



Crump Insurance Services

Greenwood Village, Colorado

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COLORADO ASSOC. OF HOME BUILDERS CONTRACTORS SUPPLEMENTAL

Complete in addition to the ACORD 125 & 126 applications

- 1. Applicant Name:
2. Are you a member of the Colorado Association of Home Builders?
3. Web address:
4. Applicant will operate in the following states:
5. Detailed description of your operations:

- 6. Number of years: a. In business as this entity: b. Experience in this type of work:
7. Applicant operations:

Table with 5 columns: Category, Residential %, Commercial %, and = 100%. Rows include General Contractor, New Construction, and Remodel, Repair or Service.

- 8. Work to be performed during the policy period (total must equal 100%):
Custom Homes, Tract Homes 1-10, Tract Homes 11-50, Tract Homes 50+, Residential remodel / repair, Condominiums / Townhomes, Duplexes, Apartments, Commercial or industrial, Commercial remodel / repair

- 9. General Contractors:
a. How many new homes will you start building during the next 12 months?
b. What is the greatest number of homes built in any one year during the past five years?
c. During the past five years, what was the highest percentage of your operations involving tract home, condominium or townhome work? Was this work covered under a "wrap up" or OCIP policy?
Please explain:

- 10. Do you have other business ventures for which coverage is not requested?
If Yes, provide details:
Is there separate general liability insurance in place covering these ventures?

- 11. Estimated exposures for the next 12 months (excluding OCIP projects):
a. Gross Receipts:
b. Number of active owners, partners and officers active at job sites or performing supervisory duties: #
c. Employee payroll (excluding owners/partners/officers and clerical):
d. Cost of leased, temporary, staffing service and casual labor (if not included above):
e. Subcontracted costs (including all of subcontractors labor and materials): Insured subs: Uninsured subs:

- 12. Prior Exposures (excluding OCIP projects):

Table with 5 columns: Period, Gross Receipts, Payroll, Subcontracted Costs, # of New Home Starts. Rows include Past 12 months and 2nd, 3rd, 4th Prior Year.

13. Have you acted as a General Contractor in the past, or ever held a General Contractors license?  Yes  No
14. Do you act as a Fire / Water Damage Restoration Contractor?  Yes  No
15. Do you do additions to buildings?  Yes  No  
If Yes, provide details: \_\_\_\_\_
16. Do you install playground equipment?  Yes  No  
If Yes, what percentage of your operations does this involve? \_\_\_\_\_
17. Do you provide architectural or engineering design services?  Yes  No  
If Yes, provide details: \_\_\_\_\_  
Do you carry Errors and Omissions coverage for these services?  Yes  No
18. Do you use any of the following?
- |                          |          |                  |          |
|--------------------------|----------|------------------|----------|
| Casual Labor             | Yes / No | Cranes           | Yes / No |
| Leased Employees         | Yes / No | Rented Equipment | Yes / No |
| Subcontractors (see #29) | Yes / No | Explosives       | Yes / No |
- If Yes, provide details: \_\_\_\_\_
19. Do you carry Workers Compensation Insurance for your employees?  Yes  No
20. Have you built or will you build on hillsides, terraces, landfills or subsidence areas?  Yes  No  
If Yes, provide details including percentage grade involved: \_\_\_\_\_
21. a. Do you have knowledge of any occurrences in the past 5 years that might give rise to a claim?  Yes  No  
b. Have you been involved in any construction defect claims in the past 5 years?  Yes  No  
If Yes, provide details: \_\_\_\_\_
22. Do you have a formal safety program in place?  Yes  No
23. How many fire extinguishers do you keep at your job locations? \_\_\_\_\_
24. Do you perform synthetic stucco work (EIFS)?  Yes  No
25. Do you perform any LPG work?  Yes  No  
If Yes, what percentage of your operations does this involve? \_\_\_\_\_
26. Have you used Chinese Drywall (past, present or expected for the future)?  Yes  No
27. How many Additional Insured endorsements do you anticipate needing in the next 12 months? \_\_\_\_\_
28. How many Waiver of Subrogation endorsements do you anticipate needing in the next 12 months? \_\_\_\_\_
29. If you use subcontractors:
- Do you use a written contract with the subcontractors?  Yes  No
- Does your contract include a hold harmless agreement in your favor?  Yes  No
- Do you require certificates of insurance from all subcontractors?  Yes  No
- Are you named as Additional Insured on the subcontractors' liability policies?  Yes  No
- Do you require subcontractors to include additional insured endorsements for both Ongoing Operations (e.g. CG2010 or CG2033) AND Completed Operations (e.g. CG2037)?  Yes  No
- What limits of General Liability insurance do you require your subcontractors to carry? \$ \_\_\_\_\_
- Do you require subcontractors to carry Workers' Compensation insurance?  Yes  No
30. For the Classifications below, enter either your employee payroll or the amount of subcontracted costs (including labor and materials). Include this information for all operations performed.

| Classification   | Employee Payroll | Subcontracted Costs |
|--|------------------|---------------------|
| Air Conditioning Installation, Service or Repair                     |                  |                     |
| Alarm System Installation, Service or Repair                         |                  |                     |
| Caisson or Cofferdam Work  |                  |                     |
| Carpentry – residential less than 3 stories                          |                  |                     |
| Carpentry – interior   |                  |                     |
| Carpentry – other:   |                  |                     |
| Chimney Cleaning   |                  |                     |
| Concrete Construction – flat work                                    |                  |                     |
| Concrete Construction – other than flat work                         |                  |                     |
| Debris Removal   |                  |                     |
| Door and/or Window Installation (please circle): interior / exterior |                  |                     |
| Drilling – Water   |                  |                     |

| Classification  | Employee Payroll | Subcontracted Costs |
|---|------------------|---------------------|
| Drilling – NOC  |                  |                     |
| Drywall or Wallboard Installation   |                  |                     |
| Electrical Work – within buildings  |                  |                     |
| Electrical Work – other   |                  |                     |
| Excavation  |                  |                     |
| Fence Erection  |                  |                     |
| Fireproofing  |                  |                     |
| Floor Covering Installation – not ceramic, tile or stone                    |                  |                     |
| Floor Covering Installation – other:  |                  |                     |
| Grading of Land   |                  |                     |
| Heating and/or Air Conditioning Installation, Service or Repair (No LPG)    |                  |                     |
| Heating and/or Air Conditioning Installation, Service or Repair (Incl. LPG) |                  |                     |
| Insulation Work (please circle): Mineral / Organic / Plastic                |                  |                     |
| Irrigation or Drainage Construction   |                  |                     |
| Janitorial Work   |                  |                     |
| Landscaping (complete additional questions on page 3 & 4)                   |                  |                     |
| Masonry Work  |                  |                     |
| Painting – Exterior – 3 stories or less in height                           |                  |                     |
| Painting – Exterior – exceeding 3 stories in height                         |                  |                     |
| Painting – Interior   |                  |                     |
| Plastering or Stucco Work   |                  |                     |
| Plumbing – Residential  |                  |                     |
| Plumbing – Commercial   |                  |                     |
| Roofing – Residential (complete additional questions on pages 4 & 5)        |                  |                     |
| Roofing – Commercial (complete additional questions on pages 4 & 5)         |                  |                     |
| Septic Tank Systems Installation  |                  |                     |
| Sewer Main Construction   |                  |                     |
| Siding Installation (please circle): Vinyl / Wood / Other:                  |                  |                     |
| Street or Road Construction (please circle): Private / Public               |                  |                     |
| Street or Road Paving or Repaving   |                  |                     |
| Tile, Stone, Marble – Interior Construction                                 |                  |                     |
| Tree Trimming or Pruning  |                  |                     |
| Water Main Construction   |                  |                     |
| Waterproofing (provide details re: materials & processes in question #5)    |                  |                     |
| Welding (complete Welding Supplemental)                                     |                  |                     |
| Window Cleaning (maximum number of stories: _____ )                         |                  |                     |
| Wrecking of Buildings or Structures   |                  |                     |
| Other:  |                  |                     |
| Other:  |                  |                     |
| Other:  |                  |                     |
| <b>TOTAL</b>  | <b>\$</b>        | <b>\$</b>           |

31. Describe projects currently underway or planned for the next 12 months:

| Start Date | Gross Receipts | Description / Nature of Work |
|------------|----------------|------------------------------|
|            | \$             |                              |
|            | \$             |                              |
|            | \$             |                              |
|            | \$             |                              |

32. Describe your four largest projects over the past 5 years:

| Year Completed | Gross Receipts | Description / Nature of Work |
|----------------|----------------|------------------------------|
|                | \$             |                              |
|                | \$             |                              |
|                | \$             |                              |
|                | \$             |                              |

Landscaping (if applicable)

1. Description of Operations:

| Operation                                  | Payroll | Receipts |
|--|---------|----------|
| Landscaping                                |         |          |
| Lawn servicing (mowing, fertilizing, etc.) |         |          |
| Sprinkler system installation              |         |          |
| Snowplowing (see question #2 below)        |         |          |
| Tree trimming                              |         |          |
| Tree / Stump removal                       |         |          |

|  |                       |           |
|--|-----------------------|-----------|
| Fumigation, crop dusting or aerial spraying  |                       |           |
| Highway or utility right-of-way maintenance  |                       |           |
| Sales of commercial fruit trees and/or seeds | <i>Not Applicable</i> |           |
| Other – please describe:                     |                       |           |
| <b>TOTAL</b>                                 | <b>\$</b>             | <b>\$</b> |

