/ SUPPLEMENTAL APPLICATION

Contractors Supplemental

Artisan and general-contractor operations, trades, and subcontractor controls.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

TYPE OF CONTRACTOR / DESCRIPTION OF OPERATIONS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

OPERATIONS TYPE & ROLE

Applicant is (check all that apply)

☐ General contractor ☐ Subcontractor ☐ Construction manager ☐ Construction consultant

☐ Developer ☐ Owner / builder ☐ Spec builder ☐ Design-build

% GENERAL CONTRACTING | % SUBCONTRACTING | % CONSTRUCTION MGMT | % DEVELOPER / OWNER

CONTRACTOR LICENSE #(S) | STATE(S) OF OPERATION | LICENSED IN ALL STATES WORKED? (Y/N)

% RESIDENTIAL | % COMMERCIAL | % NEW CONSTRUCTION | % SERVICE / REPAIR / REMODEL

Receipts, Payroll & Subcontract Cost — Five-Year History

EXPOSURE	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Gross Receipts					
Employee Payroll					
Subcontracted Cost					

PAYROLL — OWNERS / OFFICERS $ | PAYROLL — EMPLOYEES $ | PAYROLL — LEASED / TEMP / CASUAL $

TRADE BREAKDOWN

For each trade performed, give the % done by the applicant's employees vs. subcontractors and the annual revenue.

Trades Performed (per-trade employee vs. subcontractor split)

TRADE	% BY EMPLOYEES	% BY SUBS	ANNUAL REVENUE $
Carpentry (rough / framing)			
Carpentry (finish)			
Concrete / poured			
Masonry / brick			
Excavation / grading			
Site preparation			
Electrical			
Plumbing			
HVAC / refrigeration			
Roofing			
Drywall / wallboard			
Plastering / stucco			
Painting			
Flooring / tile / carpet			
Siding			
EIFS / synthetic stucco			
Insulation			

TRADE	% BY EMPLOYEES	% BY SUBS	ANNUAL REVENUE $
Sheet metal			
Steel / metal erection			
Steel / ornamental iron			
Glazing / glass			
Landscaping / hardscaping			
Fencing			
Paving / driveways			
Demolition			
Waterproofing			
Fire suppression / sprinkler			
Sewer / water / gas mains			
Solar / renewable			
Elevator / escalator			
Sign installation			
Handyman / remodeling			

CONSTRUCTION TYPE BREAKDOWN

Segments

CONSTRUCTION SEGMENT	% OF OPS	% EMPLOYEES	% SUBS	ANNUAL REVENUE $
New residential — tract				
New residential — custom				
Condo / townhome (new)				
New commercial (incl. apartments)				
Remodel / repair — residential				
Remodel — condo / townhome				
Remodel / repair — commercial				
Apartment-to-condo conversion				
Service / maintenance				

OPERATIONS DETAIL

1. Does the applicant allow its license to be used by any other contractor? ☐ YES ☐ NO

2. Does the applicant perform any condominium or townhome remodel work for an HOA/COA? ☐ YES ☐ NO

IF YES, % OF SUCH WORK

3. Does the applicant build or maintain model homes? ☐ YES ☐ NO

IF YES, NUMBER OF MODEL HOMES

4. Has the applicant engaged in any project exceeding $5,000,000? ☐ YES ☐ NO
LARGEST PROJECT VALUE $

5. Does the applicant own any vacant land or real-estate development property? ☐ YES ☐ NO
ACRES OWNED

6. Does the applicant act as a construction manager for a fee? ☐ YES ☐ NO

7. Has the scope or type of construction changed in the past 5 years? ☐ YES ☐ NO

8. Does the applicant participate in any wrap-up (OCIP / CCIP) programs? ☐ YES ☐ NO
DESCRIBE

GREATEST # NEW HOMES BUILT IN ONE YEAR | LARGEST SQ FOOTAGE RESIDENTIAL BUILD | LARGEST JOB LAST YEAR $ | AVERAGE JOB SIZE $

PROJECT SCHEDULE

Most Recent Projects

LAST 5 COMPLETED PROJECTS — DESCRIPTION	COMPLETED VALUE $	TYPE (RES/COMM)

Largest Projects

5 LARGEST PROJECTS (EVER) — DESCRIPTION	VALUE $	YEAR

HAZARDOUS & SPECIALIZED OPERATIONS

9. EIFS, synthetic stucco, waterproofing, or below-grade waterproofing? ☐ YES ☐ NO

10. Fire, water, or mold restoration / remediation? ☐ YES ☐ NO

11. Work at or for specialized facilities (gas stations, refineries, airports, railroads, hospitals, water treatment)? ☐ YES ☐ NO
IF YES, DESCRIBE

12. Any design, engineering, or architectural services for a fee? ☐ YES ☐ NO

IS SEPARATE PROFESSIONAL/E&O CARRIED?

