

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 24pt; font-weight: bold; margin: 0;">ACORD<sup>TM</sup> CONTRACTORS SUPPLEMENT</div> <div style="text-align: right; font-size: 10pt; margin: 0;">DATE (MM/DD/YYYY)</div> </div>												
<b>PRODUCER</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PHONE (A/C. No. Ext):</div> <div style="border: 1px solid black; padding: 2px;">FAX (A/C. No):</div>			<b>APPLICANT (First Named Insured)</b>									
			<b>TYPE OF CONTRACTOR</b>						<b>YEARS EXPERIENCE</b>			
			<b>CONTRACTORS LICENSE NUMBER</b>				<b>LICENSE HOLDER:</b>		<b>OWNER</b>		<b>EMPLOYEE</b>	
			<b>FULL TIME</b> <b>PART TIME</b>				<b>RESIDENTIAL</b> <b>% OF WORK COMMERCIAL</b>		<b>NEW CONST</b> <b>% OF WORK REMODEL</b>		<b>OTHER:</b>	
			<b>GROSS RECEIPTS PAST YEAR</b> \$			<b>PAYROLL PAST YEAR</b> \$			<b>TOTAL COST OF SUBCONTRACTED WORK PAST YEAR</b> \$			
<b>CODE:</b>		<b>SUB CODE:</b>		<b>MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS</b>								
<b>AGENCY</b>		<b>CUSTOMER ID:</b>		\$ <b>OCC</b>			\$ <b>AGGREG</b>					
<b>INDICATE IF ANY WORK IS DONE IN OR AROUND THE FOLLOWING EXPOSURES (FOR PAST OR PRESENT OPERATIONS)</b>												
	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>	
EXPLOSIVE ENVIRONMENTS (PAINTS, SOLVENTS, ETC)			FIRE ALARM OR AUTOMATIC SPRINKLER DESIGN, INSTALL OR REPAIR			HOSPITALS			SWIMMING POOLS			
INSTALLATION OF EMERGENCY BACK-UP EQUIPMENT			BURG ALARM DESIGN, INSTALL OR REPAIR			POWER PLANTS			"HOT" OR LIVE WIRES			
AIRPORT CONSTRUCTION OR REPAIR			HIGH VOLTAGE (OVER 480 VOLTS) OR HIGH AMPERAGE			TRAFFIC SIGNAL WORK			LAND FILL			
DAM, BRIDGE OR RIVER RELATED CONSTRUCTION			MAJOR ELECTRICAL CONTROL PANELS			OIL OR GAS REFINERIES			HAZARDOUS MATERIAL ABATEMENT			
PETROCHEMICAL PLANTS			NUCLEAR PLANTS			POWER LINES						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?*			9. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?*		
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?*			10. ANY BOATS, DOCKS, FLOATS OWNED OR LEASED?*		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?*			11. ANY ADVERTISING SIGNS AWAY FROM PREMISES?		
4. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?*			12. DOES AN EMPLOYEE OF THE APPLICANT HAVE DIRECT OVERSIGHT OF EACH JOBSITE IN PROGRESS? RADIUS OF OPERATIONS: _____		
5. ANY DEMOLITION OR WRECKING WORK?			13. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?*		
6. ANY USE OF CRANES?			14. ANY OPERATION OR OWNED, LEASED OR RENTED PROPERTY NOT COVERED BY THIS POLICY?		
7. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?*			15. ANY PRODUCT MANUFACTURED OR SOLD UNDER THE APPLICANT'S NAME?		
8. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?*			* DO NOT ANSWER IF THIS FORM IS ATTACHED TO ACORD 126		

