

## MUSIC Contractors Supplemental Application

Applicant's Name \_\_\_\_\_

Agent Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Effective Date:

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Web Address \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Applicant is:  Individual  Corporation  Partnership  Joint Venture  LLC  Other \_\_\_\_\_

States of Operation \_\_\_\_\_

Licensed?  Yes  No

Radius of Operation from main location \_\_\_\_\_ miles

License Type \_\_\_\_\_

Years of Experience \_\_\_\_\_ years

License # \_\_\_\_\_

Years doing business under current name \_\_\_\_\_ years

Limits of Liability Requested	
Each Occurrence	\$ _____
Personal & Advertising Injury	\$ _____
Products & Completed Operations Aggregate	\$ _____
General Aggregate	\$ _____
Fire Legal (any one premise)	\$ _____
Medical Expense (any one person)	\$ _____

### Applicant is a (% of each)

- General Contractor \_\_\_\_\_ %
- Developer \_\_\_\_\_ %
- Owner/Builder \_\_\_\_\_ %
- Artisan/Subcontractor \_\_\_\_\_ %
- Other (please explain) \_\_\_\_\_

Other Coverages, Restrictions, or Endorsements requested:

Deductible \$ \_\_\_\_\_ BI/PD per Claim - LAE

Description of Operations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Residential			Commercial		
New _____ %	Remodel _____ %	Demolition _____ %	New _____ %	Remodel _____ %	Demolition _____ %
Apartments _____ %			Industrial _____ %		
Condo's/Townhouses _____ %			Institutional _____ %		
Custom Homes _____ %			Mercantile _____ %		
Tract Housing _____ %			Office _____ %		
Remodeling - Structural _____ %			Remodeling - Structural _____ %		
Remodeling - Non- Structural _____ %			Remodeling - Non-Structural _____ %		
Additions _____ %			Other: _____ %		

**Please indicate the Number of each you have or are planning to do in the given time period**

	# of Residential Homes	# at Any 1 Project/ Development	# Condominiums/ Town homes	# of Apartments
Next 12 Months				
Prior Year				
Prior Year				
Prior Year				

**Please list the 3 largest projects you have completed in the last 3 years**

Description of Project	Duration	Cost

**Additional Insureds**

Interest	Description of Job	Cost of Job	Duration

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## Operations By Applicant \_\_\_\_\_ % of Total Operations

Airports	_____ %	Fire Proofing	_____ %	Power Lines	_____ %
Asbestos Removal	_____ %	Fire/Water Restoration	_____ %	Remove/Install Tanks	_____ %
Blasting	_____ %	Insulation	_____ %	Sewer	_____ %
Bridges/Elevated Roads	_____ %	Maintenance	_____ %	Steel - Ornamental	_____ %
Carpentry	_____ %	Masonry	_____ %	Steel - Structural	_____ %
Communication Lines	_____ %	Mechanical	_____ %	Street/Road	_____ %
Concrete	_____ %	Mold Remediation	_____ %	Supervisory only	_____ %
Drilling	_____ %	Oil/Gas Fields	_____ %	Swimming Pools	_____ %
Earthquake Retrofitting	_____ %	Painting	_____ %	Tunneling	_____ %
EIFS	_____ %	Pipeline/Water Main	_____ %	Underpinning	_____ %
Electrical	_____ %	Plastering	_____ %	Waterproofing	_____ %
Excavating	_____ %	Plumbing	_____ %	Wrecking/Demolition	_____ %

## Operations By Subcontractor \_\_\_\_\_ % of Total Operations

Airports	_____ %	Fire Proofing	_____ %	Power Lines	_____ %
Asbestos Removal	_____ %	Fire/Water Restoration	_____ %	Remove/Install Tanks	_____ %
Blasting	_____ %	Insulation	_____ %	Sewer	_____ %
Bridges/Elevated Roads	_____ %	Maintenance	_____ %	Steel - Ornamental	_____ %
Carpentry	_____ %	Masonry	_____ %	Steel - Structural	_____ %
Communication Lines	_____ %	Mechanical	_____ %	Street/Road	_____ %
Concrete	_____ %	Mold Remediation	_____ %	Supervisory only	_____ %
Drilling	_____ %	Oil/Gas Fields	_____ %	Swimming Pools	_____ %
Earthquake Retrofitting	_____ %	Painting	_____ %	Tunneling	_____ %
EIFS	_____ %	Pipeline/Water Main	_____ %	Underpinning	_____ %
Electrical	_____ %	Plastering	_____ %	Waterproofing	_____ %
Excavating	_____ %	Plumbing	_____ %	Wrecking/Demolition	_____ %

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## Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Including Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			
Prior Year			

## Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

## Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Do you or any of your employees hold a Real Estate License?  Yes  No

If Yes, under what name? \_\_\_\_\_ If same name we would need to exclude.

Any operations outside of contracting?  Yes  No

If yes, please describe. \_\_\_\_\_

Do you lease mobile equipment from others?  Yes  No

If yes, please describe what equipment and from whom. \_\_\_\_\_

Do you own vacant land or real estate development property?  Yes  No

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If yes, please describe \_\_\_\_\_

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Do you have Workers Compensation Coverage in force?  Yes  No

Do you lease employees from others?  Yes  No

Do you lease employees to others?  Yes  No

Are any operations insured elsewhere by an Owner Controlled Insurance Program (OCIP), also referred to as Wrap-Up Coverage?  Yes  No

If yes, please describe. \_\_\_\_\_

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In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?  Yes  No

Please list all executive officers, partners, or owners. \_\_\_\_\_

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Have you ever had a construction defect claim/loss or been involved in a class action construction defect suit?  Yes  No

If yes, please describe/ \_\_\_\_\_

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Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?  Yes  No

If yes, please describe. \_\_\_\_\_

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**This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.**

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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\_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_