

Hudson Insurance Group

Supplemental Application - Contractors

1. Named Insured: _____

2. Named Insured Mailing Address: _____
3. Is the applicant a General Contractor ____ / Construction Manager ____ / Subcontractor ____?
4. Years in business? _____ If less than 3 years # of years of management experience in the same field of construction? _____
5. Have you ever had your contracting license revoked or suspended? Yes ____ No ____ If yes, please explain in detail: _____
6. What % of the total annual receipts is subcontracted? _____
7. Describe the type of work done by the applicant and employees:

<u>Description of Work</u>	<u>%</u>	<u>New</u>	<u>Remodel</u>	<u>Total</u>
Residential	_____	_____	_____	100%
Commercial	_____	_____	_____	100%
Industrial	_____	_____	_____	100%
Total Work	100%			

8. List the last three jobs, including type of project and cost:

<u>Location</u>	<u>Description of Job</u>	<u>Job Receipts</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Do you perform any work above 3 stories? Yes ____ No ____
10. For roofing operations: is any hot tar, open flame or other heat processing involved? Yes ____ No ____
11. Are any of the following activities performed:
 - Use of cranes? Yes ____ No ____
 - Demolition or wrecking? Yes ____ No ____
 - Blasting and/or use of explosives? Yes ____ No ____
 - Sewer or septic work? Yes ____ No ____
 - Excavation? Yes ____ No ____
 - Pile driving? Yes ____ No ____
 - Caisson or cofferdam work? Yes ____ No ____

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- Shoring, underpinning or foundation work? Yes _____ No _____
- Snowplowing? Yes _____ No _____
- Any work on streets or roads? Yes _____ No _____
- Any pesticide, herbicide or fertilizer spraying? Yes _____ No _____
- Tree trimming? Yes _____ No _____
- Leasing of equipment to others...with or without operators? Yes _____ No _____
- Bridge or tower work? Yes _____ No _____

Explain any "Yes" answers above: _____

12. Describe security at your job sites; include any fencing with gates, watchmen, lighting, alarms, surveillance cameras, locks and any other protective equipment or method.

Named Insured Signature: _____

Date: _____