SURPLEX UNDERWRITERS, PO BOX 998 PORTLAND, ME. 04104, SURPLEX UNDERWRITERS, PO BOX 10477, BEDFORD, NH. 03110, FAX 207-856-0260, PHONE 800-441-1799 SURPLEX UNDERWRITERS, PO BOX 6070, WARWICK, RI. 02887, FAX 401-738-7589, PHONE 800-334-7580

Contractors General Liability Supplemental Application (Supplemental to Acord applications)

	icant's Name		Agent Name		
ar business v	vas founded	Years of expe	rience in trade	_ Are you Licensed?	Yes No
d of License a	and no.:			Year license was issued:	
scribe all ope	erations in deta	il:			
				ding work in progress and	
	ers: ofor prior 3 yea			oyees	
	Pay (Owner(s)		Total Receipts	Total cost of hire Subcontracted w	
urrent					
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Surrent Policy term st prior Pior Prior					
olicy term st prior Pior rd Prior List subcor	ntractor trades	used and the perce	entage of the time t	IED FOR APPLICANT	
olicy term st prior nd Pior rd Prior List subcor	ntractor trades	used and the perce		they are used for that type	

7.	Are certificates of insurance obtained from subcontractors?YesNo Minimum Limits Required \$					
8.	Do you require them to name you additional insured on their General Liability policies? Yes No					
9.	Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?					
	Yes No If no, explain when not required:					
10	. Indicate % of work performed in:					
	New Construction % Remodeling % Repair %					
	Commercial% Industrial% Residential Tract/Subdivision%					
	Spec Homes % Custom Homes % Townhouses %					
	Other %					
11.	Do you perform any snowplowing?YesNo, If yes any public roads?YesNo					
12.	Do you do framing jobs? Yes No If yes, how many times per year?					
** 14.	their own (if you are engaged in roofing operations please complete our Roofing supplmental which can be found on our web page) Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums, Townhouses or Apartment Buildings? Yes No If yes, indicate the maximum number built during any 12-month period during the last five years:					
	Residential HomesCondosTownhousesApartment Buildings					
	Advise if you plan on continuing these operations: Yes No					
15.	Any work performed above three stories in height? Yes No Maximum number of stories:					
16.	Any work performed below grade? Yes No Maximum depth ft % of total work					
17.	Does applicant lease employees? Yes No					
18.	Have any known events occurred prior to the proposed effective date that may result in a claim?Yes No					
19.	Are any of the entities named in the application involved in any other business besides activities described on this application? Yes No If yes, explain.					
20.	List the states in which you currently or plan to operate or in which you have a contractors license					