13. Work on highways, overpasses, bridges, dams, tunnels, or other civil / heavy projects? ☐ YES ☐ NO

14. Blasting, demolition, hillside/slope, or work below grade? ☐ YES ☐ NO

MAXIMUM DEPTH BELOW GRADE (FT)

15. Shoring, underpinning, caisson, or cofferdam work? ☐ YES ☐ NO

16. Asbestos, lead, or PCB removal or abatement? ☐ YES ☐ NO

17. Installation or service of underground or aboveground storage tanks, fuel systems, or pipelines? ☐ YES ☐ NO

18. Any work performed in New York or Colorado? ☐ YES ☐ NO

19. Work at heights above three (3) stories? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

EQUIPMENT & SCAFFOLDING

20. Does the applicant own, rent, or lease scaffolding, and is any left in place for others to use? ☐ YES ☐ NO

21. Does the applicant use lifts, cranes, or aerial equipment? ☐ YES ☐ NO

MAXIMUM WORKING HEIGHT (FT)

22. Is any equipment rented or leased to others (with or without an operator)? ☐ YES ☐ NO

23. If equipment is rented to others, is a written agreement with a COI and additional-insured status obtained? ☐ YES ☐ NO

SUBCONTRACTOR MANAGEMENT

24. Does the applicant typically use the same subcontractors? ☐ YES ☐ NO

25. Are all subcontractors required to be insured, and are certificates of insurance obtained from every sub? ☐ YES ☐ NO

26. Are subs required to carry GL limits equal to the applicant's, and to confirm workers' compensation? ☐ YES ☐ NO

27. Is the applicant named as additional insured (ongoing AND completed ops) on all sub policies? ☐ YES ☐ NO

28. Are signed written contracts with hold-harmless / indemnification obtained from all subs before work begins? ☐ YES ☐ NO

29. Are leased or temporary employees used, and if so, who is responsible for their workers' compensation? ☐ YES ☐ NO

30. Does the applicant carry workers' compensation insurance on its own employees? ☐ YES ☐ NO

31. Who reviews and retains subcontractor certificates, and for how long? ☐ YES ☐ NO

REVIEWER / RETENTION PERIOD

JOBSITE SAFETY

32. Is there a formal written safety program with documented fall protection and toolbox talks? ☐ YES ☐ NO

33. Any OSHA citations in the past 3 years? ☐ YES ☐ NO

34. Is new-hire safety orientation and ongoing training documented? ☐ YES ☐ NO

35. Are completed jobs inspected, and is PPE use mandated and enforced? ☐ YES ☐ NO

36. Are jobsites secured with watchman/security, fencing, and lighting after hours? ☐ YES ☐ NO

37. Are public-protection measures (cones, signage, roped-off areas) used, and are underground structures located/marked before excavation? ☐ YES ☐ NO

COVERAGE REQUESTED

EACH-OCCURRENCE LIMIT

GENERAL AGGREGATE

PRODUCTS / COMPLETED-OPS AGGREGATE

DEDUCTIBLE / SIR

EXCESS / UMBRELLA LIMIT (IF ANY)

REQUESTED EFFECTIVE DATE

CONSTRUCTION-DEFECT & LITIGATION HISTORY

38. In the past 8 years, any construction-defect or faulty-workmanship claim, lawsuit, or arbitration? ☐ YES ☐ NO

39. In the past 5 years, any accusation of breach of contract? ☐ YES ☐ NO

40. In the past 3 years, has the applicant been fired or replaced on a job? ☐ YES ☐ NO

41. Any claims against a dissolved, predecessor, or affiliated entity? ☐ YES ☐ NO

42. Are any employees subject to the Jones Act or USL&H? ☐ YES ☐ NO

43. Is the applicant aware of any pre-existing condition or circumstance likely to result in a claim? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

44. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

45. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

46. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

SIGNATURE OF APPLICANT

DATE

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #