



Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

DIRECTIONS:

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax it to 864-688-0138.

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Abuse/Molestation
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Umbrella	<input type="checkbox"/> Hired & Non-Owned Auto

Section 1: General Information

Applicant:	Years in business under current name:
How many years of experience do you have in the contracting business?	
What is the expiration date of your current or most recent General Liability insurance policy?	
Describe your operations:	
Do you have any other operations active or inactive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Contractor's License Number:	States in which you do business:
Any work in the 5 boroughs of the State of New York? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all other business names & Licenses active or inactive applicant has used in the past 10 years:	
What were the operations?	
Does applicant currently own/operate any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are names and percentages of ownership?	
What are the operations?	
Percentage of current operations: General Contractor % Subcontractor: % Construction Mgr. %	
Do you use subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of subcontracted work: %	
Annual subcontracting costs (including labor & materials):	
Do you collect additional insured certificates from all subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What limits of liability do you require from these subcontractors?	



Section 1: General Information (continued)

Do you have a standard formal written contract with your subcontractors? Yes No

If yes, does it have a hold harmless/indemnification provision in your favor? Yes No

Have the procedures listed above been followed for at least the past 3 years? Yes No

How long do you maintain records of the above documents?

Estimates for the next 12 months:

Number of owners, officers, and partners active at job sites or performing Supervisory duties: _____ x \$33,600=

Payroll of employees other than owners, officers, partners, & clerical:

Cost of leased, temporary, staffing service, and casual labor (if not included above):

Total Payroll (sum of three lines above):

Subcontract Cost \$

Upcoming Year Gross Receipts \$

4 Years of Prior History: 1st Year Prior Gross Receipts \$

2nd Year Prior Gross Receipts \$

3rd Year Prior Gross Receipts \$

4th Year Prior Gross Receipts \$

Indicate the percentage of construction work performed by you:

Interior Work: %:		Exterior Work: %:	
Residential: % of Total Work:	% New Construction:	% Repair/Remodel:	
Commercial: % of Total Work:	% New Construction:	% Repair/Remodel:	
Industrial: % of Total Work:	% New Construction:	% Repair/Remodel:	
Public/Gov't: % of Total Work:	% New Construction:	% Repair/Remodel:	
Total (must be 100%):			

Confirm – any new construction work on residential projects other than apartments? Yes No

Dollar value of your average job completed (including all materials, labor, & equipment):

Do any prior operations differ substantially in nature from current operations? Yes No

If yes, explain:



Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

Section 1: General Information (continued)

Type of Work:	% Direct	% Subbed	Type of Work:	% Direct	% Subbed	Type of Work:	% Direct	% Subbed
Airport Runways			Excavation			Roofing		
Blasting			HVAC			Seismic/Retrofit		
Bridge Building			Grading			Sewer		
Carpentry			Insulation			Steel/Structural		
Concrete			Maintenance			Steel/Orna-mental		
Demolition			Masonry			Street/Road		
Drilling			Mechanical			Supervisory Only		
Drywall			Painting			Traffic Signals		
Earthquake			Plastering			Water/Gas Mains		
Electrical			Plumbing			Other:		

Describe your four largest projects over the past five (5) years, including values:

List projects currently underway or planned for the next 12 months, including values:

Will you build any homes from the ground up in the next 12 months? Yes No

If yes, how many new homes will you build from the ground up in the next 12 months?

Have you ever built any homes from the ground up in the past? Yes No

How long ago did you build homes from the ground up?

How many homes did you build previously?

Maximum number of homes built in any one year?

Do you own vacant land, real estate development property, or model homes? Yes No



Section 1: General Information (continued)

If yes, explain:

How many additional insured endorsements do you anticipate needing in the next 12 months?

Section 2: Qualification Information

Have you or will you allow your license to be used by another entity? Yes No

Has any licensing authority taken any action against you? Yes No

Have you or will you build on hillsides, terraces, landfills, or other subsidence areas? Yes No

If yes, explain:

What is the maximum degree of slope?

Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

If yes, explain:

Maximum height of retaining walls, if any:

Do you use scaffolding? Yes No

If yes, explain:

Have you been or will you be involved with blasting or other hazardous work activity? Yes No

If yes, explain:

Do your employees or subcontractors perform synthetic stucco (EIFS) work? Yes No

Have you or will you build or demolish structures in excess of 4 stories? Yes No

Do you perform work above two stories in height (other than interior remodeling)? Yes No

If yes, explain:

Do you have a formal safety program in place? Yes No

Have you or will you or your subcontractors perform any work below grade? Yes No

Maximum Depth?	% of Operations?
Have or will you or your employees work under the USL&H/Harbor Workers Act or Jones Maritime Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you perform any work at airports? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	



Section 2: Qualification Information (continued)

Do you own, rent, or subcontract any cranes? Yes No

If yes, explain:

Have or will you or your subcontractors be involved in any removal of asbestos, PCB's, or other HazMat? Yes No

Any removal or work on fuel tanks or pipelines? Yes No

If you are a roofing contractor, subcontractor, or are performing roofing work, do you use:

Hot Tar? % Yes No Torch Down:? Yes No Hot Bitumen? Yes No
Cold Bitumen? Yes No Hot Air Welding? Yes No Other:

Do or have you or your subcontractors performed repairs or remediation of fire, water, or mold damage? Yes No

If yes, explain:

Percentage of operations?	Is coverage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------	--

Name of Carrier?

Have or will you perform work related to the following: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? Yes No

If yes, explain:

Are you a licensed architect or engineer? Yes No

Have or will you work as a construction manager for a fee? Yes No

Have or will you supervise contractors paid by a different entity? Yes No

In the past three years, have you been fired or replaced on a job in progress? Yes No

Do you or your employees directly perform (not subcontract) any of the following trades: Excavation, Shoring, Retaining Walls, Grading, Foundations, Framing, Roofing, or Flashings? Yes No

Section 3: Project Detail Information

Will any work involve the construction of or involvement with Condominiums or Townhouses?
 Yes No

If yes, is the work new construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Repair or remodel only? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Have you or will you ever convert Apartments or commercial buildings to Condominiums?
 Yes No

Will any work involve the construction of new Duplexes, Triplexes, Fourplexes, or Patio Homes?
 Yes No

Will you be working in new Tract developments? Yes No

If yes, maximum number of homes in any one development (across multiple phases):



Section 3: Project Detail Information (continued)

Have you ever worked in new Condominiums/Townhomes? Yes No

If yes, how long ago?

Have you ever worked in new Apartment buildings? Yes No

If yes, how long ago? How many units in the entire building?

Have you ever worked in new Tract developments? Yes No

If yes, how long ago? How many units in the entire development?

Any current Wrap-Up/OCIP projects? Yes No

Name of Carrier(s):

Have you ever worked in new Assisted Living Facilities? Yes No

If yes, how long ago? How many units in the entire building?

Any unusual exposures/operations not covered by this questionnaire? Yes No

Have there been any losses, claims, or suits against you in the past five years? Yes No

Are there any claims or legal actions pending against any of your entities? Yes No

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may potentially give rise to any future claim or legal action against them? Yes No

Have you been accused of faulty construction in the past 5 years? Yes No

Have you been accused of breaching a contract in the past 5 years? Yes No

Have you ever filed any Mechanic Liens in the past 5 years? Yes No

Please contact your insurance broker if you require a definition for any term(s) contained herein.

WARRANTY: The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants that the information contained herein is true and accurate to the best of his or her knowledge, information and belief. The supplemental questionnaire and the application to which it is appended shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant*:

* Must be an owner, executive officer, or partner of the applicant's company

Name and Title: Date



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:
--------------------	-------