



Canopy Contractors
Supplemental Application

Please Submit Acord 125/126 and last 5 years currently valued loss history.

*If New Venture, send resume and NKLL.

Renewal of Policy No:

Named Insured:

Address on File:

Inspection Contact on File:

Questionnaire:

1. Website:

2. Years in Business: Years of experience:

*If new venture or no prior GL insurance, send insured’s resume and NKLL.

3. List all active or inactive businesses in which you own or had an ownership interest:

4. List all the states that you perform work in:

5. License(s) #:

6. Description of operations in detail:

7. Please indicate the percentage of estimated work for the next 12 months. (Total % in all boxes combined must equal 100%):

	Residential	Commercial	Industrial/Government
New			
Repair/Remodeling			



8. Does your work involve any of the following? (Total % in all boxes combined must equal 100%):

	New	Repair/Remodel
Apartments		
Custom Homes or Single Family Residences		
Condos		
Townhomes		
Tract Homes		
Work for Associations (HOA/COA/TOA)		

9. How many new homes will you build from the ground up (as the GC or Prime Contractor) in the next year?

10. What is the size of the largest development that you will work on?

11. Any work in tract developments with more than 25 units? Yes No

12. What is the maximum number of homes you will work on in each development?

13. Please provide the following estimates (excluding Wrap-Up/OCIP/CCIP):

	Estimated Gross Receipts	Field Payroll	Subcontractors Costs	Uninsured Sub-Costs	1099 Costs	Premium
Next 12 months						
Last/Current 12 months						
1 st Prior Year						
2 nd Prior Year						



14. Employees/Owners:

- a. **Number of Full-Time Field Employees:**
- b. **Number of Part-Time Field Employees:**
- c. **Number of Active Owners:**
- d. **Do you use Day Labor or 1099 Employees?** Yes No Cost:

15. Do you use Subcontractors? Yes No

If yes, please answer the following:

- a. **% of work subcontracted to others?**
- b. **Do you require all Subcontractors to be insured?** Yes No
- c. **What is the minimum limit of liability you require Subcontractors to carry?**
- d. **Do you collect Certificate Of Insurance from ALL Subcontractors?** Yes No
- e. **Do you always require subs to sign a Hold Harmless or Indemnification Agreement in your favor?**
Yes No
- f. **Do you utilize a standard contract with all Subcontractors?** Yes No
- g. **Do you require ALL Subcontractors to name you as an Additional Insured on their policies?**
Yes No
- h. **What is the average cost of a job including materials and Subcontractor costs?**

16. Do you currently, or do you plan on getting involved in any Wrap-Up/OCIP/CCIP Projects?
Yes No



17. Does any of the following involve you or your Subcontractors (Y/N)?

Airports		Equipment Rentalsto Others		Offshore/Marine	
Alarm Monitoring		Fire Sprinkler I/S/R		Playground Equipment	
Ball and Chain Wrecking		Explosives/Blasting		Asbestos/Pollution Abatement	
Boiler Inspection I/S/R		Gas Stations		Power Lines	
Bridges		Hospitals or Medical Facilities		Process Piping	
Building Raising/Moving		Ice & SnowRemoval		Railroad	
Chemical/Petrochemical		Janitorial or building services		Subways/Tunnels	
Chimney Cleaning		Landfills		Traffic Control/Flaggingfor Hire	
Dams/Reservoirs/Levee/Seawalls		Mold Remediation		Other:	
DOT Contracted Work		Nuclear		Other:	
Elevator/Escalator		Oil or Gas Work		Other:	

18. Indicate payroll breakdown for each trade performed either direct by an employee or Subcontracted-out. The total of payroll should equal 100% and the total of Subcontractor costs should equal 100%:

Type of Work	% Direct	% Sub	Type of Work	% Direct	% Sub	Type of Work	% Direct	% Sub
Alarm Installation			Glass/Glazing			Seismic/Retrofitting		
Carpentry			Grading			Sewer Mains		
Cell Tower			HVAC			Sheet Metal		
Concrete			Insulation			Siding		
Debris Removal			Landscape			Solar		
Demolition			Maintenance/Handyman			Steel/Ornamental		
Door/Window			Masonry			Steel/ Structural		
Drilling/Boring			Mechanical			Supervisory Only		
Dry Utility/Cabling			Painting			Swimming Pool		
Drywall			Paving – Street/Roads			Tile/Marble		
EIFS			Paving – Private			Traffic Control		
Electrical			Pile Driving			Traffic Signals		
Excavation			Plastering/Stucco			Tree Removal		
Fence			Plumbing			Water/Gas Mains		
Fireproofing			Retaining Walls			Waterproofing		
Flooring			Roofing			Welding		
Framing			Septic Tank I/S/R			Other:		



19. What is the maximum height that you work at? Percentage: _____
20. What is the maximum depth that you work at? Percentage: _____
21. Any work on slopes greater than 30 degrees? Yes No
22. Any work on retaining walls greater than 6 feet? Yes No
23. Any demolition work performed other than tearing down with hand tools? Yes No
a. If so, is this work subcontracted to fully insured sub-contractors Yes No or performed by insured's employees? Yes No
24. What is being demolished and means of demolition?
25. Any work on railroads, traffic lights, airports, recreation facilities, petroleum plants, chemical facilities, elevators, escalators, or foundation repair/stabilization? Yes No
26. Have you filed for bankruptcy in the past 5 years? Yes No
27. During the past 3 years has any company ever cancelled or non-renewed your GL insurance?
Yes No
28. Is there a formal safety plan in place? Yes No



29. Describe the last 5 jobs performed by your company. Include the project cost, state, work description and duration:

- 1.**
- 2.**
- 3.**
- 4.**
- 5.**

By signing this Application, we confirm that the above information is accurate and appropriate for quotation/binding purposes.

By: (Applicant/Insured's Signature)

Date: