

SECTION A: Applicant Information

1. Applicant Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Location Address (if different from above): _____
 Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Detailed description of operations: _____

2. Business Name: _____ Contractor's license number: _____
3. Years in business operating under this name: _____ Years of experience in this field/trade: _____
4. List prior business experience (if any): _____
5. List other businesses owned or affiliated in any way with the company above in the past five years: _____

6. List states worked in for the past five years: _____
7. State the percentage of work performed in the following areas:
 Five Boroughs of NYC: _____ %
 Downstate counties (excluding Boroughs): _____ %
 Upstate counties: _____ %
8. For the next 12 months, provide the following information:
 Employee's payroll: _____
 Gross receipts (total revenue): _____
 No. of owners, officers, or partners: _____ No. of owners, officer, or partners active in business: _____
 No. of full-time employees: _____ No. of part-time employees: _____
 Cost of subcontracts with certificates of insurance on file (including labor and materials): _____
 Cost of subcontracts without certificates of insurance on file (including labor and materials): _____
 Expense for casual labor or leased employees: _____
9. List all jobs currently underway or planned for the next year including location, scope of work being performed and contract price (attach a separate sheet if space below is inadequate for complete list):
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
10. Max number of jobs running at the same time: _____
11. List the three largest jobs in the past five years (including approximate date, description of work and revenue):
 1. _____
 2. _____
 3. _____
12. Has prior insurance been cancelled, declined, or non-renewed? ☐ Yes ☐ No
 If yes, please explain: _____

13. Has the company, or any of the owners, ever operated for any period without insurance? ☐ Yes ☐ No
14. Has applicant ever been named in legal action or had a demand for arbitration regarding faulty/defective construction?
..... ☐ Yes ☐ No
- If yes, please explain: _____
15. Are there any claims, legal actions, arbitrations, or disputes pending of any kind against any persons or entities named
in the application? ☐ Yes ☐ No
- If yes, please explain: _____

SECTION C: Safety Information

1. Please attach a copy of your Safety Manual Procedures

2. Does applicant have a written safety policy and program in place? ☐ Yes ☐ No
3. Is there a formal safety training program in place for the following (select all that apply)?
- ☐ Orientation ☐ Fall Protection ☐ OSHA 10 ☐ OSHA 30 ☐ Project-Specific Training
- ☐ First Aid ☐ Material Handling ☐ CPR ☐ Supervisory ☐ Mobile Equipment and Transport
4. Does applicant enforce the use of PPE as required by OSHA? ☐ Yes ☐ No
5. Is fall protection required for work at all heights? ☐ Yes ☐ No
6. Is there an accident investigation/lessons learned program in place? ☐ Yes ☐ No

SECTION D: Subcontract Work Information

1. Please attach a copy of your Standard Subcontract Agreement

2. Does applicant subcontract out any work? ☐ Yes ☐ No
3. What is the percentage of work subcontracted to others (as a percentage of total receipts)? _____
4. What type of work is subcontracted to others: _____
5. Does applicant obtain certificates of insurance from all subcontractors? *If yes, attach sample* ☐ Yes ☐ No
6. Are additional insured endorsements obtained from all subcontractors? *If yes, attach sample* ☐ Yes ☐ No
7. Does applicant obtain a hold-harmless or indemnification agreement in your favor? *If yes, attach sample* ☐ Yes ☐ No
8. What limit of primary and/or excess insurance is required from subcontractors? _____
9. Under what circumstances does applicant allow subcontractors to work without obtaining a certificate of insurance that
includes an endorsement naming you as an additional insured?
- _____
10. List key subcontractors (name and type of work subcontracted):

SECTION E: Street and Road Operations Information

1. State the percentage of work performed in each of the following categories:

Residential: _____% Commercial: _____% Manufacturing: _____% Industrial: _____% = 100%
 Remodel: _____% Repair: _____% New Construction: _____% = 100%

2. What percentage of each day is done working on the job site? _____%

3. Complete the table below with the percentage of each type of operation (if applicable) and if the operation is sub'd out:

Operation	"X" if N/A	Percentage	"X" if Sub'd
Driveway or Parking Lot Paving (asphalt concrete)			
Sidewalk/Stamped Concrete			
Curbs/Gutters			
Seal Coating Operations			
Tar and Chip Operations			
Paving Stones and Other Masonry Work			
Line Painting			
Parking Lots			
Highway			
Local/State Roads			
Street or Road Paving/Repaving: Rural/Private Roads			
Street or Road Paving/Repaving: Existing Roadways			
Street or Road Paving/Repaving: New			
Street or Road Paving/Repaving: Interstate/Highway/Heavily Trafficked			
New Road Construction/Subsurface Road Construction			
Guard Rails: Metal			
Guard Rails: Wood			
Guard Rails: Local/State Roads			
Guard Rails: Highway			
Sound Barrier on Highways			
Airport Work: Runways			
Airport Work: Warning Aprons			
Airport Work: Access Roads			
Dams, Bridges, Railway Roadbeds, Racetracks			
Parking Garage Decks			
Other Ground Supported Asphalt or Concrete Work			
Describe Above:			
Other			
Describe Other:			

4. Describe the methods of traffic and pedestrian control utilized:

5. Does applicant employ certified flaggers for traffic control? ☐ Yes ☐ No
 If no, explain: _____

6. Does applicant own or operate a stationary asphalt batch plant? ☐ Yes ☐ No
 If yes, does applicant sell asphalt to other contractors? ☐ Yes ☐ No

7. Does applicant own or operate a portable hot mixing plant? ☐ Yes ☐ No

8. Does applicant haul asphalt for others? ☐ Yes ☐ No

9. Does applicant own or operate a gravel put or quarry? ☐ Yes ☐ No
 If yes, describe: _____

SECTION F: Auto Information

1. Does applicant have a formal safety program in place? ☐ Yes ☐ No
2. Do employees take company vehicles home in the evening? ☐ Yes ☐ No
3. Does applicant have a vehicle maintenance plan in place to address the following equipment (select all that apply):
☐ Brakes ☐ Electrical ☐ Steering ☐ Drivability ☐ GPS Tracking/Monitoring ☐ Tires
4. Are company vehicles equipped with backup cameras? ☐ Yes ☐ No
5. Are vehicles with an obstructed rear view equipped with backup alarms? ☐ Yes ☐ No
6. Is a spotter required for backing maneuvers in high-risk areas such as construction sites or when visibility is obstructed?
..... ☐ Yes ☐ No
7. Are drivers and spotters formally trained on safety protocols? ☐ Yes ☐ No
If yes, does this include pre-arranged hand signals and maintaining visual contact? ☐ Yes ☐ No
If yes, are drivers instructed to immediately stop if they lose site of the spotter? ☐ Yes ☐ No
8. Describe the applicant's policy regarding personal and family use of company vehicles?

9. Does applicant review Motor Vehicle Records on prospective employees and annually thereafter? ☐ Yes ☐ No
10. Does applicant have specific criteria used to determine acceptable/unacceptable driving records? ☐ Yes ☐ No
If yes, detail criteria:

11. Explain how employees with unacceptable driving records are handled (remove driving privileges, written warning, probationary period, etc.):

12. Does applicant perform snow/ice removal work? ☐ Yes ☐ No

SECTION G: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____