



Risk Placement Services, Inc.

RPS Sample Artisan Contractor / General Contractor Supplemental

- 1. Applicant Name:
2. Effective Date:
3. Do you use subcontractors? Yes No If yes, please answer below...
a. Annual subcontracting costs (including labor and materials):
b. Trades subcontracted:
c. Do you always collect certificates of insurance from subcontractors? Yes No
d. Do you always require subcontractors to name you as an additional insured? Yes No
e. Do you have a standard formal written contract with subcontractors that contains hold harmless / indemnification wording in your favor? Yes No
f. Have the above procedures been followed for at least the past 3 years? Yes No
g. How long do you maintain records of the above documents?
4. List all states in which you operate:
5. Do you currently own or operate any other business? If yes, also answer below. Yes No
a. Name of business and percent ownership:
b. Operations:
6. Do any prior operations differ substantially in nature from current operations? Yes No
a. If yes, please explain:
7. Estimates for next 12 months:
a. Payroll:
b. Gross Receipts (excluding wrap-ups):
8. Gross receipts history (excluding wrap-ups):

Table with 2 columns and 5 rows: Last 12 months, 2nd year prior, 3rd year prior, 4th year prior, 5th year prior.

- 9. Describe your four largest projects over the past 5 years, including values:
a. Project 1:
b. Project 2:
c. Project 3:
d. Project 4:

10. List four projects currently underway or planned for the next year, including values:

- a. Project 1: _____
- b. Project 2: _____
- c. Project 3: _____
- d. Project 4: _____

11. Note that the following question applies to work done in any capacity, including general contractor, developer, artisan, remodeling contractor, site work contractor, supplier, etc. Have you performed, or will you perform working involving, related to, or about the premises of:

		Remodel/repairs	New construction
a.	Condominiums, townhouses, or lofts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Apartments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Tracts, Planned Unit Developments, or any other development, premises or project with more than 10 homes or lots, built or planned, including all phases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Assisted living facilities, retirement homes, military housing, student housing, or any other multi-unit facility intended for permanent habitational occupancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. Using payroll costs, indicate the anticipated percentage of construction work you will perform over the next 12 months:

	% Direct	% Subbed		% Direct	% Subbed		% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			Fire Sprinkler			Seismic/Retrofitting		
Bridge Building			Grading			Sewer		
Carpentry			HVAC			Shower Door		
Concrete			Insulation			Steel/Structural		
Demolition			Maintenance			Steel/Ornamental		
Door/Window			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

13. What type of Additional Insured Endorsements are you required to produce:
- a. Ongoing Operations Yes No
 - b. Ongoing Operations including Completed Operations Yes No
14. Have you ever performed work on hillsides, hill tops, slopes, landfill, or other subsidence areas, or do you plan to in the future (other than non-structural work)? Yes No
- a. If yes, please explain: _____
15. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No
- a. If yes, please explain: _____
16. Do you or have you performed repairs of fire damage, water damage, or mold damage?
- a. If yes, please explain: _____ Yes No
17. Do you perform work above two stories in height (other than interior remodeling)? Yes No
- a. If yes, please explain: _____
18. Do you perform any work below ground level? Yes No
- a. If yes, please explain: _____
19. Have you or will you perform work related to gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes No
- a. If yes, please explain: _____
20. Note: the following questions apply regardless of whether you were at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. "Legal actions includes lawsuits, mediation, and arbitration.
- a. Have there been losses, claims, or legal actions brought against you in the past 5 years? Yes No
 - b. Are there any claims or legal actions pending against you? Yes No
 - c. Do you have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may have potentially give rise to any future claim or legal action against any entity named in the application? Yes No
 - d. Have you been accused of faulty construction in the past 5 years? Yes No
 - e. Have you been accused of breaching a contract in the past 5 years? Yes No
 - f. If yes to any, please explain: _____
21. Have you filed for bankruptcy in the past 5 years? Yes No

22. For each of the following activities, check “Yes” next to any which you have or will perform, supervise, or subcontract. Check “No” next to any which you have never performed, supervised, or subcontracted and have no plans to do so.

a.	Demolition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Concrete tilt-up construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	LPG work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Seismic retrofitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Elevator or escalator work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f.	Boiler installation/repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g.	Industrial machinery repair or installation (millwright work)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h.	Use of cranes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i.	Rental of equipment to others	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j.	EIFS work (exterior finish insulation system or similar products)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k.	Playground equipment install/repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l.	Process piping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m.	Swimming pool construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n.	Road/highway/bridge/overpass construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o.	Underground tank removal, repair, or installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
p.	Work on gas lines or pumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
q.	Asbestos or lead abatement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
r.	Environmental cleanup	Yes <input type="checkbox"/>	No <input type="checkbox"/>
s.	Dam or levee work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
t.	Traffic signals/controls work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
u.	Alarm installation/repairs/monitoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
v.	Roofing installation or repairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>

w. If yes to any, please explain: _____

23. Do you have a formal safety plan in place?

Yes No

Signature Of Authorized Representative:	Producer’s Signature:
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