



## NEW YORK CONTRACTORS GL SUPPLEMENTAL APPLICATION

### SECTION A: Applicant Information

1. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Proposed Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M., Standard Time at Address of Applicant

### SECTION B: Business Information

1. Business Name: \_\_\_\_\_
2. Years in business under this name: \_\_\_\_\_ Years of experience in this field: \_\_\_\_\_ Check if new venture ☐
3. Job Site Inspection contact name and title: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
4. Premium Audit contact name and title: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
5. Name and title of contact responsible for vetting subcontractors, approving CGL carriers, and approving and tracking their COIs and subcontractor agreements: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
6. Does Insured operate as:  
☐ General Contractor      ☐ Project Manager      ☐ Project Owner  
☐ Builder/Developer      ☐ Construction Manager      ☐ Trade Contractor/Subcontractor
7. Describe any work as a Project Manager, Developer, or Construction Manager:  
\_\_\_\_\_  
\_\_\_\_\_
8. If any work as a Project or Construction Manager, does Insured carry an E&O policy? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
9. State the percentage of work for the following:  
General Contractor: \_\_\_\_\_ %  
Developer: \_\_\_\_\_ %  
Subcontractor: \_\_\_\_\_ %  
Construction Manager: \_\_\_\_\_ %
10. Is the Insured licensed? ..... ☐ Yes ☐ No  
State the license class/number: \_\_\_\_\_
11. Has any licensing authority taken any action against Insured? ..... ☐ Yes ☐ No
12. List states operated in: \_\_\_\_\_
13. Has the Insured operated or been licensed under any other name(s) during the past 10 years? ..... ☐ Yes ☐ No  
If yes, provide prior name(s) and describe the type of operations:  
\_\_\_\_\_  
\_\_\_\_\_
- Does the Insured have other business ventures for which coverage is not requested? ..... ☐ Yes ☐ No  
If yes, explain and advise where insured: \_\_\_\_\_
14. Does Insured allow license to be used by others to obtain a permit without their jobsite supervision? ..... ☐ Yes ☐ No
15. Does Insured lease or rent any equipment to others? ..... ☐ Yes ☐ No

## SECTION C: Operations Information

1. Description of operations: \_\_\_\_\_

2. Number of active owners: \_\_\_\_\_ times (x) State Minimum Payroll equals (=) Total Owner Payroll: \_\_\_\_\_

3. Annual subcontracted cost (labor and materials): \_\_\_\_\_

4. Number of employees, other than owners, including leased and temporary: \_\_\_\_\_

5. Does the Insured use casual laborers? *If yes, include in question 6* ..... ☐ Yes ☐ No

6. Specify in the table below, all employee trades and payroll:

| Trade Classification or Code | Payroll | Trade Classification or Code | Payroll |
|------------------------------|---------|------------------------------|---------|
| a.                           |         | d.                           |         |
| b.                           |         | e.                           |         |
| c.                           |         | f.                           |         |

7. Total annual payroll of all employees, leased workers, and temporary workers (not including owners): \_\_\_\_\_

8. Gross sales for prior policy period: \_\_\_\_\_ Gross sales anticipated for this policy period: \_\_\_\_\_

9. Does the Insured own any real estate development property? ..... ☐ Yes ☐ No

If yes, state the number of acres: \_\_\_\_\_ State the number of building sites: \_\_\_\_\_

What is planned to be developed on this site? \_\_\_\_\_

10. Does the Insured own any model homes? ..... ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

11. Does the Insured own any vacant land? ..... ☐ Yes ☐ No

12. Show, in the table below, the percentage of work performed in the following (each row should equal 100%):

|             |                          |   |                            |   |                    |        |
|-------------|--------------------------|---|----------------------------|---|--------------------|--------|
| Residential | New Construction: _____% | + | Remodeling/Repairs: _____% | + | Demolition: _____% | = 100% |
|             | Rural: _____%            | + | Suburban: _____%           | + | Urban: _____%      | = 100% |
| Commercial  | New Construction: _____% | + | Remodeling/Repairs: _____% | + | Demolition: _____% | = 100% |
|             | Rural: _____%            | + | Suburban: _____%           | + | Urban: _____%      | = 100% |
| Industrial  | New Construction: _____% | + | Remodeling/Repairs: _____% | + | Demolition: _____% | = 100% |
|             | Rural: _____%            | + | Suburban: _____%           | + | Urban: _____%      | = 100% |

13. Does Insured plan on or is Insured working on any condominiums, town houses, or tract homes? ..... ☐ Yes ☐ No

If yes, specify number of units, location(s), and job description(s): \_\_\_\_\_

Is this work for individual unit owners or contract with the association? \_\_\_\_\_

