



BITUMINOUS INSURANCE COMPANIES BUILDERS SUPPLEMENTAL APPLICATION

Complete all of Section I and any portions of Section 2 that apply to applicant's specific operations.

SECTION I

NAMED INSURED: _____ AGENT: _____
 ADDRESS: _____ ADDRESS: _____

1. LIST ALL ENTITIES TO BE COVERED: _____

2. TYPE OF CONTRACTOR: _____

3. WEB SITE ADDRESS: _____ 4. YEARS IN BUSINESS: _____

5. PERCENT OF WORK FOR: Owners: _____ Other Contractors: _____

6. PERCENT OF WORK THAT IS: Residential: _____ Commercial: _____ Industrial: _____

7. PERCENT OF WORK THAT IS: New Construction: _____ Remodeling: _____

8. GROSS RECEIPTS: Current Yr. _____ 9. PAYROLL: Current Yr. _____
 1st Prior Yr. _____ 1st Prior Yr. _____
 2nd Prior Yr. _____ 2nd Prior Yr. _____

10. TOTAL COST OF SUBCONTRACTED WORK: Current Yr. _____
 1st Prior Yr. _____
 2nd Prior Yr. _____

11. MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS:
 Occurrence: _____ Aggregate: _____

12. MINIMUM UMBRELLA LIMITS REQUIRED OF SUBCONTRACTORS: _____

Indicate if any past or present work is done in or around the following exposures (explain all "yes" answers in Remarks).

	<u>YES</u>	<u>NO</u>
1. Explosive environments (paints, solvents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Installation of emergency back-up equipment	<input type="checkbox"/>	<input type="checkbox"/>
3. Dam, bridge or river related construction	<input type="checkbox"/>	<input type="checkbox"/>
4. Airport construction or repair	<input type="checkbox"/>	<input type="checkbox"/>
5. Petrochemical plants	<input type="checkbox"/>	<input type="checkbox"/>
6. Swimming pools	<input type="checkbox"/>	<input type="checkbox"/>
7. Fire alarm or automatic sprinkler design, install or repair	<input type="checkbox"/>	<input type="checkbox"/>

	<u>YES</u>	<u>NO</u>
8. Burglar alarm design, install or repair	<input type="checkbox"/>	<input type="checkbox"/>
9. High voltage (over 480 volts) or high amperage	<input type="checkbox"/>	<input type="checkbox"/>
10. Major electrical control panels	<input type="checkbox"/>	<input type="checkbox"/>
11. Nuclear plants	<input type="checkbox"/>	<input type="checkbox"/>
12. Duct cleaning or decontamination	<input type="checkbox"/>	<input type="checkbox"/>
13. Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
14. Power plants	<input type="checkbox"/>	<input type="checkbox"/>
15. Traffic signal work	<input type="checkbox"/>	<input type="checkbox"/>
16. Oil or gas refineries	<input type="checkbox"/>	<input type="checkbox"/>
17. Power lines	<input type="checkbox"/>	<input type="checkbox"/>
18. Landfill	<input type="checkbox"/>	<input type="checkbox"/>
19. Work over four stories	<input type="checkbox"/>	<input type="checkbox"/>
20. Any real estate development	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION (Explain all "Yes" answers in Remarks)

1. Has a formal written safety and security policy been distributed to and acknowledged by employees?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant ever been named in any claims and/or litigation regarding faulty or defective construction or workmanship?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any snowplowing work done?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what % of receipts? _____		
Do you enter into any hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does applicant do any millwright work, equipment moving or rigging work?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does applicant have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has applicant applied or installed any exterior insulation or finishing, or any direct applied exterior insulation finishing systems (EIFS or DEFS) related product or material in the past?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was it over wood?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been involved with the application or installation of material which is directly in contact with EIFS or DEFS, such as windows, doors, paint caulk or flashing materials?	<input type="checkbox"/>	<input type="checkbox"/>
8. If you are a general contractor or subcontractor using subcontractors, have you managed projects or operations using EIFS or DEFS related products as the exterior finish?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was it over wood?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had any EIFS or DEFS related losses?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any current or past involvement with a wrap-up/OCIP?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach list of jobs, dates, limits, locations, description of applicant's involvement.		
11. Is any fireproofing work done?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the applicant have a documented and enforced fall protection program?	<input type="checkbox"/>	<input type="checkbox"/>

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 13. Any asbestos, lead or mold abatement or removal performed or subcontracted to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the applicant have a documented quality control program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the applicant rent or loan equipment to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Attach a list and description of last ten (10) jobs. | | |

RISK TRANSFER INFORMATION (Explain all "No" answers in Remarks)

- | | | |
|---|--------------------------|--------------------------|
| 1. If operating as a sub, does applicant: | | |
| a. List others as additional insureds on their GL? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Enter hold harmless agreements? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sign waivers of subrogation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sign/enter into sub/performance contracts with GCs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant obtain Certificates of Insurance from all subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant require <u>all</u> subcontractors to enter into a written contract, including an indemnity agreement, additional insured & limits requirements and a waiver of subrogation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are subcontractors required to carry primary insurance limits equal to or greater than those of the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When named as an additional insured, is coverage required to be on a primary basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is additional insured coverage required to be per ISO CG 2010 (11/85), CG 2037 or their equivalent (including completed ops.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the applicant's attorney reviewed and approved the contract they use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the applicant retain all job files? | <input type="checkbox"/> | <input type="checkbox"/> |

MANAGEMENT PRACTICES INFORMATION (Explain all "Yes" answers in Remarks)

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the insured have a safety committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any employee incentive programs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the insured have a light duty back to work program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the insured set accident prevention goals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the insured do pre-employment physicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the insured have a physicans panel in place? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION II

SPECIFIC CONTRACTOR INFORMATION (Explain all "Yes" answers in Remarks, for past or present operations)

AIR CONDITIONING AND HEATING

- | | | |
|---------------------------------------|--------------------------|--------------------------|
| 1. Any boiler work done? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Percentage of LPG work done? _____ | | |

YES **NO**

- 3. Do you use helicopters to lift roof-mounted units? YES NO
- 4. Any building maintenance contracts? YES NO

CARPENTRY

- 1. Any roofing done? YES NO
If yes, what percentage? _____
- 2. Any shop work done? YES NO
- 3. Any renovation work done? YES NO
If yes, what percentage? _____
- 4. Any gutting of interior load bearing walls? YES NO
- 5. Any acoustical ceiling installation? YES NO

CONCRETE AND ASPHALT

- 1. Any concrete pumping work? YES NO
- 2. Any mix in transit operations? YES NO
- 3. Any asphalt plant operations? YES NO
- 4. Any street or road construction or repair? YES NO
- 5. Any culvert construction or repair? YES NO

DRYWALL

- 1. Any EIFS/DEFS work currently performed? YES NO
- 2. Any scaffolding used? YES NO
If yes, to what height? _____
- 3. Any use of stilts? YES NO
- 4. Any metal ceiling or wall installation? YES NO
- 5. Any acoustical ceiling installation? YES NO

ELECTRICAL WIRING

- 1. Any underground cable work? YES NO
- 2. Any installation of transformers, electrical panels or electrical motors? YES NO
- 3. Any horizontal boring? YES NO
- 4. Any electrical apparatus installation, service or repair? YES NO
- 5. Any computer installation, service or repair? YES NO
- 6. Any heavy industrial work? YES NO
- 7. Any airport runway lights? YES NO
- 8. Lockout/tagout procedure? YES NO
- 9. Any building maintenance contracts? YES NO

	<u>YES</u>	<u>NO</u>
FLOOR COVERING INSTALLATION		
1. Do you have a retail store?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you install carpet?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you install linoleum?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you install nonceramic tile?	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL BUILDING CONTRACTORS

1. Any total building renovation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any construction management?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any design/build?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you own or rent cranes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list in Remarks.		

