



Kinsale Insurance Company  
 P. O. Box 17008  
 Richmond, VA 23226  
 (804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

**CONTRACTOR'S SUPPLEMENTAL APPLICATION**  
 COMPLETE IN ADDITION TO ACORD APPLICATIONS.  
 ATTACH ADDITIONAL SHEETS AS NECESSARY.  
 ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

**GENERAL INFORMATION**

1)

|   |                |  |               |
|---|----------------|--|---------------|
| Named Insured:  |                |  |               |
| Brokerage/Broker:   |                |  | Agency/Agent: |
| Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Policy Number: |  |               |
| Effective Date:   |                |  |               |
| Website:  |                |  |               |

2) Current Carrier Information:

|  |   |                   |  |
|--|---|-------------------|--|
| Carrier:   |   |                   |  |
| Limit of Insurance:  |   |                   |  |
| Deductible:  |   |                   |  |
| Premium:   |   |                   |  |
| Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> | Retroactive date: |  |

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) A brochure, description of operations, or marketing materials if a website is not available

3) Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Your premise address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5) Audit/Inspection contact: \_\_\_\_\_

a. Phone number: \_\_\_\_\_

b. Email: \_\_\_\_\_

6) Please indicate your operations:

- General Contractor \_\_\_\_\_%
- Subcontractor \_\_\_\_\_%
- Construction Manager \_\_\_\_\_%
- Consultant \_\_\_\_\_%
- Owner/Builder \_\_\_\_\_%
- Developer \_\_\_\_\_%

7) In what states do you operate? \_\_\_\_\_



8) Are you licensed in all states in which you operate? Yes  No   
 a. License Number(s): \_\_\_\_\_

9) Please complete the following for your revenue history and projections:

|                            | Estimated Upcoming Year | Last 12 Months | 1 Year Prior | 2 Years Prior | 3 Years Prior |
|----------------------------|-------------------------|----------------|--------------|---------------|---------------|
| Gross Annual Receipts      |                         |                |              |               |               |
| Employee Payroll           |                         |                |              |               |               |
| Cost of Subcontracted Work |                         |                |              |               |               |

10) Please complete the following table for your breakdown of work. Check all that apply:

| Operation:   | Percentage of Total Operations: | Percentage of Work Done by Your Employees: | Percentage of Work Done by Subcontractors: | Revenue from Operation: |
|--|---------------------------------|--|--|-------------------------|
| <input type="checkbox"/> New Residential Construction – Single Family - Tract    |                                 |  |  |                         |
| <input type="checkbox"/> New Residential Construction – Single Family - Custom   |                                 |  |  |                         |
| <input type="checkbox"/> New Residential Construction – Condominium/Townhouse    |                                 |  |  |                         |
| <input type="checkbox"/> New Commercial Construction (inc'l Apartment)           |                                 |  |  |                         |
| <input type="checkbox"/> Residential Remodel/Repair – Single Family - Tract      |                                 |  |  |                         |
| <input type="checkbox"/> Residential Remodel/Repair – Single Family - Custom     |                                 |  |  |                         |
| <input type="checkbox"/> Residential Remodel/Repair – Condominium/Townhouse      |                                 |  |  |                         |
| <input type="checkbox"/> Apartment to Condominium Conversions                    |                                 |  |  |                         |
| <input type="checkbox"/> Commercial Residential Remodel/Repair (inc'l Apartment) |                                 |  |  |                         |
| <input type="checkbox"/> Other New Construction:<br>_____                        |                                 |  |  |                         |
| <input type="checkbox"/> Other New Construction:<br>_____                        |                                 |  |  |                         |
| <input type="checkbox"/> Other Remodel/Repair:<br>_____                          |                                 |  |  |                         |
| <input type="checkbox"/> Other Remodel/Repair:<br>_____                          |                                 |  |  |                         |
| <b>TOTAL</b>   | 100%                            |  |  |                         |

11) Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? Yes  No



- 12) If you or anyone working on your behalf is performing condo remodel work, is any work performed directly for the Condo Owner's Association (COA)? Yes  No   
 a. If yes, what percentage is this of your overall operations? \_\_\_\_\_
- 13) Do you have any model homes? Yes  No   
 a. If yes, how many? \_\_\_\_\_
- 14) What is the greatest number of new homes you have built in any one year? \_\_\_\_\_
- 15) Do you own any vacant land? For purposes of this application, vacant land means raw land with no buildings on the property and no developmental or improvement activity, held only for investment or possible development more than 12 months in the future. Yes  No   
 a. If yes, how many acres? \_\_\_\_\_
- 16) Do you own any Real Estate Development Property (land with improvements such as streets, roads, utilities, etc. completed or under construction)? Yes  No   
 a. If yes, how many acres? \_\_\_\_\_
- 17) Indicate type of work performed by your employees:

