CONTRACTORS SUPPLEMENTAL APPLICATION

REQUIRED SUBMISSION INFORMATION	
A copy of a recently executed subcontractor's agreement	WC Experience Mod Worksheets
Current plus the last five (5) years of currently valued loss history for the lines submitted	Current project list plus prior year (Required for all GC's)
	A copy of your Safety Manual; all pages
A full driver's list including all employees or family members who may drive company vehicles, or personal vehicles for company business	If you provide service and maintenance, please attach a copy of your Service/Maintenance Agreement

APPLICANT INFORMATION (SEE LAST PAGE IF THERE ARE MULTIPLE NAMED INSUREDS)					
First Named Insured (see last page for Named Insured info):					
Date Business was Established:		Effective Date:			
Total Target Account Premium: $					
Detailed description of operations: Self-Performed: Subcontracted:					
Do you require 6' fall protection for all employees, subs and visitors?					
Describe what type of training is offered to new hires:					
Describe how you enforce safety:					
List your 5 largest jobs:					
What is your projected Revenue: $			Total Sub Cost: $		
Total Number of Employees (field and office):					
% of your work that is Commercial:	%	Industrial:	%	Residential:*	%
% of your work that is New Construction:	%	Maintenance:	%	Service/Repair:	%
Renovation/Remodeling:	%	or Emergency:	%		
Describe your Industrial Work:					
Describe your Residential* Work:					

* For the purposes of this application, residential construction means private homes, housing developments including cooperative housing developments, condominiums, townhomes or a building or structure with multiple dwelling units that are individually owned.

THE HARTFORD

If requesting Auto coverage:		
What was your cost for vehicle rentals over the past 12 months?		
How many employees use personal vehicles in the scope of employment (not including commuting miles to and from work – supervisors, service work, etc.)?		
On average, how many days per week do these employees use their personally owned vehicle?		
Do you require insurance coverage from these employees?	Yes	No
If yes, what limits do you require?		
Do you require certificates of insurance or auto ID cards from employees confirming their limits of insurance?	Yes	No
Do you confirm personal insurance policies do not include a "business use" exclusion?	Yes	No

ADDITIONAL OPERATIONS DETAIL/EXPOSURE CHECKLIST Check all that apply regardless of self-performed or subcontracted.	
EXPOSURE/OPERATION	**EXPOSURE/OPERATION**
Aircraft – owned or leased	Fabricate "Items" and Sell to Others for Installation
Airport Work – any indoor or outdoor work including taxiways or runways	Foundation Work/Commercial
Amusement Park Rides	Foundation Work/Residential
Asbestos, PCB or Lead Abatement	Furnace Work
Batch Plants	Gas Lines
Blasting	Hauling of Contaminated Soil
Boiler Installation/Repair/Maintenance	Hauling Property Not Owned by You for a Charge
Boring/Horizontal or Vertical	High Voltage Work >600 Volts
Burglar Alarm Systems/Install or Repair	Insulation
Caisson Work	Landfill, Waste or Recycling Site Work
Clean Rooms	Land Clearing
Cofferdam Work	Levee Work
Concrete Vertical or Tilt-up	Logging Operations
Crane Operations	Marine or Marina Construction
Dam Construction	Nuclear or Refineries
Debris Removal – operations only	Oil & Gas Drilling or Pipeline Installation/Operations
Detention Ponds	Own or Operate Quarries or Gravel Pits
Door Installs or Replacement	Own, Maintain or Use a Drone or Unmanned Aircraft
Dredging Operations	Painting/Boats or Ships or Marinas
Drones – use of drones owned or subbed	Painting/Bridges or Towers
Drilling	Painting/Exterior Buildings
Drywall/Interior, Exterior	Painting/Spray Painting, including Booths
Electrical Work/Outside a Building	Painting/Tanks
Energized Lines/Hot Work	Powerline Construction
Erection of Metal/Steel Towers	Process Piping/Industrial
Exterior Insulation Finish Systems (EIFs)	

continued

ADDITIONAL OPERATIONS DETAIL/EXPOSURE CHECKLIST Check all that apply regardless of self-performed or subcontracted.	
EXPOSURE/OPERATION	EXPOSURE/OPERATION
Property Manager	Steep Cliffs or Excavations for Soil Stabilization
Railroad Work	Street or Road Construction
Real Estate Development	Swimming Pools/Install or Repair
Refractory Work	Stucco
Refrigeration Systems	Subway or Tunnel Construction
Remediation (lead, mold, asbestos)	Telephone Poles/Setting in Place or Working On or From
Restoration – water, smoke, etc.	Tower Work
Retaining Walls	Traffic Control
Retention Ponds	Traffic Lighting
Rent Any Equipment to Others	Tree Removal or Trimming
River Rechanneling	Tunnel Work
Sandblasting	Underground Mining
Scaffolding Installation	Underground Storage Tank Work
Sell Any Materials to Others	Vegetation Layers in or on Buildings
Shaft Sinking	Water Park
Sign Installation	Waterproofing
Snow or Ice Removal	Window/Exterior Door Installation or Repair
Soil Compaction or Stabilization	Work on Rooftops
Solar Work/Ground	Wrecking/Demolition/Dismantling
Solar Work/Roof	

Please be sure to attach most recent signed subcontract agreement.

CONTRACT MANAGEMENT		
Do you use a written contract with ALL subcontractors?	Yes	No
Do you require a signed subcontract agreement before the subcontractor starts working?	Yes	No
Do you collect and review Certificates of Insurance prior to the subcontractor beginning work?	Yes	No

NAMED INSUREDS

For each Named Insured please provide the following information:

Named Insured	Description of Entity (if not described above)	State of Domicile	Names of Ownership	% of Ownership
				%
				%
				%
				%

Do any Named Insured's own any property (i.e., single family homes, vacation homes, rental properties, etc.) or personal items (i.e., ATVs, golf carts, boats, helicopters, etc.) in the business name?	Yes	No

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The person signing the application is authorized to make the above representations on behalf of the applicant, and a representation that the information is accurate. Signing this application does not bind coverage. The applicant's acceptance of the company's quotation is required before insurance coverage is bound and a policy issued. The application must be signed and dated by an authorized representative of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge that all of the foregoing statements in this application and the information included in all applications, supplements, attachments, supporting information and replies to underwriter inquiries:

1. are true, accurate and complete; and
2. will be relied upon by The Hartford in determining the acceptability of the application and the premium amount to be charged; and
3. will be considered an integral part of the resultant insurance contract

The undersigned further agrees that the applicant has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

FRAUD WARNING STATEMENTS

FOR UTAH APPLICANTS ONLY: ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CALIFORNIA APPLICANTS: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signature of Authorized Applicant:	Signature of Broker/Agent:
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Business Insurance
Employee Benefits
Auto
Home