

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
 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 \Box No \Box
- 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
 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	%	%	Type of Work	%	%	Type of Work	%	%
	Direct	Sub		Direct	Sub	· · ·	Direct	Sub
Alarm			Glass/Glazing			Seismic/Retrofitting		
Installation								
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:		



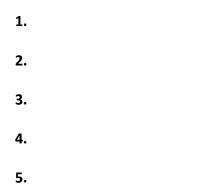
- 19. What is the maximum height that you work at? Percentage:
- 20. What is the maximum depth that you work at? Percentage:
- 21. Any work on slopes greater than 30 degrees? Yes
 No
 No
- 22. Any work on retaining walls greater than 6 feet? Yes
 No
 No
- 23. Any demolition work performed other than 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
 No
- 26. Have you filed for bankruptcy in the past 5 years? Yes
 No
 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 \Box No \Box



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



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

By: (Applicant/Insured's Signature)

Date: