



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

<i>Trade</i>	<i>Annual Cost</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

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?  Yes  No
- 2) Agree to indemnify the applicant in case of loss?  Yes  No
- 3) Carry general liability insurance with a limit of at least equal to the applicant's limit?  Yes  No
- 4) Name the applicant as an additional insured for liability?  Yes  No
- 5) Provide the applicant with a Certificate of Insurance?  Yes  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: \_\_\_\_\_