Complete with CWCO-SUP-CORE and ACORD 125/126. Attach CWCO-SUP-AUTO for the vehicle and driver schedules. If any work is performed on condominiums or for an association, expect a residential c

APPLICANT NAME	EFFECTIVE DATE REQUESTED	CONTRACTOR'S LICENSE NUMBER(S)

ADDRESS	CITY	STATE / ZIP	PHONE / EXT.

EMAIL	YEARS UNDER CURRENT MANAGEMENT	YEARS OF INDUSTRY EXPERIENCE	STATES WHERE APPLICANT DOES OR HAS DONE BUSINESS

A GENERAL & FINANCIAL

DESCRIBE ALL OPERATIONS

The applicant or any proposed named insured is a (check all that apply):

- ☐ General contractor
- ☐ Subcontractor
- ☐ Construction manager
- ☐ Construction consultant
- ☐ Developer
- ☐ Spec builder
- ☐ Architect / engineer
- ☐ Surveyor
- ☐ Real estate agent / broker

A1 Is the applicant a member of a union? ☐ Yes ☐ No

A2 Does the applicant currently own or operate any other business? ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Has the applicant filed bankruptcy in the past five years? ☐ Yes ☐ No
IF YES, EXPLAIN

A4 Has the applicant allowed its license to be used by another contractor? ☐ Yes ☐ No
IF YES, EXPLAIN

A5 Does the applicant carry workers' compensation insurance on its employees? ☐ Yes ☐ No
IF YES, EXPLAIN

LIST AND DESCRIBE OPERATIONS OF ALL OTHER BUSINESS NAMES AND LICENSES, ACTIVE OR INACTIVE, USED IN THE LAST FIVE YEARS

PERIOD	DIRECT PAYROLL ($)	# EMPLOYEES	SUBCONTRACTOR COSTS ($)	GROSS RECEIPTS ($)

Complete rows for: next year (estimated), last year, 2nd year prior, 3rd year prior, 4th year prior, 5th year prior.

B WORK MIX

Percentages must total 100% within each question. Use payroll for direct work and contractor cost for subbed work.

TYPE OF WORK	% DIRECT	% SUBBED	TYPE OF WORK	% DIRECT	% SUBBED

Trades to allocate: airport runways, blasting, bridge related, carpentry, concrete, demolition, drilling, drywall, earthquake, electrical, excavation, fireproofing, grading, HVAC, insulation, masonry, mechanical

% COMMERCIAL	% RESIDENTIAL	% PUBLIC WORKS / GOVERNMENT	% NEW CONSTRUCTION	% REMODEL / REPAIR

% INTERIOR WORK	% EXTERIOR WORK	% WORK AT 1–3 STORIES	% WORK AT 3–10 STORIES	% WORK AT 10+ STORIES

C RESIDENTIAL & CONDOMINIUM EXPOSURE

Residential construction defect is the leading declination driver in this class. Complete for NEW residential starts.

STRUCTURE TYPE	NEW OR REPAIR/REMODEL	# UNITS NEXT 12 MO.	# UNITS PRIOR 12 MO.	# UNITS 2ND YR PRIOR	# UNITS 3RD YR PRIOR

Structure types: single family, duplexes, triplexes, fourplexes, townhomes, condominiums, cooperatives, tract homes, apartments, senior living facilities, other.

% OF WORK RELATED TO CONDOMINIUMS	% OF CONDO WORK FOR THE ASSOCIATION	% OF CONDO WORK FOR THE UNIT OWNER

C1 Does or has the applicant performed work under a wrap-up, OCIP or CCIP program? ☐ Yes ☐ No

IF YES, EXPLAIN

C2 Does the applicant own vacant land, real estate development property, or model homes? ☐ Yes ☐ No

IF YES, EXPLAIN

D PROJECTS & HIGHER-HAZARD OPERATIONS

DESCRIBE THE APPLICANT'S FOUR LARGEST PROJECTS OVER THE PAST FIVE YEARS, INCLUDING COST

DESCRIBE THE APPLICANT'S FOUR LARGEST PROJECTS CURRENTLY UNDERWAY OR PLANNED IN THE NEXT TWELVE MONTHS, INCLUDING COST

AVERAGE VALUE OF A COMPLETED PROJECT ($)	LARGEST SINGLE PROJECT VALUE ($)	TYPICAL PROJECT DURATION

Check every operation the applicant performs or has performed:

