

**LEXINGTON INSURANCE COMPANY  
CONTRACTORS SUPPLEMENTAL APPLICATION**

1. Company Name \_\_\_\_\_
2. Description of Operations \_\_\_\_\_
3. Years in business \_\_\_\_\_ Years Seeking Insurance \_\_\_\_\_
4. Has applicant changed names in the last five years? \_\_\_\_\_ If yes, provide details \_\_\_\_\_  
\_\_\_\_\_

5. What is your average job size/cost? \_\_\_\_\_

6. Historical exposures Do not include OCIPS & Wraps	Payroll (excluding clerical)	Sub Costs	Receipts
Upcoming Year	\$ _____	\$ _____	\$ _____
Current Year	\$ _____	\$ _____	\$ _____
1 <sup>st</sup> Prior Year	\$ _____	\$ _____	\$ _____
2 <sup>nd</sup> Prior Year	\$ _____	\$ _____	\$ _____
3 <sup>rd</sup> Prior Year	\$ _____	\$ _____	\$ _____
4 <sup>th</sup> Prior Year	\$ _____	\$ _____	\$ _____

7. Applicant works as a sole contractor \_\_\_\_\_% general contractor \_\_\_\_\_% sub contractor \_\_\_\_\_%

8. List the five largest clients for your company in the last 5 years:

Client Name	Approximate revenue
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

9. Indicate the percentages of construction work performed:

1. New Construction	_____	2. Condos/Townhomes	_____
Remodeling	_____	Custom (non Tract)	_____
Repair	_____	Apartments	_____
Demolition	_____	Tract (over 10 homes)	_____
	100%		100%

3. Commercial (incl apts) _____	4. Inside buildings _____
Residential (incl condos) _____	Outside buildings _____
Industrial _____	100%
100%	

10. Are you named as additional insured on all subcontractors policies? \_\_\_\_\_ Are your subcontractors Providing you certificates of insurance? \_\_\_\_\_ What limits of liability do you require your subs To carry? \_\_\_\_\_ Do you require your subcontractor to sign a written contract, containing an indemnity agreement, holding you harmless? \_\_\_\_\_

11. How many years do you keep records of your projects, including subcontractor agreements and certificates of insurance? \_\_\_\_\_

12. In the past ten years, have you worked on any condominiums or townhouse projects? \_\_\_\_\_

13. Have you ever been named in litigation regarding faulty construction or construction defect? \_\_\_\_\_  
If yes, please attach details of any settlement in excess of \$10,000 (indemnity and expense).

14. Have you had any OSHA violations in the last 10 years? \_\_\_\_\_ If yes, please attach details of any Fines, serious violations or repeat violations.

15. Does your firm have a written job safety program? \_\_\_\_\_ Do you conduct tailgate meetings? \_\_\_\_\_  
If yes, how often? \_\_\_\_\_ Do you video or photo job site before commencement? \_\_\_\_\_

16. Do you perform work over two stories in height from grade? \_\_\_\_\_ If yes, maximum stories? \_\_\_\_\_

17. Do you perform any work below grade? \_\_\_\_\_ If yes, what is the maximum depth? \_\_\_\_\_ Do you use a service to mark any underground lines before commencement of work? \_\_\_\_\_ If yes, what is the company name? \_\_\_\_\_

18. What percentage of construction work is done on Level ground \_\_\_\_\_, Hillside/slopes \_\_\_\_\_, Landfills \_\_\_\_\_, On or around bodies of water \_\_\_\_\_ (should equal 100%).

19. Do you own any cranes? \_\_\_\_\_ Do you lease any cranes without operator? \_\_\_\_\_ If yes, please provide the name and phone number of the competent person responsible for crane safety and maintenance \_\_\_\_\_

20. Do you lease any cranes with operator? \_\_\_\_\_ If yes, do you require evidence of crane certification from the operator before job commencement? \_\_\_\_\_ Does your competent person inspect the crane and maintenance log before job commencement? \_\_\_\_\_ Do you require evidence of insurance from the crane company before job commencement? \_\_\_\_\_

21. Do your operations ever involve removal of hazardous material? \_\_\_\_\_ If yes, please provide details. \_\_\_\_\_
22. Do you perform any demolition work? \_\_\_\_\_ If yes, what percentage of work is performed in Urban areas \_\_\_\_\_ Suburban areas \_\_\_\_\_ Rural areas \_\_\_\_\_? Do you use a wrecking ball? \_\_\_\_\_ Do you use explosives? \_\_\_\_\_
23. Do you do any blasting? \_\_\_\_\_ If yes, number of blasting projects/"shots" over the next 12 months? \_\_\_\_\_ Do you act as a distributor of explosive material? \_\_\_\_\_ If yes, gross receipts? \_\_\_\_\_
24. In the past 3 years has your General Liability insurance been cancelled or non renewed? \_\_\_\_\_ If yes, please provide details? \_\_\_\_\_
25. Please attach the following: 1. A current work in progress schedule (job, description, cost), 2. Five years currently valued (within 90 days of the effective date) hard copy Company loss runs, 3. Specific details of any claim in excess of \$10,000, 4. Acord application, 5. If a Dun and Bradstreet comprehensive report cannot be obtained, a current and complete financial statement must be presented before quotation.

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

(must be officer, partner, owner)

(Note: By signing this application, neither the individual nor the company is bound to purchase any insurance in connection therewith)

Signature of producing agent: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

By signing this application, I am attesting to the accuracy of the information provided