

**MINICO SELF-STORAGE SPECIALTY INSURANCE
CONTRACTOR'S SUPPLEMENTAL APPLICATION**



Named Insured:

DBA:

Policy Number:

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN AND DATE THE BOTTOM OF THIS FORM.

1 Does the insured act as a general contractor (GC) now or have they ever in the past? Yes No

*If NO, skip all questions and sign and date the bottom of this form.

Percentage of work done by subcontractors: _____ %

Percentage of work done by insured: _____ %

Please describe:

2 Is any work being performed on streets, highways or bridges? Yes No

3 Are Certificates of Insurance obtained from all subs, before the sub begins the job? Yes No

If YES, what limits are required? _____

If NO, explain: _____

4 Does insured have a written contract in place with all subs? Yes No

5 What is the background and experience of owners/operators of GC?

6 Does insured operate as a GC for others? Yes No

Explain:

7 Does the insured have a separate insurance policy in place for the General Contracting exposures? Yes No

8 Does subcontractor name insured as an additional insured? Yes No

9 Does insured do any design, redesign or architectural work? Yes No

10 Give details of loss control/loss prevention procedures:

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11 List the last 5 projects done including the start dates and completion dates:

	Project	Start Date	Completion Date
1.			
2.			
3.			
4.			
5.			

12 Are you now or have you or your company's predecessors in business ever been involved in litigation or arbitration regarding any current or prior projects? Yes No
If YES, please provide details:

Applicant's Signature

Date