

## Residential General Contractor Supplemental

1. Has the insured had continuous workers compensation coverage under the current name for a minimum of two years? \_\_\_\_\_
2. Has the insured operated under a different name during the last five years?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please list prior business names:  
\_\_\_\_\_
3. Do the owners have any ownership interest in any other construction business?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:  
\_\_\_\_\_

### Business Operations

4. Do you ever operate as a developer? \_\_\_\_\_
5. Years in business as a general contractor. \_\_\_\_\_
6. Who is responsible for job-site supervision and explain the scope of jobsite supervision?  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you build Custom Homes? \_\_\_\_\_% Spec Homes \_\_\_\_\_% Remodel Renovations? \_\_\_\_\_
8. What is the max level house that you will build? 1, 2 or 3-stories? \_\_\_\_\_
9. What is your average home size? \_\_\_\_\_ square feet
10. Average selling price per home. \_\_\_\_\_
11. How many homes are currently under construction? \_\_\_\_\_
12. How many homes are projected to be completed by year end? \_\_\_\_\_
13. Number of homes built last year. \_\_\_\_\_
14. Insured subcontractor payroll. \_\_\_\_\_
15. Uninsured subcontractor payroll. \_\_\_\_\_
16. Direct employee payroll. \_\_\_\_\_
17. Uninsured subcontractors are utilized for the following operations:  
\_\_\_\_\_  
\_\_\_\_\_
18. Does the insured consistently utilize the same subcontractors? \_\_\_\_\_
19. Does the applicant utilize only insured roofing contractors? Yes \_\_\_\_ No \_\_\_\_  
If no, please provide the percentage of roofing that is uninsured. \_\_\_\_\_
20. Do subs use "job-made-scaffolding"? \_\_\_\_\_
21. If non-English speaking subs are used, are translators provided? \_\_\_\_\_

22. Percent Residential Work? \_\_\_\_\_ Commercial? \_\_\_\_\_ Industrial? \_\_\_\_\_
23. Any work above ground? Yes/No \_\_\_\_\_  
 If yes, % of work above 15'? \_\_\_ above 20'? \_\_\_ above 25'? \_\_\_ above 30'? \_\_\_\_\_
24. Will you work below ground? Yes/No \_\_\_\_\_ If yes, to what depth? \_\_\_\_\_
25. Will you do any lead paint or asbestos removal? Yes/No \_\_\_\_\_
26. Will you do any demolition or blasting work? Yes/No \_\_\_\_\_ If yes, please describe the demolition or blasting work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
27. Will you work in any other state outside of your home state? Yes/No \_\_\_\_\_  
 If yes, which states? \_\_\_\_\_  
 How many days a year is work performed in other states? \_\_\_\_\_
28. Radius of operation? \_\_\_\_\_
29. Do more than five (5) employees travel together in the same vehicle? Yes/No \_\_\_\_\_
30. Any work performed on bridges? Yes/No \_\_\_\_\_ Interstate highways? Yes/No \_\_\_\_\_
31. Any work performed on waterways? \_\_\_ Rivers? \_\_\_ Bays? \_\_\_ Oceans? \_\_\_\_\_
32. Do you own, borrow, rent or lease aircraft? Yes/No \_\_\_ Watercraft? Yes/No \_\_\_\_\_
33. Are local workers hired when work is performed in other states? Yes/No \_\_\_\_\_
34. Do you require all employees to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes/No \_\_\_\_\_
35. Has OSHA inspected your operation in the last three (3) years? Yes/No \_\_\_\_\_  
 If yes, are there any "Serious" unresolved issues? Yes/No \_\_\_\_\_  
 If yes, please explain what has been done to correct these violations? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
36. Do you use any cash, casual labor or labor services? Yes/No \_\_\_ If yes, how many days a year is it used? \_\_\_\_\_  
 What is the estimated cost for cash, casual or labor services? \_\_\_\_\_

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: \_\_\_\_\_  
Print Name / Title

Signature: \_\_\_\_\_ Date: \_\_\_\_\_