

# AMERICAN EUROPEAN INSURANCE COMPANY

## Contractor's Supplemental Application

|   |  |                                |                    |                 |
|---|--|--------------------------------|--------------------|-----------------|
| <b>Policy Number</b>  | <b>Date</b>  |                                |                    |                 |
| 1. Applicant  |  |                                |                    |                 |
| 2. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service, or arbitration) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                    |                 |
| If answered "Yes", please explain.  |  |                                |                    |                 |
|   |  |                                |                    |                 |
| 3. Date of corporate filing or D/B/A  | /   /  |                                |                    |                 |
| 4. Length of time in business   | Years   Months   |                                |                    |                 |
| Years of experience   |  |                                |                    |                 |
| 5. Are you licensed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                    |                 |
| Kind of license   |  |                                |                    |                 |
| License Number  |  |                                |                    |                 |
| Year license was issued   |  |                                |                    |                 |
| 6. Number of:   |  |                                |                    |                 |
| Owners  |  |                                |                    |                 |
| Partners  |  |                                |                    |                 |
| Officers  |  |                                |                    |                 |
| Full-time employees   | Part-time employees                                      |                                |                    |                 |
| 7. State / Area of operations   |  |                                |                    |                 |
| 8. Radius of operations from main location  | Miles  |                                |                    |                 |
|   |  |                                |                    |                 |
| 9. List the past five projects, including, location, receipts, type of work performed, project start and end dates. If applicable, please provide the names of any partnerships, joint ventures, or corporations, etc.  |  |                                |                    |                 |
| <b>Location</b>   | <b>Receipts</b>  | <b>Types of Work Performed</b> | <b>Start Date</b>  | <b>End Date</b> |
|   | \$   |                                | /   /              | /   /           |
|   | \$   |                                | /   /              | /   /           |
|   | \$   |                                | /   /              | /   /           |
|   | \$   |                                | /   /              | /   /           |
|   | \$   |                                | /   /              | /   /           |
| 10. Account history for prior 3 years   |  |                                |                    |                 |
|   | <b>First Prior</b>                                       | <b>Second Prior</b>            | <b>Third Prior</b> |                 |
| <b>Payroll</b>  | \$   | \$                             | \$                 |                 |
| <b>Total Revenue</b>  | \$   | \$                             | \$                 |                 |
| <b>Total Subcontracted Costs</b>  | \$   | \$                             | \$                 |                 |

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|   |   |  |   |                                       |              |
|---|---|--|---|---------------------------------------|--------------|
| 11. Are written contracts obtained from all subcontractors that include a hold harmless clause in your favor? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                       |              |
| 12. Are certificates of insurance obtained from contractors?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                       |              |
| Minimum limits required   |   | \$   |   |                                       |              |
| Are you named as an additional insured on the subcontractor's policies?                                       |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                       |              |
| 13. Do you normally use the same contractors?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                       |              |
| 14. Total cost of work subcontracted  |   | \$   |   |                                       |              |
| Percentage of work subcontracted  |   | %  |   |                                       |              |
| 15. Subcontractor operations performed for applicant  |   |  |   |                                       |              |
| <b>Operation</b>  |   | <b>Percentage</b>  |   |                                       |              |
|   |   | %  |   |                                       |              |
|   |   | %  |   |                                       |              |
|   |   | %  |   |                                       |              |
|   |   | %  |   |                                       |              |
|   |   | %  |   |                                       |              |
| 16. Indicate type of construction work performed by <b>your</b> employees:                                    |   |  |   |                                       |              |
| Carpentry   | % | Roofing  | % | Wrecking / Demolition                 | %            |
| Concrete  | % | Masonry  | % | Retaining Wall Construction or Repair | %            |
| Mechanical  | % | Excavating   | % | Insulation                            | %            |
| Painting  | % | Plastering   | % | Exterior Spray Painting               | %            |
| Lead Paint Removal  | % | Electrical   | % | High Voltage Wiring                   | %            |
| Alarm System Installation   | % | Alarm Monitoring   | % | Underground Cable Work                | %            |
| Maintenance   | % | Janitorial   | % | Snowplowing                           | %            |
| Water Mains   | % | Septic Tanks   | % | Process Piping                        | %            |
| Sewer   | % | Boiler Work  | % | LPG Work                              | %            |
| Gas Mains   | % | Floor Sanding, Stripping, or Buffing                     | % | Pesticide / Herbicide Application     | %            |
| Tree Trimming / Removal   | % | Supervisory Only   | % | Other                                 | %            |
| <b>TOTAL</b>  |   |  |   |                                       | <b>100 %</b> |
| 17. Indicate % of work performed in:  |   |  |   |                                       |              |
| New Construction  | % | Repair / Remodeling                                      | % | Demolition                            | %            |
| Commercial  | % | Industrial   | % | Institutional                         | %            |
| Residential   | % | Condos   | % | Single Family Dwellings               | %            |
| Outside Building  | % | Inside Building  | % |                                       |              |
| Contract Basis  | % | With Penalty Clause                                      | % | Time & Material                       | %            |
| Construction Manager for fee  |   |  |   |                                       |              |

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|  |  |  |
|--|--|--|
| 18. Have you ever been involved as a General Contractor in the building of:                    |  |  |
| Residential homes?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Condominiums?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Townhouses?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Apartment buildings?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If answered "Yes", maximum number built during any 12-month period during the last five years. |  |  |
| 19. Any work performed above two stories in height from grade?                                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maximum number or stories  |  |  |
| 20. Any work performed below grade?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maximum depth  |  | Ft   |
| Percentage of total work   |  | %  |
| 21. Is Scaffolding owned, rented or erected?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are other contractors at job site allowed to use it?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Do you have a formal safety program in operation?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If answered "Yes", please provide a copy.  |  |  |
| 23. Do you own any vacant land or real estate development properties?                          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If answered "Yes", indicate locations and number of acres per location.                        |  | Acres  |
| 24. Is any heavy equipment, including cranes owned or operated?                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type(s) of equipment   |  |  |
| 25. Any mobile equipment leased from others?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lease basis  |  |  |
| Operators provided   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type(s) of equipment leased  |  |  |
| 26. Any employees working under:   |  |  |
| U.S. Longshoremen's and Harborworkers' Act?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If answered "Yes", what percentage of payroll?   |  | %  |
| Jones Maritime Act?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If answered "Yes", what percentage of payroll?   |  | %  |
| 27. Does applicant have Workers' Compensation coverage in force?                               |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Does applicant lease employees?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**\*Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance for statement or 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 be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

|                       |      |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|