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### Remodelers/General Contractors Supplemental Application

#### GENERAL INFORMATION:

- Business Name: \_\_\_\_\_ Website: \_\_\_\_\_
- Years in business under this name: \_\_\_\_\_ Years of experience in this field: \_\_\_\_\_
- Are you licensed?  Yes  No  
License class/number: \_\_\_\_\_ States you operate in: \_\_\_\_\_
- List contact for premium audit/inspection: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### OPERATIONS

- Do you allow your license to be used by others to obtain a permit without your jobsite supervision?  Yes  No
- Payroll of active owners (except those exclusively in clerical or sales): \$ \_\_\_\_\_
- Leased workers: Cost: \$ \_\_\_\_\_ Number: \_\_\_\_\_  
Casual Laborers: Cost: \$ \_\_\_\_\_ Number: \_\_\_\_\_

- Show percent of work performed in:
  - Residential: (if you perform new home construction, also complete the General Contractor's section.)  
Exterior Remodeling: \_\_\_\_% + Interior Remodeling: \_\_\_\_% + New Home Construction: \_\_\_\_% = **100%**
  - Commercial (please describe): \_\_\_\_\_
  - Industrial (please describe): \_\_\_\_\_ (usually unacceptable)

- Provide employee payroll and sales:

Interior Remodeling		Exterior Remodeling	
Payroll	Sales	Payroll	Sales
\$ _____	\$ _____	\$ _____	\$ _____

- Describe the largest jobs completed in the last three (3) years. (Please complete an Artisan Contractor application, if average job is less than \$1,500.)

Project/Location	Nature of Work	Gross Sales	Dates – Start/End
		\$ _____	
		\$ _____	
		\$ _____	

- Do you always have a written contract agreement with the customer?  Yes  No
- If excavating, do you use "Dig Safe" or do you contact utilities prior to digging?  Yes  No  N/A
- Roofing will be classified and charged for separately.  
Estimated roofing payroll: \$ \_\_\_\_\_  
Roofing subcontractor cost (labor and materials) estimate: \$ \_\_\_\_\_ with Certificates of Insurance.
- Have you worked on any condominiums, townhomes, or tract homes in the past five years?  Yes  No  
If yes, specify year(s), number(s), location(s) and job description(s): \_\_\_\_\_
- Do you plan on working or are you working on any condominiums, townhomes, or tract homes?  Yes  No  
If yes, specify number(s), location(s) and job description(s): \_\_\_\_\_

16. Are you currently working or would you consider working in the state of New York?  Yes  No  
If yes, please provide details on the job or jobs: \_\_\_\_\_

17. Describe operations other than remodeling completed in the past or anticipated to be done in the future with estimated payroll/subcontract cost: \_\_\_\_\_

18. Have you ever done any of the following:

Architecture/Design	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos removal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of cranes/hoists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dams/Reservoirs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fireproofing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire/Water restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work over three (3) stories	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mold remediation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radon mitigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinklers/Fire prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Synthetic stucco (EFIS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	New residential construction	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe: \_\_\_\_\_

19. Do you bid on roofing projects?  Yes  No

**SUBCONTRACTED OPERATIONS**

20. Do you use subcontractors?  Yes  No

21. Do you require policies/certificates of Workers' Compensation coverage from subcontractors?  Yes  No

22. Do **all** subcontractors provide Certificates of Insurance?  Yes  No

23.

a. General Liability limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate

b. Are you an additional insured on all certificate received from subcontractors?  Yes  No

c. How long are certificates kept? \_\_\_\_\_

**Note: These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.**

24.

a. Estimated subcontract cost (labor and materials) from those providing Certificates of Insurance: \$ \_\_\_\_\_

b. Estimated subcontract cost (labor and materials) from those **not** providing Certificates of Insurance: \$ \_\_\_\_\_

c. Please list that trades of those not providing Certificates of Insurance: \_\_\_\_\_

**GENERAL CONTRACTORS – Only Applicable if New Home Construction May Be Done**

25. Coverage for new home construction requires a non-remodeling classification on the policy:  
Are you the:  Executive Supervisor (91580)  Carpenter (91340);  Other: \_\_\_\_\_

26. Describe a job in progress which we may inspect (including project/location, nature of work, receipts, and start/end dates):  
\_\_\_\_\_  
\_\_\_\_\_

27. Have you work or are you planning to work in any of the following states (AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, UT, WA)  Yes  No  
If yes, indicate which and provide information on each job: \_\_\_\_\_

28. Are American Institutes of Architects Standard Contracts used?  Yes  No  
If no, please explain: \_\_\_\_\_

29. Indicate work done:

	By You or Employees	Payroll/Cost (labor and materials)	By Subs	By Uninsured Subs
Carpentry – all other	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry – interior	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Door/Window installation	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Drywall	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Floor covering	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Home furnishings installation	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Painting – exterior	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Painting – interior	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Paperhanging/plastering	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Siding installation	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Tiling	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL COVERAGES**

30. Do your operations involve work that falls under the EPA’s Lead Based Paint Renovation, Repair and Painting Act?  Yes  No

If yes and you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:

a. Are you an EPA Certified Renovator?  Yes  No

b. Please choose a limit of insurance:  
 \$100,000 Claims Made (defense cost in addition to limit)  
 \$250,000 Claims Made (defense cost in addition to limit)

c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to?  Yes  No

Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any “No” answers above disqualify you for coverage.

31. Are you interested in a quote for Contractor’s Equipment Coverage?  Yes  No

This covers your scheduled equipment which should be listed below. Unscheduled equipment will be covered up to \$10,000. The estimated cost is \$300. Scheduled equipment list: \_\_\_\_\_

**SIGNATURE**

The applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, or omit any material facts.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent