



Contractor Supplemental Application

**** Please save and attach this form to an email to info@palanciainsurance.com ****

<p>1. Name (First named insured and other named insureds)*</p> <p>*If insured has ever worked under a different name(s), list here:</p>	<p>2. Web Address</p>
<p>3. Number of years in this business?</p>	<p>4. Describe type of work insured specializes in:</p>
<p>5. States insured operates in and is licensed in?</p>	<p>6. Describe all other type of work insured performs or has performed and typical customer:</p>
<p>8. Financials / staffing:</p> <p>Total receipts \$ _____</p> <p>Cost of sub-contractors _____</p> <p># of owners _____</p> <p>Owner payroll _____</p> <p># of employees _____</p> <p>Emp. Payroll _____</p>	<p>7. Contractor license number(s) and name(s) on license(s):</p>
<p>11. What percent of your revenues have been derived from your operation as a:</p> <p>General contractor _____ %</p> <p>Vs.</p> <p>Artisan or Sub-contractor _____ %</p> <p>(Total = 100%)</p>	<p>9. Does insured hold any other licenses? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe:</p> <p>10. Describe insured's 5 current /completed largest projects, anticipated completion date and locations (city/state) of the site:</p> <p>A.) _____</p> <p>B.) _____</p> <p>C.) _____</p> <p>D.) _____</p> <p>E.) _____</p>
<p>12. Percent of construction work performed by insured (Total = 100% for each section a, b, &c)</p> <p>A. New construction _____ % B. Commercial _____ %</p> <p> Remodel _____ % Residential _____ %</p> <p> Other _____ %</p> <p>C. Inside building _____ %</p> <p> Outside building _____ %</p>	

13. Classification of operations (payroll / sub-costs)

Class	Employee payroll	Sub-contractor costs	Class	Employee payroll	Sub-contractor costs
Advertising Sign Com. - Outdoors	\$	\$	Heating / AC Install Repair -No LPG	\$	\$
A/C System Instal & Repair (91111)	\$	\$	Insulation	\$	\$
Appliance Install, Svc, Repaire - Home	\$	\$	Masonry No IFS or Synthetic Stucco	\$	\$
Appliance Install, Svc, Repair - Comm.	\$	\$	Painting - Exterior < 3 Stories	\$	\$
Cable / Subscription TV Companies	\$	\$	Painting Interior	\$	\$
Carpentry - Residential < 3 stories	\$	\$	Paperhanging - Wallpaper	\$	\$
Carpentry - Interior/Finish	\$	\$	Plumbing - Residential	\$	\$
Carpentry - NOC	\$	\$	Plumbing Commercial	\$	\$
Ceilling or Wall Installation - Metal	\$	\$	Roofing - Residential	\$	\$
Chimney Cleaning / Inspection	\$	\$	Roofing - Commercial	\$	\$
Concrete Construction	\$	\$	Septic Tank Systems Cleaning	\$	\$
Debris Removal - Const. Site Haz.	\$	\$	Septic Tank Systems - Install/Repair	\$	\$
Door, Window Installation	\$	\$	Sewer Cleaning	\$	\$
Electrical Apparatus Install, Service	\$	\$	Sheet Metal	\$	\$
Electrical Work Within Building	\$	\$	Siding Installation	\$	\$
Fence Erection - No Electrified	\$	\$	Sign Painting/Lettering on Buildings	\$	\$
Floorcovering Install - No tile / Stone	\$	\$	Tile, Stone, Marble - Interior	\$	\$
Glass Dealer & Glaziers < 3 stories	\$	\$	Other	\$	\$
Handyperson - Residential	\$	\$	Other	\$	\$

*Above listing does not include that require BG-C-07. Please refer to individual classification rate page to confirm the requirement for the supplemental application



Contractor Supplemental Application

116 Mamaroneck Ave.
Mamaroneck, New York 10543

14. Indicate the percent of work insured performs based on total operations of any of the following		
Airports	%	Fire Suppression
Asbestos Removal	%	Gas/Water Mains
Blasting	%	Grading
Bridge Construction	%	Landfills
Boring inspection	%	Lead Paint Removal
Boiler	%	Maintenance
BLDG - Raising or Moving	%	Masonry
Cofferdam or Caisson Work	%	Mechanical
Dams/Reservoirs	%	Municipality Work
Demolition	%	Pier or Wharf Construction
Drilling	%	Pipeline
Eifs or Related Work	%	Plastering
Excavation	%	Pollution Abatement
Equipment Rental to Others	%	Railway
		Shoring/Underpinning
		Steel
		Steel (Ornamental)
		Stevedoring
		Street/Road
		Sub Aqueous
		Subways
		Supervisory Only
		Tunnels
		Waterproofing
		Wrap-Ups
		Other (Describe Below)
<p>15. Sub-Contractors</p> <p>A. Are Sub-Contractors used? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what operations are sub-contracted</p> <p>B. Are there written contracts between the insured and Sub-Contractors? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>C. Do these contracts include indemnification and hold harmless agreements that protect the insured? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>D. Are certificates of insurance obtained? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>E. What limits are required? \$ _____ CGL Occurrence \$ _____ gen. Aggregate \$ _____ P.-C.OPS AGG.</p>		
<p>16. Operations / Equipment</p> <p>A. Tract Housing / Condo / Townhouse</p> <p>(1) Has the risk ever been involved in the new construction of tract housing, apartment buildings, condominiums or twonhouses? If yes what percentage of revenue: _____ %</p> <p>(2) Have you performed original framing, window, or door installation work on any condominiums, Townhouses, or tract homes?</p> <p>(3) What percentage of your overall gross receipts has been derived from work on new construction for condominiums, apartment, townhouses, or tract homes _____ %</p> <p>B. Does or did the risk ever use synthetic stucco <input type="checkbox"/> or eifs <input type="checkbox"/>? (If yes, please check boxes)</p> <p>C. Have you ever been involved in or you aware of pending litigation concerning defective workmanship? If yes, please describe:</p> <p>D. Scaffolding: Does insured use any type of scaffolding or lifts? (If yes, please complete 1-4 below)</p> <p>(1) Is scaffolding: owned <input type="checkbox"/> rented <input type="checkbox"/> leased <input type="checkbox"/></p> <p>(2) Is the scaffolding left on the job for use by other? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>(3) Does insured use any of the following equipment? (check all that apply) Maximum height worked _____ Scissor lifts <input type="checkbox"/> Aerial lifts <input type="checkbox"/> Articulating boom lifts <input type="checkbox"/> Cranes <input type="checkbox"/> Cherry pickers <input type="checkbox"/></p> <p>E. Have you or your subs performed work over 2 stories? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe:</p> <p>F. List number and type of heavy equipment used:</p> <p>G. What Equipment does insured rent/lease? If yes, how often and what type of equipment?</p>		
<p>Applicant warrants and agrees that the above answers and all attachments are in all respect true and shall be deemed material and are made to induce the company to issue a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the company to provide insurance either on the basis requested or on any basis.</p>	<p>Date completed</p> <p>Signed by applicant</p> <p>Title</p> <p>Produced Signature/Date</p>	