|                  |   |              |   |                          |   |
|------------------|---|--------------|---|--------------------------|---|
| Airport Runways  | % | Grading      | % | Sewers                   | % |
| Blasting         | % | HVAC         | % | Sheet Metal              | % |
| Bridge Building  | % | Insulation   | % | Steel (Ornamentation)    | % |
| Carpentry        | % | Landscaping  | % | Steel (Structural)       | % |
| Concrete         | % | Maintenance  | % | Street/Road Construction | % |
| Demolition       | % | Masonry      | % | Supervisory Only         | % |
| Drilling         | % | Mechanical   | % | Traffic Control          | % |
| Dry Wall         | % | Painting     | % | Tunneling                | % |
| Electrical       | % | Plastering   | % | Water Mains              | % |
| Excavating       | % | Plumbing     | % | Waterproofing            | % |
| Fire Suppression | % | Roofing      | % | Seismic Retrofit         | % |
| Gas Mains        | % | Other: _____ | % | Other: _____             | % |

- 18) Indicate type of work performed by your subcontractors:

|                  |   |              |   |                          |   |
|------------------|---|--------------|---|--------------------------|---|
| Airport Runways  | % | Grading      | % | Sewers                   | % |
| Blasting         | % | HVAC         | % | Sheet Metal              | % |
| Bridge Building  | % | Insulation   | % | Steel (Ornamentation)    | % |
| Carpentry        | % | Landscaping  | % | Steel (Structural)       | % |
| Concrete         | % | Maintenance  | % | Street/Road Construction | % |
| Demolition       | % | Masonry      | % | Supervisory Only         | % |
| Drilling         | % | Mechanical   | % | Traffic Control          | % |
| Dry Wall         | % | Painting     | % | Tunneling                | % |
| Electrical       | % | Plastering   | % | Water Mains              | % |
| Excavating       | % | Plumbing     | % | Waterproofing            | % |
| Fire Suppression | % | Roofing      | % | Seismic Retrofit         | % |
| Gas Mains        | % | Other: _____ | % | Other: _____             | % |



19) Describe your last 5 projects:

| Description | Dollar Value |
|-------------|--------------|
| 1.          |              |
| 2.          |              |
| 3.          |              |
| 4.          |              |
| 5.          |              |

20) Describe your 5 largest projects:

| Description | Dollar Value |
|-------------|--------------|
| 1.          |              |
| 2.          |              |
| 3.          |              |
| 4.          |              |
| 5.          |              |

21) Do you perform work or install EIFS or other synthetic stucco or exterior finish? Yes  No

22) Do you perform repairs of fire, water, or mold damage? Yes  No

23) Do you perform work at gas stations, refineries, chemical plants, airports, utilities, railroads, hospitals or medical facilities or for the oil/gas industry? Yes  No

a. If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

24) Does your organization perform any design or engineering services? Yes  No

a. If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

25) Do you work on highway overpasses or bridges? Yes  No

a. If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

26) If you are hiring subcontractors, please clarify the following:

a. Do you usually hire the same subcontractors? Yes  No

b. Are subcontractors always insured? Yes  No

+ If yes, what General Liability limits do you require subs to carry? \_\_\_\_\_

+ Do you confirm if these subs carry Workers Compensation insurance? Yes  No

c. Do you obtain certificates of insurance from all subcontractors? Yes  No

d. Are you named as an Additional Insured on all subcontractors' policies? Yes  No

e. Do you have a written contract with your subcontractors? Yes  No

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

g. Do you use any leased employees? Yes  No

+ If yes, are you responsible for providing Worker's Comp for these employees? Yes  No

h. Do you carry Worker's Compensation insurance? Yes  No



## WORKSITE SAFETY

- 27) Do you have a formal safety program? Yes  No
- 28) Do you perform work on hillsides, terraces, former landfills, or on slopes? Yes  No
- 29) Do you perform work below grade? Yes  No   
a. If yes, maximum depth? \_\_\_\_\_
- 30) Are all trenches, ditches, excavations, holes, et cetera made in the ground or in structure flooring properly and clearly identified and protected against to mitigate falling injury? Yes  No
- 31) Are you or your subcontractors involved in projects where removal of hazardous materials, asbestos, lead-based paints or chemical contamination is required? Yes  No   
a. If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_
- 32) Do you provide a watchman or security at the job site? Yes  No
- 33) Is the site fenced? Yes  No
- 34) Is the site lighted? Yes  No
- 35) What precautions are taken to protect the public from injury? Check all that apply:  
 Cones  Signs  Area Roped/Barricaded Off  
 Other: \_\_\_\_\_
- 36) Prior to any excavation or digging are you ensuring that all underground structures (utility lines, cables, sewers, etc.) are marked? Yes  No

## COVERAGE AND LOSS HISTORY

- 37) Has any licensing authority ever taken action against you or any of your employees? **If yes, please attach an explanation and copies of any regulatory authority letters.** Yes  No
- 38) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes  No
- 39) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.* **If Yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.** Yes  No
- 40) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid Yes  No



or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.**

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

