



[www.CoverX.com](http://www.CoverX.com)

Producer: \_\_\_\_\_

Producer Is:     Wholesaler     Retailer

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Excess & Surplus Lines License No.: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

**TEXAS**

311 S. JUPITER, SUITE 200  
 ALLEN, TEXAS 75002  
 (214) 495-7717                      Telephone  
 (214) 495-7062                      Fax  
[covertx@coverx.com](mailto:covertx@coverx.com)                      Underwriting Email

**BOSTON**

TEN POST OFFICE SQUARE, SUITE 705 NORTH  
 BOSTON, MASSACHUSETTS 02109  
 (617) 426-6262                      Telephone  
 (617) 426-8488                      Fax  
[coverxma@coverx.com](mailto:coverxma@coverx.com)                      Underwriting Email

**CALIFORNIA – COVERX INSURANCE SERVICES – License #0573926**

3240 EL CAMINO REAL, SUITE 110  
 IRVINE, CALIFORNIA 92602  
 (888) 536-6440                      Telephone  
 (888) 451-1996                      Fax  
[coverxca@coverx.com](mailto:coverxca@coverx.com)                      Underwriting Email

**WASHINGTON**

720 OLIVE WAY, SUITE 840  
 SEATTLE, WASHINGTON 98101  
 (206) 624-6335                      Telephone  
 (866) 684-6140                      Fax  
[coverxwa@coverx.com](mailto:coverxwa@coverx.com)                      Underwriting Email

**GEORGIA**

PARKSIDE TERRACE WEST, SUITE 100  
 3780 MANSELL ROAD  
 ALPHARETTA, GEORGIA 30022  
 (770) 649-9450                      Telephone  
 (877) 340-7545                      Fax  
[coverxga@coverx.com](mailto:coverxga@coverx.com)                      Underwriting Email

**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 % Subcontractor %
10. Projected Payrolls by classes for upcoming year:		
Blasting	\$	Heating/AC \$
Bridges		Insulation
Carpentry		Landscape
Concrete		Masonry
Electrician		Mechanical
Excavation		Millwright
EIFS		Painting
Demolition		Permanent Yard
Drilling		Plastering
Grading		Plumbing
		Roofing \$
		Sewer
		Steel Structural
		Steel Ornamental
		Street & Road
		Stucco
		Supervision
		Water/Gas Main
		Welding
		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? Is scaffolding used owned by the applicant? If rented from others does applicant do so under a rental contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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? Will the applicant work on such projects in the current year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Has the applicant worked on the building, removal, repair or replacement of roofs? Will the applicant work on such projects in the current year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20.	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.

**WARNING:** 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 purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**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 VIRGINIA 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:**

- 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 THAT APPLY 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 LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:[www.insurance.ca.gov](http://www.insurance.ca.gov).**
- 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 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’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_