



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
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. Name of Applicant: _____
 Individual Corporation Partnership Other (Explain) _____
2. Date Business Began: _____ Years of Experience: _____
3. Website: www. _____
4. Have you operated or are you operating under a different business name now or at any time over the past 10 years? **(If Yes, provide details.)** _____ Yes No

5. Applicant works as a:

General Contractor	_____ %	Consultant	_____ %
Subcontractor	_____ %	Owner/Builder	_____ %
Construction Manager	_____ %	Developer	_____ %
6. Are you licensed? Yes No Type of License? _____ Year Issued? _____
7. State/area of operation: _____
8. Describe your operations: _____

9. Please complete the following chart:

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted Work					
# of Employees					



10. Please complete the following:

RESIDENTIAL CONSTRUCTION		FOR THE NEXT 12 MONTHS	FOR THE PAST 12 MONTHS	FOR THE PAST 3 YEARS
New Custom Homes		%	%	%
Remodel or Repair		%	%	%
New Condo or Other Multi-Family		%	%	%
New Single Family Homes – Tracts		%	%	%
New Apartments		%	%	%
Conversions to Condo		%	%	%
Typical Project Size (# of living units)				

COMMERCIAL CONSTRUCTION		FOR THE NEXT 12 MONTHS	FOR THE PAST 12 MONTHS	FOR THE PAST 3 YEARS
NEW		%	%	%
REMODEL AND REPAIR		%	%	%

11. Do you have model homes? Yes No
 If so, how many? _____

12. Do you own any Vacant Land? (Raw land with no developmental or improvement activity, held only for investment or possible development more than 12 months in the future. For purposes of this application, vacant land has no buildings on the property.) Yes No

If "Yes", is property zoned: Residential Commercial/Retail/Industrial or Other

Number of Acres	Number of Lots	Location Description

13. Do you own any Real Estate Development Property? (Land with improvements – streets, roads, utilities, etc. completed or under construction.) Yes No

If "Yes", is property zoned: Residential Commercial/Retail/Industrial or Other

If zoned residential, provide location descriptions and number of lots at each development:

Number of Acres	Number of Lots	Location Description



14. Indicate type of work performed by your employees:

Airport Runways	%	Gas Mains	%	Sewers	%
Blasting	%	Insulation	%	Sheet Metal	%
Bridge Building	%	Landscaping	%	Steel (Ornamentation)	%
Carpentry	%	Maintenance	%	Steel (Structural)	%
Concrete	%	Masonry	%	Street/Road Construction	%
Demolition	%	Mechanical	%	Supervisory Only	%
Drilling	%	Painting	%	Traffic Signals	%
Dry Wall	%	Plastering	%	Tunneling	%
Electrical	%	Plumbing	%	Other	%
Excavating	%	Roofing	%		

15. Indicate type of work performed by your subcontractors:

Airport Runways	%	Gas Mains	%	Sewers	%
Blasting	%	Insulation	%	Sheet Metal	%
Bridge Building	%	Landscaping	%	Steel (Ornamentation)	%
Carpentry	%	Maintenance	%	Steel (Structural)	%
Concrete	%	Masonry	%	Street/Road Construction	%
Demolition	%	Mechanical	%	Supervisory Only	%
Drilling	%	Painting	%	Traffic Signals	%
Dry Wall	%	Plastering	%	Tunneling	%
Electrical	%	Plumbing	%	Other	%
Excavating	%	Roofing	%		

16. What percentage of work do you subcontract to others? _____%

17. Do you usually use the same subcontractors? Yes No

18. Are subcontractors always insured? Yes No

19. What general liability limits do you require your subs to carry? _____

20. Are you named as an additional insured on all subcontractors' policies? Yes No

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

If Yes, please provide a copy.

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

23. How long do you retain those certificates? _____

24. 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

25. Has any other licensing authority taken any action against you? Yes No

26. What is the greatest number of new homes you have built in any one year? _____

When was that work done? _____



27. Describe your last 5 projects:

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

28. Describe your 5 largest projects:

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

29. Do you perform work on hillsides, terraces, former landfills, or on slopes? Yes No

30. Do you perform work below grade? If yes, maximum depth? _____ Yes No

31. Do you perform work or install EIFS or other synthetic stucco or exterior finish? Yes No

32. Are you or your subcontractors involved in projects where removal of hazardous materials, asbestos, lead-based paints or chemical contamination is required? Yes No

If Yes, please provide details. _____

33. Do you perform repairs of fire, water or mold damage? Yes No

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

If Yes, please describe. _____

35. Does your organization perform any design or engineering services? Yes No

If Yes, please describe. _____

36. Do you work on highway overpasses and bridges? Yes No

If Yes, please describe. _____

37. Do you have a formal safety program? Yes No



38. Do you provide a watchman or security at job sites? Yes No

39. Are sites fenced? Yes No
Lighted? Yes No

40. Do you own or lease cranes? Yes No
Trenching equipment? Yes No
Scaffolding? Yes No

41. What precautions are taken to protect the public from injury?

Cones Yes No
Signs Yes No
Area Roped Off Yes No
Other Yes No

42. Are all trenches, ditches, excavations, holes in the ground and holes made in the floors of structures always properly and clearly identified and protected against others falling into them? Yes No

43. 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 non-payment of premium by any insurance or finance company? Yes No

If Yes, please explain. _____

44. 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.* Yes No

If Yes, please explain 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. (Attach a separate sheet if necessary.)

45. 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 or not which might directly or indirectly involve the company? Yes No

If Yes, please explain including the name(s) and location(s) of the projects where such operations were performed. (Attach a separate sheet if necessary.) _____



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: _____

