Atlantic Casualty Insurance Company

PO Box 8010
Goldsboro, NC 27533

General Contractors Supplemental Application

1. Applicant:			
2. Website Address:			
3. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? Attach loss runs for the past 5 years, if available.			☐ Yes ☐ No
a. If "yes", please explain:			
4. Describe all operations in detail:			
5. Date of Corporate Filing or DBA:			
6. Length of time in business:			Years Months
7. Years of experience			Years Months
8. Are you licensed?			☐ Yes ☐ No
a. Kind of license:		**b.** Year license issued:	
c. License No.:			
9. Number of:			
a. Owners:		b. Partners	
c. Full Time Employees		d. Part Time Employees	
e. Leased Employees:		f. Day Laborers	
10. State / Area of operations:	/		
a. Radius of operations from main location:			Miles

11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.):

Type of Work Performed	Receipts	Location	Start Date	End Date

12. Account history for prior 3 years:

	Current Year	Last Year	Year Before Last
Employee Payroll			
Total Receipts			
Total Subcontracted Costs (Labor and Materials)			

13. Are certificates of insurance obtained from subcontractors?	☐ Yes ☐ No
a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy?	☐ Yes ☐ No
b. Are you named as an additional insured on the subcontractors' policies?	☐ Yes ☐ No
14. Do you normally use the same subcontractors?	☐ Yes ☐ No
15. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor?	☐ Yes ☐ No

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16. How long are certificates retained after the completion of work:	Years / Months		
17. Do you use a standard service contract or agreement that sets out your responsibilities?	☐ Yes	☐ No	☐ N/A
a. Please attach a sample copy of your contract, agreement and/or warranty:	☐ Attached		
18. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?	☐ Yes	☐ No	
19. Are all jobs inspected by a foreman or supervisor upon completion?	☐ Yes	☐ No	
20. Is there a written record of the inspection made and retained with the job file:	☐ Yes	☐ No	☐ N/A

21. Operations performed by subcontractors for you:

Operation	Percentage

22. Indicate type of work performed by you or **your** employees(direct payroll) and the full cost of subcontracted work (subbed):

	Direct	Subbed		Direct	Subbed
Airport or Tower Work			Mechanical		
Asbestos or Mold Removal			Oilfield		
Blasting or Mining			Painting		
Boiler work			Plastering		
Carpentry			Plumbing		
Concrete			Process Piping		
Debris Removal			Retaining Wall Construction		
Electrical			Roofing		
Excavating			Septic Tanks		
Exterior Spray Painting			Sewer Mains		
Flooring Installation			Supervisory only		
Gas Mains			Underground Cable Work		
Insulation			Water Mains		
Lead Paint Removal			Waterproofing		
LPG Work			Wrecking / Demolition		
Masonry			Other:		
TOTAL					

23. Indicate % of work performed in:

New construction		Repair / Remodeling		Demolition	
Commercial		Industrial		Institutional	
Residential		Condos		Single family dwellings	
Outside building		Inside building		Construction manager for fee	
Contract basis		With penalty clause		Time & material	

24. Are you currently or have you ever been involved as a General Contractor in the building of:

a. Residential Homes?	☐ Yes	☐ No	
b. Condominiums?	☐ Yes	☐ No	
c. Townhouses?	☐ Yes	☐ No	
d. Apartment Buildings?	☐ Yes	☐ No	
e. If yes, maximum number built during any 12-month period during the last five years:			
25. Any work performed above two stories in height from grade?	☐ Yes	☐ No	
a. Maximum number of stories:	Stories		

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26. Any work performed below grade?		☐ Yes ☐ No
a. Maximum depth:		ft
b. Percentage of total work:		
27. Is scaffolding owned, rented or erected?		☐ Yes ☐ No
a. Are other contractors at job site allowed to use it?		☐ Yes ☐ No
28. Do you have a formal safety program in operation?		☐ Yes ☐ No
a. If yes, please provide a copy:		☐ Attached
29. Do you own any vacant land or real estate development property?		☐ Yes ☐ No
a. If yes, provide:	Location:	Acres
30. Is any heavy equipment, including cranes owned or operated?		☐ Yes ☐ No
a. Type of equipment:		
31. Any mobile equipment leased from others?		☐ Yes ☐ No
a. Type of equipment leased:		
b. Operators provided?		☐ Yes ☐ No
c. Lease basis:		
32. Are any of your employees subject to:		
a. U.S. Longshoremen's and Harborworkers' Act?		☐ Yes ☐ No
(1) If yes, what percent of payroll:		
b. Jones Maritime Act?		☐ Yes ☐ No
(1) If yes, what percent of payroll:		
33. Do you have Workers' Compensation coverage in force?		☐ Yes ☐ No
34. Do you do any work outside your state of domicile? If yes, where? _____		☐ Yes ☐ No
35. Do you do any work as a construction or project manager working on a fee basis?		☐ Yes ☐ No
36. Do you do any work on hillsides, terraces, landfills, or any areas that may be exposed to sinkholes?		☐ Yes ☐ No
37. Do you work on any projects insured under an OCIP or Wrap insurance policy?		☐ Yes ☐ No