2. Snowplowing operations:
- a. Is there any plowing of public streets or roads?  Yes  No
- b. Describe in detail the areas being plowed (e.g. driveways, parking lots, etc.): \_\_\_\_\_
3. Does applicant use pesticides or herbicides?  Yes  No
- If Yes: Are they EPA approved?  Yes  No
- How are employees trained in handling? \_\_\_\_\_
- If Yes, what percentage of your operations does this involve? \_\_\_\_\_

### Roofing (if applicable)

1. Type of work performed:
- |                          |        |                   |        |
|--------------------------|--------|-------------------|--------|
| Inspection / Maintenance | _____% | Repair / Patching | _____% |
| New Construction         | _____% | Replacement       | _____% |
2. Roof Types:
- |               |        |            |        |
|---------------|--------|------------|--------|
| Pitched Roofs | _____% | Flat Roofs | _____% |
|---------------|--------|------------|--------|
3. Number of stories:
- |               |        |                     |        |
|---------------|--------|---------------------|--------|
| 1 – 3 stories | _____% | 4 stories and above | _____% |
|---------------|--------|---------------------|--------|
4. Roofing materials:
- |                      |        |                                 |        |
|----------------------|--------|---------------------------------|--------|
| Shingles / Shakes    |        |                                 |        |
| Asphalt              | _____% | Tile                            | _____% |
| Fiberglass           | _____% | Hot Tar and/or Asphalt/Built Up | _____% |
| Wood                 | _____% | Torch Applied                   | _____% |
| Concrete             | _____% | Polyurethane Foam – Sheet Form  | _____% |
| Slate                | _____% | Polyurethane Foam – Sprayed     | _____% |
| Metal                | _____% | Elastomeric Coating             | _____% |
| Single Ply Membrane* | _____% | Other (describe)                | _____% |
- \* Fastening method: \_\_\_\_\_
5. Check work done other than roofing:
- |   |  |
|---|--|
| <input type="checkbox"/> Waterproofing. Provide details of materials & processes: _____ |  |
| <input type="checkbox"/> Siding   | <input type="checkbox"/> Carpentry                                     |
| <input type="checkbox"/> Asbestos removal   | <input type="checkbox"/> Insulation                                    |
| <input type="checkbox"/> Rain Gutters   | <input type="checkbox"/> Window Installation (% of operations: _____ ) |
| <input type="checkbox"/> Other (describe): _____  |  |
6. Types of equipment used on the job and how secured: \_\_\_\_\_
- Is it left at the job site overnight?  Yes  No
7. Do you have employees who perform sheet metal fabrication in the shop only (not including employees who also perform roofing installation)?  Yes  No
- If Yes, please provide payroll of those employees: \$ \_\_\_\_\_
8. If hot tar, torch or other "hot process" is used:
- What percentage of the time is the kettle kept on the ground? \_\_\_\_\_%
- What percentage of the time is the kettle kept on the roof itself? \_\_\_\_\_%
- Explain in detail the process and what safety precautions are used: \_\_\_\_\_

9. Do you utilize day laborers?  Yes  No  
 If yes: How many within a year? \_\_\_\_\_ Annual Cost of these laborers? \$ \_\_\_\_\_
10. Where do you dispose of trash / waste / scraps? \_\_\_\_\_
11. Is this disposal process environmentally safe? \_\_\_\_\_
12. Have you ever used, sold, installed or worked with asbestos?  Yes  No  
 If Yes, provide details: \_\_\_\_\_
13. Any LPG storage?  
 If Yes, how much? \_\_\_\_\_  
 How is it stored? \_\_\_\_\_  
 What are the safety precautions? \_\_\_\_\_
14. How do you protect the general public from potential injury?  
 Rope off work area  Signs  
 Cones  Fencing  
 Watchmen  Barricades  
 Other (describe): \_\_\_\_\_
15. How are materials lifted to the roof? \_\_\_\_\_
16. How are openings in the roof protected overnight? \_\_\_\_\_
17. What procedures are taken when rained on? \_\_\_\_\_
18. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site?  Yes  No
19. How is the job checked for signs of fire? \_\_\_\_\_

20. Check the type of work subcontracted out to others:  
 Tear off of old roofing materials  Hot Tar  
 Waterproofing  Rain Gutters  
 Siding  Carpentry  
 Insulation  
 Other (describe): \_\_\_\_\_

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**COLORADO FRAUD WARNING:**

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. PENALITIES 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

\_\_\_\_\_  
 PRODUCER'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

**FOR COMPLETION BY THE PRODUCER:**

Is your agency a member of the Colorado Association of Home Builders?  Yes  No