- ☐ Work at airports
- ☐ Repair for fire or water damage
- ☐ Pressure washing / sandblasting over 4,500 P
- ☐ Hillside, slope, landfill or subsidence area
- ☐ Scaffolding erection
- ☐ Hot work / welding / torch
- ☐ LPG work greater than 5%
- ☐ Boiler inspection, install or repair
- ☐ Building raising or moving
- ☐ Shoring, underpinning, caisson or cofferdam
- ☐ Trenching or excavation over 5 feet
- ☐ Work over or near water
- ☐ Demolition of structures over 3 stories
- ☐ Asbestos or hazardous material removal
- ☐ Work below grade
- ☐ Crane or rigging operations
- ☐ Confined space entry
- ☐ None of these

MAXIMUM DEPTH OF BELOW-GRADE WORK (FEET)	% OF OPERATIONS BELOW GRADE	MAXIMUM WORKING HEIGHT (FEET)

D1 Does or has the applicant performed work under the USL&H Act and/or the Jones Act? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 Does the applicant lease cranes, mobile equipment, or other machinery to others? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Is there a formal written safety program in place? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Is there a formal written warranty program in place? ☐ Yes ☐ No
IF YES, EXPLAIN

E ROOFING OPERATIONS

Complete only if the applicant performs any roofing work, as a contractor or subcontractor.

ROOFING METHOD	USED? (Y/N)	% OF ROOFING WORK	NOTES

Methods: hot tar, torch down, modified bitumen (hot), modified bitumen (cold), hot air welding, other.

E1 Is a written hot-work permit and fire-watch procedure followed on all torch and hot-tar work? ☐ Yes ☐ No
IF YES, EXPLAIN

F SUBCONTRACTOR CONTROLS

F1 Does the applicant use subcontractors in this business? ☐ Yes ☐ No

F2 Does the applicant require certificates of insurance from all subcontractors before work begins? ☐ Yes ☐ No

F3 Is the applicant named as additional insured on subcontractors' policies, on a primary and non-contributory basis? ☐ Yes ☐ No
IF YES, EXPLAIN

F4 Does the applicant have a standard formal written contract in place with subcontractors? ☐ Yes ☐ No

F5 Do all subcontractor contracts contain a hold-harmless agreement in the applicant's favor? ☐ Yes ☐ No

F6 Is a waiver of subrogation required from every subcontractor? ☐ Yes ☐ No

F7 Are subcontractors required to carry workers' compensation, and is it verified? ☐ Yes ☐ No
IF YES, EXPLAIN

HOW LONG SUBCONTRACTOR RECORDS ARE RETAINED	MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS	WHO TRACKS COI EXPIRATION DATES

G LOSS & CLAIMS HISTORY

Attach currently-valued loss runs for the last 5 years.

G1 Have there been any losses, claims, legal actions or suits brought against the applicant in the last five years? ☐ Yes ☐ No
IF YES, EXPLAIN

G2 Do any proposed named insureds have knowledge of any pre-existing act, omission, event, condition or damage that may give rise to a future claim or legal action? ☐ Yes ☐ No
IF YES, EXPLAIN

G3 Has the applicant been accused of faulty construction in the past five years? ☐ Yes ☐ No
IF YES, EXPLAIN

G4 Has the applicant been accused of breaching a contract in the past five years? ☐ Yes ☐ No
IF YES, EXPLAIN

G5 Has the applicant filed a mechanics lien in the past five years? ☐ Yes ☐ No
IF YES, EXPLAIN

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

PROVIDE ADDITIONAL DETAIL FOR ANY 'YES' ANSWER ABOVE — CAUSE, CORRECTIVE ACTION, AND CURRENT STATUS

H ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — CERTIFICATIONS, BONDING CAPACITY, KEY CUSTOMER CONCENTRATION, OR PLANNED CHANGES

I REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental must be signed by an authorized officer of the applicant.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE