Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company

MARKEL®

CONTRACTOR'S SUPPLEMENTAL APPLICATION

General Contractor/Artisan Contractor

(To be attached to ACORD applications)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____

Mailing Address: _____ _____

_____ _____

1. Time in business: _____ Years of experience: _____
   Licensed? ☐ Yes ☐ No Year of license: _____ License #: _____ Kind of License: _____
   Any previous/current license in another other state? ☐ Yes ☐ No If so, list state(s): _____
2. Percentage of Operations:

General Contractor	_____%	Developer	_____%
Subcontractor	_____%	With Penalty Clause	_____%
Construction Manager	_____%	(for a fee only)	

3. Are there any other operations owned, operated, or managed by you? ☐ Yes ☐ No
   Please explain: _____
   Is coverage in place elsewhere for these operations? ☐ Yes ☐ No
4. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? ☐ Yes ☐ No
   Please explain: _____
5. Radius of operations from main location: _____ States worked in: _____
6. Payroll of owners, officer, and partners active at job sites or performing supervisory duties $ _____
   Payroll of employees other than owners, officers, partners, and clerical $ _____
   Cost of leased, temporary, staffing service, casual labor (if not included above) $ _____
   Total payroll $ _____
7. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? ☐ Yes ☐ No
8. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? ☐ Yes ☐ No
   Please explain: _____
9. List the percentage of work you have done or plan to do in the following categories:
   Overall operations: Commercial _____% Public Works _____% Residential _____%
   Other (explain) _____% _____

Commercial: New _____% or Remodel _____%		**Residential:** New ___% or Remodel ___%	
Industrial	%	Apartments	%
Institutional	%	Condominiums/Townhouses	%
Mercantile	%	Custom Homes	%
Office	%	Tract Homes	%
Remodeling – Structural	%	Remodeling – Structural	%
Remodeling – Nonstructural	%	Remodeling – Nonstructural	%
Other:	%	Other:	%
Have you ever been or are currently involved in any residential project exceeding twenty (20) homes/units?		☐ Yes ☐ No	

10. **SUBCONTRACTORS**

Do you obtain Certificates of Insurance for GL and WC from all subcontractors? ☐ Yes ☐ No

What are the minimum General Liability limits you require? _____

Are written contracts obtained from all subcontractors ☐ Yes ☐ No

Do all contracts contain a Hold Harmless clause in your favor? ☐ Yes ☐ No

Are you named as an Additional Insured on all subcontractor policies? ☐ Yes ☐ No

Do you normally use the same subcontractors? ☐ Yes ☐ No

Do you use any casual labor? ☐ Yes ☐ No

Do you use any leased employees? *If yes, provide copy of contract* ☐ Yes ☐ No

Are you responsible for providing benefits, Worker's Compensation for these employees? ☐ Yes ☐ No

What percentage of your work do you sub out? _____%

Do you carry Worker's Compensation insurance? ☐ Yes ☐ No

11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5th prior year	$	$	$
4th prior year	$	$	$
3rd prior year	$	$	$
2nd prior year	$	$	$
Last year	$	$	$
Projected next 12 months	$	$	$

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		$	
		$	
		$	

13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
	$	
	$	
	$	
	$	
	$	

14. Please provide the dollar value of an average completed job (including all materials, equipment, and labor):$ _____

15. How many additional insured endorsements do you anticipate needing in the next year? _____

16. Is there any equipment rental to others? ☐ Yes ☐ No

If yes, sales/receipts: $ _____

List equipment: _____

Attach a copy of the contract.

17. Do you lease mobile equipment? ☐ Yes ☐ No With operators? ☐ Yes ☐ No

Type of equipment: _____

Do you use cranes? ☐ Yes ☐ No Maximum length of boom: _____

18. Do you or have you performed repairs of fire damage, water damage, or mold damage? ☐ Yes ☐ No

19. Do you use explosives? ☐ Yes ☐ No

If yes, please explain: _____

20. Any flammables stored on site? ☐ Yes ☐ No In approved containers? ☐ Yes ☐ No

If yes, please explain: _____

21. Have you done or do you plan any work performed for:

Refineries	☐ Yes ☐ No	Gas Stations	☐ Yes ☐ No
Chemical Plants	☐ Yes ☐ No	Airports	☐ Yes ☐ No
Railroads	☐ Yes ☐ No	Hospitals	☐ Yes ☐ No
Public Utilities	☐ Yes ☐ No		

Please explain: _____

22. Have you done or do you plan any project involving:

Caissons	☐ Yes ☐ No	Piers	☐ Yes ☐ No
Retaining Walls	☐ Yes ☐ No	Shoring	☐ Yes ☐ No
Underpinning	☐ Yes ☐ No	Other structural engineering?	☐ Yes ☐ No

Please explain: _____

23. Have you in the past or do you plan any work to be above two stories in height? ☐ Yes ☐ No

Percentage: _____% What is the maximum height? _____

Please explain: _____

24. Have you in the past or do you plan any work to be performed below ground level? ☐ Yes ☐ No

Percentage: _____% What is the maximum depth? _____

Please explain: _____

25. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? ☐ Yes ☐ No

Maximum degree of slope: _____

26. Have you in the past or do you plan any repair, replace or new roofs? ☐ Yes ☐ No

Percentage of heat applications: _____ % Percentage of membrane roofing: _____%

Please explain: _____

27. In the past three years, have you been fired or replaced on a job in progress? ☐ Yes ☐ No

Have you replaced another contractor on a job in progress? ☐ Yes ☐ No

Please explain: _____

Were there any claims, losses, or suits against you in the past five years? ☐ Yes ☐ No

Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☐ No

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action? ☐ Yes ☐ No

Have you been accused of faulty construction in the past five years? ☐ Yes ☐ No

Have you been accused of breaching a contract in the past five years? ☐ Yes ☐ No

28. Complete the following table as applicable:

Class	**Subbed Cost**		**Employee Payroll**		**None**
Abatement/Asbestos, Lead, Environmental Cleanup	$	%	$	%	☐
Air Conditioning/Heating	$	%	$	%	☐
Alarm Systems	$	%	$	%	☐
Blasting	$	%	$	%	☐
Boiler Installation	$	%	$	%	☐
Caisson or Cofferdam Work/Dam	$	%	$	%	☐
Carpentry – Dwellings	$	%	$	%	☐
Carpentry – Interior	$	%	$	%	☐
Carpentry – Other	$	%	$	%	☐
Concrete Construction/Repair – Driveways, Sidewalks or Parking Areas	$	%	$	%	☐
Concrete Construction/Repair – Foundations, Flat Work / Tiltup Work	$	%	$	%	☐
Drilling	$	%	$	%	☐
Drywall/Wallboard Installation	$	%	$	%	☐
Earthquake Reinforcement	$	%	$	%	☐
Electrical Work – Within Buildings	$	%	$	%	☐
Electrical Work – Other	$	%	$	%	☐
Escalator/Elevator – Install, Maintenance, Repair	$	%	$	%	☐
Excavating/Grading of Land	$	%	$	%	☐
Fireproofing	$	%	$	%	☐
Gas Mains/LPG Work	$	%	$	%	☐
Gas Pumps	$	%	$	%	☐
Insulation	$	%	$	%	☐
Masonry – (EIFS Work-synthetic stucco, retaining wall work)	$	%	$	%	☐
Mechanical	$	%	$	%	☐
Millwright/Industrial Machinery	$	%	$	%	☐
Painting	$	%	$	%	☐
Plastering	$	%	$	%	☐
Playground Equipment – Maintenance or Repair	$	%	$	%	☐

Pile Driving	$	%	$	%	☐
Plumbing – Residential	$	%	$	%	☐
Plumbing – Commercial	$	%	$	%	☐
Road, Highway, Bridge, Overpass	$	%	$	%	☐
Roofing – Residential	$	%	$	%	☐
Roofing – Commercial	$	%	$	%	☐
Seismic Work/Repair Describe:	$	%	$	%	☐
Sewer/Water Mains	$	%	$	%	☐
Sprinkler Installation (Buildings)	$	%	$	%	☐
Steel – Ornamental	$	%	$	%	☐
Steel – Structural	$	%	$	%	☐
Supervisory Only	$	%	$	%	☐
Swimming Pool Construction	$	%	$	%	☐
Traffic Signals/Controls Describe:	$	%	$	%	☐
Tunneling	$	%	$	%	☐
Underground Tank Removal/Installation	$	%	$	%	☐
Waterproofing	$	%	$	%	☐
Wrecking/Demolition	$	%	$	%	☐

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warning: 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.

Name of Applicant

Title

Signature of Applicant

Date