14. State the number of residential homes anticipated to be construction over the next year: \_\_\_\_\_

15. State the number of homes built over the past three years: \_\_\_\_\_

16. State the number of homes remodeled over the past three years: \_\_\_\_\_

17. State the maximum number of homes built in any one year (last ten years): \_\_\_\_\_

18. Describe, in the table below, the five largest jobs in the last five years (attach a separate sheet if necessary):

| Project Name and Address | City and State | Description | Contract Amount | Job Dates |
|--------------------------|----------------|-------------|-----------------|-----------|
|                          |                |             |                 |           |
|                          |                |             |                 |           |
|                          |                |             |                 |           |
|                          |                |             |                 |           |

19. In the table below, describe current Work in Progress (attached a separate sheet if necessary):

| Project Name and Address | City and State | Description | Contract Amount | Job Dates |
|--------------------------|----------------|-------------|-----------------|-----------|
|                          |                |             |                 |           |
|                          |                |             |                 |           |
|                          |                |             |                 |           |
|                          |                |             |                 |           |

20. What percent of Insured's work is in the State of New York? \_\_\_\_\_% → If less than 100%, list all states the Insured has worked in, or is planning on working in: \_\_\_\_\_
21. What percent of Insured's work is in each of the following locations? (total must equal 100%)
- Five Boroughs of New York City: \_\_\_\_\_%
- Philadelphia, PA: \_\_\_\_\_%
- NY counties of Nassau, Suffolk, Rockland, and Westchester: \_\_\_\_\_%
- Remainder of New York State: \_\_\_\_\_%
- Other than the State of New York: \_\_\_\_\_%
22. Does the Insured always have a written contract agreement with the customer? ..... ☐ Yes ☐ No
23. If excavating, does the Insured use "Dig Safe" or are utilities contacted prior to digging? \_\_\_\_\_
24. Does Insured bid on roofing projects? ..... ☐ Yes ☐ No
25. Does Insured or subcontractors frame residential dwellings? ..... ☐ Yes ☐ No
- If yes, how many over the past two years? \_\_\_\_\_ How many anticipated for the coming 12 months? \_\_\_\_\_
26. Does Insured do any foundation work? ..... ☐ Yes ☐ No
- If yes, how many over the past two years? \_\_\_\_\_ How many anticipated for the coming 12 months? \_\_\_\_\_
27. Has Insured ever built or does the Insured intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? ..... ☐ Yes ☐ No
- If yes, explain: \_\_\_\_\_
28. Does Insured perform alarm monitoring, security system installation, service, maintenance, or repair? ☐ Yes ☐ No
29. Does Insured work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? ..... ☐ Yes ☐ No
30. In the table below, state "x" if Insured or subcontractors have ever done any of the following:

| Category                                                      | Yes | No |
|---------------------------------------------------------------|-----|----|
| Airports                                                      |     |    |
| Architecture/Design                                           |     |    |
| Asbestos Removal                                              |     |    |
| Blasting                                                      |     |    |
| Caisson or Pile Driving                                       |     |    |
| Chinese Drywall Remediation                                   |     |    |
| Cofferdam                                                     |     |    |
| Dams/Reservoirs                                               |     |    |
| Fire/Water Restoration                                        |     |    |
| Fireproofing                                                  |     |    |
| Hospitals/Operating Rooms                                     |     |    |
| Lead Abatement                                                |     |    |
| Mold Remediation                                              |     |    |
| New Residential Construction for Condos, Town, or Tract Homes |     |    |
| Oil or Gas Fields                                             |     |    |
| Radon Mitigation                                              |     |    |
| Removal/Installation of Underground Tanks                     |     |    |
| Re-roofing                                                    |     |    |
| Sewer Mains                                                   |     |    |
| Sprinklers/Fire Prevention                                    |     |    |
| Synthetic Stucco (EFIS)                                       |     |    |
| Underpinning                                                  |     |    |
| Use of Cranes/Hoists                                          |     |    |
| Work over three stories                                       |     |    |
| Work performed below grade level                              |     |    |

31. If yes to any of the above in the table, please describe:

\_\_\_\_\_

32. Describe the typical project Insured's company is involved in:

\_\_\_\_\_

#### SECTION D: Subcontracted Operations Information

1. Does the Insured require policies/certificates of Workers Compensation coverage from subcontractors? ☐ Yes ☐ No
2. Do all subcontractors provide Certificates of General Liability Insurance? ..... ☐ Yes ☐ No
3. State General Liability limits required of subcontractors: \_\_\_\_\_
4. Is the Insured an Additional Insured on all certificates received from subcontractors? ..... ☐ Yes ☐ No
5. Is a favorable "hold harmless" agreement part of the Insured's contract with subcontractors? ..... ☐ Yes ☐ No
6. How long are certificates kept? \_\_\_\_\_
7. Are the same contractors used? ..... ☐ Yes ☐ No
8. Indicate with an "x", in the table below, operations/work done by employees and subcontractors:

| Operation                     | By Insured or Employees | By Insured Subcontractors | By Uninsured Subcontractors |
|-------------------------------|-------------------------|---------------------------|-----------------------------|
| Interior Carpentry            |                         |                           |                             |
| All Other Carpentry           |                         |                           |                             |
| Concrete                      |                         |                           |                             |
| Demolition                    |                         |                           |                             |
| Door/Window Installation      |                         |                           |                             |
| Drywall                       |                         |                           |                             |
| Electrical                    |                         |                           |                             |
| Excavation                    |                         |                           |                             |
| Floor Covering                |                         |                           |                             |
| Home Furnishings Installation |                         |                           |                             |
| Insulation                    |                         |                           |                             |
| Masonry                       |                         |                           |                             |
| Exterior Painting             |                         |                           |                             |
| Interior Painting             |                         |                           |                             |
| Paperhanging/Plastering       |                         |                           |                             |
| Plumbing                      |                         |                           |                             |
| Re-Roofing                    |                         |                           |                             |
| Siding Installation           |                         |                           |                             |
| Tiling                        |                         |                           |                             |
| Other: _____                  |                         |                           |                             |

#### SECTION E: Management/Loss Control Information

1. Has Insured ever had a Construction Defect loss/claim, been involved in a class action construction Defect Suit or is Insured aware of any pending litigation? ..... ☐ Yes ☐ No
2. Describe a job in progress which we may inspect. Include project/location, nature of work, receipts, and start/end dates:  
\_\_\_\_\_  
\_\_\_\_\_
3. Does the Insured utilize video surveillance at job sites? ..... ☐ Yes ☐ No  
If yes, how long are recorded videos maintained? \_\_\_\_\_  
If yes, where is it stored? \_\_\_\_\_

4. Are American Institute of Architects Standard Contracts used? ..... ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_
5. Does the Insured test all land, even if partially developed, before purchasing for development? ..... ☐ Yes ☐ No  
If no, does Insured only rely on the soil tests supplied by the seller? ..... ☐ Yes ☐ No
6. Does the Insured have a soil engineer on staff? ..... ☐ Yes ☐ No  
If no, is an independent soil engineer contracted? ..... ☐ Yes ☐ No  
Does the soil engineer hold Insured harmless and name Insured as an additional insured? ..... ☐ Yes ☐ No
7. Are homeowner's warranty policies provided to homebuyers? ..... ☐ Yes ☐ No
8. Would Insured like a quote for the following General Liability coverage extensions? (not available in all states) (select all that apply)
- ☐ Additional Insureds
- ☐ Additional Insureds – Owners, Lessees, or Contractors – Automatic Status
- ☐ Primary Coverage for Additional Insureds

#### SECTION F: Optional Coverages (additional premium may apply)

##### Additional Insureds

1. Is "blanket" Additional Insured coverage, as required by contract, being requested? ..... ☐ Yes ☐ No
2. For any Additional Insureds that must be specifically scheduled, complete the table below:

| Additional Insured Entity | Mailing Address | Describe Entity's Interest in Specific Projects | Notes/Other Requirements |
|---------------------------|-----------------|-------------------------------------------------|--------------------------|
|                           |                 |                                                 |                          |
|                           |                 |                                                 |                          |
|                           |                 |                                                 |                          |

##### Contractors Pollution Liability

1. Do any of the insured's contracts require they carry Contractors Pollution Liability coverage? ..... ☐ Yes ☐ No
2. Does insured subcontract any roofing, plumbing, demolition, remediation, or HVAC operations? ..... ☐ Yes ☐ No  
If yes, are subcontractors required to carry Contractors Pollution Liability Coverage? ..... ☐ Yes ☐ No
3. Has the insured had any pollution liability claims in the past 5 years? ..... ☐ Yes ☐ No
4. Does insured currently carry in-force CPL coverage? ..... ☐ Yes ☐ No

##### Hired and Non-Owned Auto Liability Coverage

1. Does the insured own any autos or equipment that are licensed for road use? ..... ☐ Yes ☐ No
2. What types of non-owned autos will be used in the insured's business, and how will they be used?  
\_\_\_\_\_
3. How often are non-owned autos used in the insured's business? \_\_\_\_\_

##### Employee Benefits Liability Coverage

1. Number of employees? \_\_\_\_\_
2. List all Employer-sponsored plans: \_\_\_\_\_
3. Has Insured had any prior Employee Benefits Liability claims in the past 5 years? ..... ☐ Yes ☐ No
4. Does insured currently carry in-force EBL coverage? ..... ☐ Yes ☐ No
5. If yes, provide retroactive date: \_\_\_\_\_

## 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: \_\_\_\_\_