



MINICO
 100 Crossways Park West, Suite 307
 Woodbury, NY 11797

CONTRACTORS SUPPLEMENTAL APPLICATION

Wholesale Broker: _____

APPLICANT'S INFORMATION:

If more than one applicant name, please provide a list of proposed named insureds and include a description of operations for each proposed named insured.

Applicant Name: _____

Mailing Address: _____

Inspection Contact: _____

Email: _____

Phone: _____

Location: _____

Proposed Effective Date:

From: _____

To: _____

Limits of Liability:

Each Occurrence: \$ _____

Aggregate: \$ _____

A. Description of Operations: _____

1. Contractor License # _____

2. Website Address _____

B. Business is a: Corporation Partnership Joint Venture Individual LLC

C. Number of Years in Business: _____
 If less than 3 years, attach resume of Principal

Prior Industry Related Experience _____

D. Percentage of Operation as: General Contractor _____% Subcontractor _____%
 Owner's Interest Only _____% Construction Manager _____%

E. Indicate percent of work performed in:

1. Commercial	_____ %	Residential	_____ %
2. Inside Building	_____ %	Outside Building	_____ %
3. New Construction	_____ %	Renovations/Remodeling	_____ %
4. Other	_____ %	(Describe)	_____

F. Any work or operation involved in any of the following, indicate percentage:

		Direct	Subbed	None			Direct	Subbed	None
1.	Asbestos Abatement	%	%		9	Lease Equipment to Others	%	%	
2.	Blasting	%	%		10.	Pile Driving	%	%	
3.	Bridge Work	%	%		11.	Sewer Mains or Connections Construction	%	%	
4.	Demolition	%	%		12.	Tunneling	%	%	
5.	Fire Suppression	%	%		13.	Use of Cranes	%	%	
6.	Gas/Water Main Connections or Construction	%	%		14.	Use of Scaffolding	%	%	
7.	Hot Tar Roofing	%	%		15	Welding/Stucco/Synthetic/EIFS Work	%	%	
8.	Lead Paint Abatement	%	%				%	%	

G. Radius of Operations: _____

H. Percentage of work in 5 Boroughs _____%

I. Does insured or subcontractors perform any exterior work above two stories in height from grade: Yes No

If Yes: Percentage of total work _____% Maximum Number of Stories _____

J. Does insured or subcontractors perform any work below grade: Yes No

Maximum Depth _____ ft. Percentage of total work _____%

K. LOSS HISTORY - Indicate all claims or occurrences that may give rise to any claims for the prior 5 years.

YEAR	INSURANCE COMPANY	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

Provide details for any claim greater than \$50,000 _____

L. SCHEDULE OF OPERATIONS/HAZARDS: All work needs to have a classification

LOC #	CLASSIFICATION TYPE	CLASS CODE	PREMIUM BASIS (payroll, cost, sales etc)	TERRITORY

M. Total Sales / Receipts \$ _____

N. List major jobs within the last 5 years including work in progress and planned.

O. Do you perform any work under a wrap up insurance program? Yes No If Yes _____%

P. Do you use subcontractors? Yes No

Q Percentage of work subcontracted: _____ %

R. What work do subcontractors perform? _____

S. Do you require your subcontractors to carry at least 1 / 2 / 1 in limits? Yes No

T. Does the insured obtain a written contract from all subcontractors which includes hold harmless clause in favor of the insured? Yes No

U. Is the insured named as an additional insured on all the subcontractors' policies? Yes No

V. Owner Interest Only

1. Detailed Description of Project: _____

2. G.C. Name _____

3. G.C. Carrier _____

4. G.C. Limit _____

5. What is square footage of the proposed building? _____

6. Number of proposed building(s) _____

7. When will construction start? _____

8. Term of project _____

9. Cost of construction for the first 12 months \$ _____

Insured's Signature	
Print Name:	Date:
Email:	Phone:

Retail Broker:	
Address:	
Contact:	
Email:	Phone:

New York: 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 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.