

# **PAVING CONTRACTORS**

#### SUPPLEMENTAL APPLICATION

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

I. GENERAL INFORMATION			
Applicant Name: Entity Name: Primary Office: Address: City: State:	Website: Telephone No.: County: ZIP:		
II.	OPERATIONS		
1. Estimated Gross Receipts for Next 12 months:			
2. Payroll \$:			
3. Sub-Contract Costs \$:			
<ul> <li>4. Indicate what % of your operations are generate</li> <li>% Excavation/Grading</li> <li>% Driveway/Parking Lot Paving</li> <li>% Snowplowing</li> <li>% Street and Road Paving</li> </ul>	uted from each of the following (must total 100%): % Traffic Control % Utilities % Street and Road Construction other than Paving % Other (Describe):		
<ol> <li>If work is performed on roads, indicate what % of State or Federal Highways</li> <li>% Arterial Roads</li> </ol>	5 of your operations are performed on each of the following: % Collector Roads % Private Developmer % Local Roads	nt	
6. Indicate what % of your operations are generate Urban/Inner City Environments%Suburban Environments%Rural Environments%	% %		
7. Do you perform work on any of the following?	?(Check all that apply)		
Airport Runways	Racetracks		
Bridge or Elevated Highways	Railroad Beds		
Dams Garage Parking Decks	Retention Ponds/Reservoirs		
Garage Parking Decks	Sanitary Landfills		
<ol> <li>Do you own or operate any of the following? Quarry Portable Mixing Plant Stationary Mixing Plant</li> </ol>			
9. What method of Vehicle or Pedestrian Traffic Controls are utilized?			
Employee			
Subcontracted			

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10. Please list your 5 largest current or recent projects:
1.
2.
3.
4.
5.

11. Please list your historic receipts for the past 4 years

1st Prior Year Gross Receipts \$:

2nd Prior Year Gross Receipts \$:

3rd Prior Year Gross Receipts \$:

4th Prior Year Gross Receipts \$:

## **PROJECTED EQUIPMENT**

# of Private Passenger	# of Light Trucks (0-10,000)	# of Medium Trucks (10,001-20,000)	# of Heavy Trucks (20,001-45,000)	# of Extra Heavy Trucks (45,000+)	# of Extra Heavy Truck- Tractors (45,000+)	# of Trailers

\*Gross Vehicle Weight in Pounds

## **IV. SUBCONTRACTED EXPOSURES**

4. What Limits of Insurance are required?

5. What work is being subbed out? (Describe)

<ol> <li>If you employ subcontractors, do you require a written contract from all subcontractors prior to starting work?</li> </ol>	YES	NO	
2. Does the contract include the following:			
Hold Harmless and Indemnification in favor of you:	YES	NO	
Waiver of Subrogation in favor of you:	YES	NO	
Primary and Non-Contributory in favor of you:	YES	NO	
You named as Additional Insured on the subcontractor's GL policy:	YES	NO	

- 3. Do you obtain Certificates of Insurance from all subcontractors prior to starting work?
- NO

YES

#### ACKNOWLEDGEMENTS, AUTHORIZATION and SIGNATURE

This applicant declares that the information contained in this supplemental application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. This applicant understands that incorrect information could void coverage.

Signature:	Date:
Printed Name:	Title/Position (Officer, Partner, etc):