

Contractors Supplemental Application

(This form must be completed and signed by insured)



FARMERS
80 YEARS SERVING AMERICA

Named Insured _____ **Policy/Quote#** _____

1. Are your construction activities limited to only SERVICE work? Yes No If no, describe in detail the type of work you currently perform: _____

- 1a. Has this changed at all during the past 10 years? Yes No If yes, describe the changes in detail:

2. Describe in detail the type of future construction projects you are currently bidding or planning to bid on:

3. Are you currently involved in any new commercial, residential, apartment or condominium construction activities? Yes No If yes, describe in detail: _____

4. List all types of contractors licenses currently in force: _____

- 4a. Do you hold any licenses in a different name or D.B.A.? Yes No If yes, explain in detail:

5. Do you currently have a General Contractors License? Yes No If yes, how long? Years _____
6. Have you ever acted as a developer or general contractor on any construction projects? Yes No If yes, explain in detail:

7. Are you currently acting as a developer or general contractor on any projects? Yes No If yes, explain in detail:

8. Do you plan to become a developer or general contractor on any new construction project? Yes No If yes, explain type of project in detail: _____

9. Have you ever operated under a different business name or D.B.A.? Yes No If yes, explain in detail:

10. Do you or has anyone employed by you or your business, performed any type of design or architectural work? Yes No If yes, explain in detail: _____

11. Do any general contractors or developers require you to furnish them any type of Hold Harmless Agreements? Yes No If yes, please **attach sample copies of each form(s)** which refers specifically to the insurance requirements

12. Are you or do you plan to perform any work on buildings exceeding three stories in height? Yes No If yes, explain type of work in detail: _____

13. Do you subcontract any of your work to others? Yes No If yes, explain type of work and dollar amount in detail:

14. What are your estimated total receipts for the **current** policy year? \$ _____
 Estimated amount of your total receipts **subcontracted** to others? \$ _____ Percentage of total? _____ %
Estimated total receipts for the **next 12 months period**? \$ _____ **Subcontracted**? \$ _____
15. Do you require every subcontractor you use to furnish certificates of insurance, name you as an additional insured and maintain minimum limits of liability equal to or greater than yours? Yes No If no, please explain in detail:

16. Do you currently hold or did you ever have a Real Estate License? Yes No If yes, please explain the need for it: _____

17. Have you or any one of the entities you were a principal, declared bankruptcy during the past 12 months? Yes No If yes, describe which entity and effective date? _____

18. Provide a complete list and attach it to this application of any pending or ongoing litigation in which you are a named defendant. (If none, state none) _____
19. Provide a complete list of any current litigation not described in #18 which you have knowledge of and expect to be served with suit papers in the near future? (If none, state none) _____
20. Are you aware of any new claims, suits, facts or circumstances not described in #18 or #19 not yet reported to your insurance carrier? Yes No If yes, please explain in detail: _____

21. Total **estimated** payroll for the **current** policy period? _____ **Estimated** payroll for next year? \$ _____ Please **attach the last four quarterly wage statements** or 941 Federal reports of payroll to this form before submitting it to the Company.

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Insured's Agreement to Provide Truthful and Complete Information

Insurance is based on your honest cooperation with us. We need to know that the information you have given us in this Supplemental Application is correct to the best of your knowledge. Any intentional or fraudulent concealment of material facts by an insured in this application for insurance may result in a denial of coverage and/or the rescission of this policy. By signing this Supplemental Application, you agree that you have read and truthfully answered all the questions. We will rely on the information you provided in this Supplemental Application to issue your policy.

Insured's Warranty

I hereby WARRANT that I have carefully read and truthfully answered all the questions contained in this Supplemental Application.

Insured _____ Date signed _____ / _____ / _____
 (Signature of Insured)

It is important you retain a copy of this completed application for your records.