PRODUCER'S SIGNATURE _____ DATE: _____

APPLICANT'S SIGNATURE _____ DATE: _____

APPLICABLE IN THE STATE OF NEW YORK:
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, in-formation 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.

FRAUD WARNING:
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.

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PO Box 8010 · Goldsboro, NC 27533
Phone: 877-225-5744 · Fax: 919-751-1042

Contractors Supplemental Questionnaire

(To be submitted with ACORD Applications)

1.	Applicant:			
2.	Website Address:			
3.	Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration)			☐ Yes ☐ No
	a. If "yes", please explain:			
4.	Describe all operations in detail:			
5.	Date of Corporate Filing or DBA:			
6.	Length of time in business:			Years Months
7.	Years of experience			Years Months
8.	Are you licensed?			☐ Yes ☐ No
	a. Kind of license:		**b.** Year license issued:	
	c. License No.:			
9.	Number of:			
	a. Owners:		b. Partners	
	c. Full Time Employees		d. Part Time Employees	
	e. Leased Employees:		f. Day Laborers	
10.	State / Area of operations:	/		
	a. Radius of operations from main location:			Miles

11. List the past three projects including location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.):

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	a. Are all subcontractors required to carry GL limits equal to or higher than your GL policy?	☐ Yes ☐ No
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Contractors Supplemental Questionnaire

(To be submitted with a ACORD General Liability Application)

Applicant:	

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17. Do you use a standard service contract or agreement that sets out your responsibilities?	☐ Yes ☐ No	☐ N/A
a. Please attach a copy of your contract, agreement and/or warranty:	☐ Attached	
18. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?	☐ Yes ☐ No	
19. Are all jobs inspected by a foreman or supervisor upon completion?	☐ Yes ☐ No	
20. Is there a written record of the inspection made and retained with the job file:	☐ Yes ☐ No	☐ N/A

21. Operations performed by subcontractor for you:

Operation	Percentage

22. Indicate type of construction work performed by you or **your** employees:

Maintenance		Alarm System Installation		Excavating	
Alarm Monitoring		Janitorial		Underground Cable Work	
Painting		Masonry		Wrecking / Demolition	
Exterior Spray Painting		Carpentry		Septic Tanks	
Lead Paint Removal		Floor Sanding, Stripping or Buffing		Snowplowing	
Plastering		Roofing		Sewer Mains	
Plumbing		Electrical		Gas Mains	
Mechanical		Insulation		Water Mains	
LPG Work		High Voltage Wiring		Pesticide / Herbicide Application	
Process Piping		Tree Trimming / Removal		Supervisory only	
Boiler work		Retaining Wall Construction or Repair		Concrete	
Blasting or Mining		Airport or Tower Work		Oilfield	
Asbestos or Mold Removal		Other:		Other:	
TOTAL					

23. Indicate % of work performed in:

New construction		Repair / Remodeling		Demolition	
Commercial		Industrial		Institutional	
Residential		Condos		Single family dwellings	
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a. Type of equipment leased:		
b. Operators provided?		☐ Yes ☐ No
c. Lease basis:		
32. Are any of your employees subject to:		
a. U.S. Longshoremen's and Harborworkers' Act?		☐ Yes ☐ No
(1) If yes, what percent of payroll:		
b. Jones Maritime Act?		☐ Yes ☐ No
(1) If yes, what percent of payroll:		
33. Do you have Workers' Compensation coverage in force?		☐ Yes ☐ No
34. Do you do any work in the States of Nevada, California or South Carolina?		☐ Yes ☐ No

PRODUCER'S SIGNATURE _____ DATE: _____

APPLICANT'S SIGNATURE _____ DATE: _____

APPLICABLE IN THE STATE OF NEW YORK:
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