



NCC Contractors Supplemental Application

A. GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Number of years in business: _____

Has insured been in any joint ventures or partnerships? Yes No

If yes, explain:

B. OPERATIONS OF INSURED

Description of operations: _____

List of three largest jobs performed in the last 5 years:

1) _____

2) _____

3) _____

Do you work in the state of NY? Yes No

Percentage of work in the five boroughs: _____%

Does the insured do any work over two stories in height from grade? Yes No

If yes,

Maximum Stories: _____ Percentage of total work: _____%

Is this work exterior? Yes No Are exterior operations self performed? Yes No

Does the insured do any work below grade? Yes No

If yes,

Maximum Depth: _____ Percentage of total work: _____%

Does insured have any operations other than the contracting? Yes No

If yes, explain: _____

Indicate the anticipated percentage of construction work over the next twelve months to be performed by the Insured using percentage of payroll under “Direct” and percentage of costs under “Subbed” as the basis.

	Direct	Subbed		Direct	Subbed		Direct	Subbed
Asbestos Removal	%	%	Insulation	%	%	Steel (structure)	%	%
Blasting (building)	%	%	Lead (paint removal)	%	%	Steel	%	%
Carpentry	%	%	Maintenance (Ornamental)	%	%	Street/Road	%	%
Concrete	%	%	Masonry	%	%	Supervisory	%	%
Demolition	%	%	Painting	%	%	Water/gas (Mains)	%	%
Drilling	%	%	Plastering	%	%	Other	%	%
Electrical	%	%	Plumbing	%	%		%	%
Excavating	%	%	Roofing	%	%		%	%
Grading	%	%	Sewer (Mains)	%	%		%	%

Estimated Annual Direct payroll: _____

Subcontracted Costs: _____ Gross Receipts: _____

	Current Year	1st Prior Year	2nd Prior	3rd Prior	4th Prior
Direct Payroll:	\$	\$	\$	\$	\$
Gross Receipts:	\$	\$	\$	\$	\$

Indicate the percentage of construction performed by the Insured:

New Construction: %	Commercial: %	Inside Building: %
Remodeling: %	Residential: %	Outside Building: %
Other (Describe):		

Are subcontractor agreements required for all subcontractors? Yes No

If yes, please provide copy of subcontract agreement.

If no, please explain: _____

C. RISK MANAGEMENT

Quality Control Program

i. Does the Named Insured have a Quality Control Program in effect to monitor all activities?

Yes No

If yes:

a) Who is responsible for the program? _____

b) Briefly describe the program and/or attach a copy of the program to the questionnaire:

ii. Does the Named Insured have a written Site Inspection Program? Yes No

If yes:

a) When are the inspections performed? _____

b) Are surprise inspections conducted? Yes No

c) Who determines the inspection schedule? _____

d) Who conducts the inspections? _____

e) Briefly describe the established criteria for required follow-up:

D. AUTOMOBILE

i. Are company vehicles taken home by employees in the evening? Yes No

If yes, what is the insured's policy regarding personal and family use of company vehicles?

Do they review Motor Vehicle Records on prospective employees and then annually thereafter?

Yes No

What other criteria does the insured have for selecting new drivers?

Does insured have specific criteria to determine acceptable/unacceptable driving methods?

Yes No

Please explain: _____

How does insured handle employees with unacceptable driving records?

E. ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE:

- 1) Work on Hand Schedule, including start & anticipated completion dates, contract costs, location of projects, description of work being performed and percentage of work completed
- 2) Completed ACORD applications for lines of business to be quoted
- 3) Copy of current subcontract agreement including insurance & indemnification requirements
- 4) Copy of written safety manual
- 5) If automobile coverage has been submitted



NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATETIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT’S ACCEPTANCE OF COMPANY’S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSU- ANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COM- PANY OR OTHER PERSON FILES AN APPLICATION FOR

INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.



Signature of Applicant: _____ Date: _____

Name and Title: _____

Signature of Producer: _____ Date: _____