

COMMERCIAL SELF-STORAGE – CONTRACTOR'S SUPPLEMENT

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are Certificates of Insurance obtained from all subs, before the sub begins the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what limits are required? _____ If NO, explain: _____
4	Does insured have a written contract in place with all subs? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	What is the background and experience of owners/operators of GC?
6	Does insured operate as a GC for others? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
7	Does the insured have a separate insurance policy in place for the General Contracting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Does subcontractor name insured as an additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Does insured do any design, redesign or architectural work? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Give details of loss control/loss prevention procedures:

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