INSULATION

1. Are NIOSH approved respirators mandatory?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any structural fireproofing materials applied?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any pipe insulation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any removal?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate type and disposal procedure? _____		

MASONRY WORK

1. Do you also excavate?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any retaining walls built?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any mix-in transit?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any work involving load bearing walls?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any basement work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any waterproofing work?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any tuck painting?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any building cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any fireplace construction?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any industrial furnaces/refractory work?	<input type="checkbox"/>	<input type="checkbox"/>
11. Any scaffolding used?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, to what height? _____		

PAINTING

- 1. Percentage: Inside: _____ Percentage: Outside: _____
- 2. Any work above two stories? YES NO
- 3. Any scaffolding used? YES NO
If yes, to what height? _____
- 4. Any painting of tanks, water or gas? YES NO
- 5. Any painting of bridges or towers? YES NO
- 6. Any exterior spray painting? YES NO
If yes, what percentage? _____
- 7. Any epoxies used? YES NO
- 8. Any lead paint removal done? YES NO

PLASTERING

- 1. Percentage: Inside: _____ Percentage: Outside - Stucco: _____
EIFS/DEFS: _____
- 2. Any work above two stories? YES NO
- 3. Any scaffolding used? YES NO
If yes, to what height? _____

PLUMBING

- 1. Any refrigeration systems installed? YES NO
- 2. Any installation of high pressure systems, caustics, flammables, gases or chemicals? YES NO
If yes on high pressure work, what are the PSI limits? _____
- 3. Any mechanical contracting operations? YES NO
- 4. Are proper written procedures in place with respect to "sweating" of pipes? (If "No", explain in remarks.) YES NO
- 5. Any septic tank installation? YES NO
Any septic tank cleaning or removal? YES NO
- 6. Any building maintenance contracts? YES NO
- 7. Any installation of hospital gases? YES NO
- 8. Any process piping? YES NO

ROOFING

- 1. Any work done above two stories? YES NO
- 2. Percentage: Commercial: _____ Residential: _____ Industrial: _____
- 3. Percentage: New Construction: _____ Repair: _____ Replacement: _____
- 4. Percentage: Pitched: _____ Flat: _____

5. Percentage: Built Up: _____ PVC: _____ Hot Tar: _____ Tile: _____
Rubber Membrane: _____ Single Ply: _____ EPDM: _____ Shingles: _____
Other (describe): _____

6. Is Torch On method used? YES NO

7. If Hot Tar method is used, what size are the kettles? _____
Is tar heated before traveling to the job site or upon arrival? _____
How is kettle protected? _____
What are your fire prevention measures? _____

8. Are written procedures in place to assure that an opening in the roof will never be left unattended and will be properly covered and anchored before leaving the job site? (If no, explain in Remarks.) YES NO

What type of solvents, adhesives or flammables are used? _____

SHEET METAL

1. Percentage of gutters & downspouts _____ Air conditioning and heating ducts _____
Steel siding _____ Roofing _____

2. Any sale of materials to others? YES NO

SIDING

1. Percentage: New construction _____ Replacement _____
2. Percentage: Aluminum _____ Wood _____
Vinyl _____ Plywood _____

3. Any roofing? YES NO

4. Any gutter work? YES NO

5. Any insulation work? YES NO

STRUCTURAL STEEL

1. Do you own or rent cranes? YES NO

If yes, list in Remarks.

2. Percentage: Buildings _____ Towers _____
Bridges _____ Other (explain) _____

TERRAZZO, TILE, MARBLE, MOSAIC

1. Percentage: Interior: _____ Percentage: Exterior: _____

2. Any fireproof tile installation? YES NO

SECTION III

Remarks:

Completed by: _____

Date _____