**SPECIFIC CONTRACTOR INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO
<b>AIR CONDITIONING &amp; HEATING</b>			<b>EXCAVATION &amp; GRADING OF LAND &amp; SEPTIC INSTALLATION (CONTINUED)</b>		
1. ANY BOILER WORK DONE?			7. IS SHORING WORK DONE IN ACCORDANCE WITH STANDARDS? (IF NO, EXPLAIN IN REMARKS)		
2. ANY ASBESTOS REMOVAL DONE?			<b>INSULATION</b>		
<b>CABINETMAKERS</b>			1. ANY REMOVAL? IF "YES", INDICATE WHAT TYPE AND DISPOSAL PROCEDURES.		
1. IS DUST COLLECTION SYSTEM PRESENT? (IF NO, EXPLAIN IN REMARKS)			2. ANY ENCAPSULATION OR REMOVAL OF ASBESTOS?		
2. DOES SPRAY BOOTH MEET NFPA STANDARDS? (IF NO, EXPLAIN IN REMARKS)			3. HAS APPLICANT APPLIED OR INSTALLED ANY EXTERIOR INSULATION OR FINISHING, OR ANY EXTERIOR INSULATION FINISHING SYSTEMS (EIFS) RELATED PRODUCT OR MATERIALS IN THE PAST?		
<b>CARPENTRY</b>			4. HAVE YOU BEEN INVOLVED WITH THE APPLICATION OR INSTALLATION OF MATERIAL THAT IS DIRECTLY IN CONTACT WITH EIFS, SUCH AS WINDOWS, DOORS, PAINT CAULK OR FLASHING MATERIALS?		
1. ANY ROOFING DONE? IF "YES", WHAT % _____			5. IF YOU ARE A GENERAL CONTRACTOR OR SUBCONTRACTOR USING SUBCONTRACTORS, HAVE YOU MANAGED PROJECTS OR OPERATIONS USING EIFS OR EIFS RELATED PRODUCTS AS THE EXTERIOR FINISH?		
2. ANY SHOP WORK DONE?			6. HAVE YOU HAD ANY EIFS RELATED LOSSES?		
3. ANY RENOVATION WORK DONE? IF "YES", WHAT % _____			<b>LANDSCAPING</b>		
4. ANY GUTTING OF INTERIOR LOAD BEARING WALLS?			1. ANY GRADING OF LAND OR EXCAVATION WK DONE? IF "YES", WHAT % _____		
<b>ELECTRICAL WIRING</b>			2. ANY SPRAYING OF BUSHES, LAWNS, ETC WITH PESTICIDES, HERBICIDES, OR FERTILIZERS? IF "YES", PLEASE EXPLAIN EXTENT. (HOW OFTEN AND WHAT IS USED?)		
1. ANY UNDERGROUND CABLE WORK?			3. ANY TREE TRIMMING WORK DONE? IF "YES", WHAT % _____		
<b>EXCAVATION &amp; GRADING OF LAND &amp; SEPTIC INSTALLATION</b>			4. ANY WORK DONE DURING "OFF-SEASON" MONTHS?		
1. DEPTH:			5. ANY SNOWPLOWING DONE? IF YES, WHAT % _____		
2. TYPE OF EXCAVATION:	WATER LINES		<b>MASONRY WORK</b>		
	SEWER		1. DO YOU EXCAVATE ALSO?		
	SEPTIC		2. ANY RETAINING WALLS BUILT?		
	BASEMENTS		3. ANY MIX-IN-TRANSIT?		
	OTHER		4. ANY WORK INVOLVING LOAD-BEARING WALLS?		
3. ANY WORK DONE IN STREETS OR ROADS?			5. ANY BASEMENT WORK?		
4. ARE EXCAVATIONS MARKED AND GUARDED AT END OF DAY?					
5. ARE UTILITIES STAKED BEFORE THE START OF EVERY DIG? IF TELEPHONE INQUIRIES ARE MADE, IS A LOG MAINTAINED SHOWING DATE, TIME, PERSON SPOKEN TO, PLOT # AND MAP # REFERRED TO? (IF NO, EXPLAIN IN REMARKS)					
6. ANY SNOWPLOWING?					

SPECIFIC CONTRACTOR INFORMATION (CONTINUED)

EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (FOR PAST OR PRESENT OPERATIONS)	YES	NO
PAINTING			PLUMBING (CONTINUED)		
1. INSIDE %        OUTSIDE %			3. ANY MECHANICAL CONTRACTING OPERATIONS?		
2. ANY WORK DONE ABOVE 2 STORIES?			4. ARE PROPER WRITTEN PROCEDURES IN PLACE WITH RESPECT TO "SWEATING" OF PIPES? (IF NO, EXPLAIN IN REMARKS)		
3. ANY SCAFFOLDING USED? IF "YES", TO WHAT HEIGHT?			5. ANY SEPTIC TANK INSTALLATION?		
4. ANY PAINTING OF TANKS, WATER OR GAS?			6. ANY ASBESTOS REMOVAL DONE?		
5. ANY PAINTING OF BRIDGES OR TOWERS?			ROOFING		
6. ANY EXTERIOR SPRAY PAINTING? IF "YES", WHAT %			1. ANY WORK ABOVE TWO STORIES?		
7. ANY AIRLESS SPRAY GUNS USED?			2. SHOW PERCENT OF COMMERCIAL ROOFING VERSUS RESIDENTIAL ROOFING IN REMARKS		
8. ANY EPOXIES USED?			3. IS HOT TAR USED? IF SO, WHAT SIZE ARE THE KETTLES AND IS TAR HEATED BEFORE TRAVELLING TO JOBSITE OR UPON ARRIVAL. SHOW PERCENT OF WORK USING HOT TAR IN REMARKS. ALSO DESCRIBE TYPE OF FIRE PREVENTION (FIREHOSE, ETC.)		
9. ANY LEAD PAINT REMOVAL DONE?			4. ARE WRITTEN PROCEDURES IN PLACE TO ASSURE THAT AN OPENING IN THE ROOF WILL NEVER BE LEFT UNATTENDED AND WILL BE PROPERLY COVERED AND ANCHORED BEFORE LEAVING THE JOBSITE? (IF NO, EXPLAIN IN REMARKS)		
PLUMBING					
1. ANY INSTALLATION OF HIGH PRESSURE SYSTEMS, CAUSTICS, FLAMMABLES, GASES OR CHEMICALS?					
2. ANY REFRIGERATION SYSTEMS INSTALLED?					

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME and VA, insurance benefits may also be denied.)



AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	<b>INTEREST IN ITEM NUMBER</b>		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:		
REFERENCE / LOAN #: _____						INTEREST END DATE: _____			
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____			
REASON FOR INTEREST: _____						FAX (A/C, No): _____			
E-MAIL ADDRESS: _____									

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