

Commerce BOP Contractors ACORD Supplement

Applicant's Name: _____ Agency Name/Code _____

17. Does the applicant now, or has the applicant ever, engaged in the following operations?

If yes, please contact your underwriter before binding coverage.

- | | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Lead paint abatement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Installation of dormers or additions above an existing building | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asbestos abatement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Roofing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exterior insulation finishing system | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Underground | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of hazardous chemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Swimming pool | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outdoor work more than 30' above ground | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Blasting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alarm systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Spray painting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire suppression systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of cranes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mold remediation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

18. Contractor Payroll

Owner or Partner: \$29,000. per person: \$ _____
 Employee Payroll (except clerical): \$ _____
 Temporary worker/helper payroll: \$ _____
 Payments to uninsured subcontractors: \$ _____
 Total payroll for rating purposes: \$ _____
 Payments to subcontractors who have provided Certificates of General Liability insurance: \$ _____

19. Subcontractors

A. Does the applicant hire subcontractors? Yes No

What is the cost of each subcontracted part of the insured's work?

Trade

	Annual Cost
	\$ _____
	\$ _____
	\$ _____

B. Does the applicant require each subcontractor to sign a contract with the following requirements?

- | | | |
|---|------------------------------|-----------------------------|
| 1) Hold the applicant harmless from the subcontractor's negligence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Agree to indemnify the applicant in case of loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Carry general liability insurance with a limit of at least equal to the applicant's limit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Name the applicant as an additional insured for liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Provide the applicant with a Certificate of Insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

20. Contractors License or Registration Type and Number: _____

How long has the applicant been in business? _____

How many years experience does the applicant have in the above trade? _____

21. Does the applicant engage in snow and ice removal?

Yes No

If so, is snow removed from: Private Driveways Parking Lots Roads

Number of plows: _____ \$300,000 \$500,000 \$1,000,000

22. Has any lawsuit ever been filed, or any claim otherwise been made, against the applicant or any business which the applicant has been a part of?

Yes No

23. Has the applicant been aware of any incident, circumstance, defect, or alleged defects including, but not limited to, faulty or defective workmanship, product failure, construction dispute, property damage, or subcontractor or construction worker injury that has given or may give rise to a claim or lawsuit, whether valid or not, which might involve the applicant?

Yes No

24. Gross Revenue – For the most recent twelve months:

\$ _____

Anticipated gross revenue for the next twelve months:

\$ _____

Signature of insured or producer: _____

Date: _____