Name		
2. Address		
Current Carrier:	Current Premium:	
3. Years in business:	Website:	
4. Has the applicant operated under any other name in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. States in which the applicant operates:		
6. Has the applicant operated in any other states during the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Gross Receipts for next 12 months	\$	
Gross Receipts for past 12 months	\$	
Gross Receipts for second prior year	\$	

8. List and describe the applicant's five largest projects during the last 5 years:						
Project Name		Description		Construction Values		
9. List Percentage of work as:						
General Contractor		%	Prime Contractor		%	
10. Projected Payrolls by classes for upcoming year:						
Blasting	\$	Heating/AC	\$	Roofing	\$	
Bridges		Insulation		Sewer		
Carpentry		Landscape		Steel Structural		
Concrete		Masonry		Steel Ornamental		
Electrician		Mechanical		Street & Road		
Excavation		Millwright		Stucco		
EIFS		Painting		Supervision		
Demolition		Permanent Yard		Water/Gas Main		
Drilling		Plastering		Welding		
Grading		Plumbing		Other		
11. Total Projected Subcontractor Costs						
Major Classes Subcontracted to others:						
12.	Does the applicant require all Subcontractors to sign a standard written agreement?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does that agreement require the Subcontractor to:					
	Carry Commercial General Liability Insurance?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	At limits less than those being applied for hereon?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Add the applicant as an Additional Insured?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	On a Primary and Non-Contributory basis?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Waive its right of subrogation against the applicant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does the applicant receive Certificates of Insurance from all Subs?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Has the applicant always done so?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	How long does the applicant keep copies of certificates on file?					
13.	Has the applicant built on hillsides, slopes, landfills or subsidence areas?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Will the applicant work on such projects in the current year?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide details including maximum degree of slope:					
14.	Has the applicant constructed any buildings or structures in excess of two stories during the past five years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	What is the maximum height, in feet, at which the applicant will work?					
15.	Does the applicant use cranes or booms?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does applicant own this equipment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is equipment rented or leased without operator?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is equipment rented or leased with operator?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does the applicant lease or otherwise provide equipment to others?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If owned, is there an equipment maintenance program?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are Load Charts posted in the cab?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do Load Charts show limits based on boom angle and height of load above ground?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are boom angle indicators posted in the cab?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	What is the length of booms or cranes?					
	If this equipment is operated by an employee of the applicant, describe the experience level of the operator:					
	Has the applicant experienced any claim, incident or circumstance regarding cranes or booms in the past 5 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Does Applicant use scaffolding?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is scaffolding used owned by the applicant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If rented from others does applicant do so under a rental contract?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

17.	Do any of the applicant's current, past or future planned projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18.	Does the applicant perform work below ground level? List the maximum depth at which the applicant works, in feet			Yes <input type="checkbox"/>	No <input type="checkbox"/> Feet	
19.	Has the applicant been involved in the construction of, or work on single-family dwellings, condominiums, townhouses or apartments?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Will the applicant work on such projects in the current year?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Has the applicant worked on the building, removal, repair or replacement of roofs?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20.	Will the applicant work on such projects in the current year?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
21.	Enter all claims or occurrences for the past five years			Check here if none		
				Loss Runs attached		
	Date of Occ.	Description	Date of Claim	Amount Paid	Amount Reserved	Status
22.	Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes <input type="checkbox"/> No <input type="checkbox"/>					
23.	Is the applicant aware of any incident, circumstance, defect or alleged defect including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or subcontractor or construction worker injury, that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Information contained herein is specifically relied upon in determination of insurability. The undersigned therefore warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Contractors Supplemental Questionnaire, and the application to which it is attached shall be the basis of any insurance policy that may be issue and will be a part of such policy.

State Notices: The following notices are required by the Insurance Department of the indicated states.

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

NOTICE TO TENNESSEE 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 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Producer

Date

CONTINUED

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____
Insured: _____