



P.O. Box 5441 Richmond, VA 23220  
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**SERVICE CONTRACTOR SUPPLEMENT (Contract Bind Long Form)**

(Include Acord Application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

1. List states Applicant(s) will be operating in: \_\_\_\_\_

2. List all active owners, partners, officers and their job duties/responsibilities:

<u>Individual</u>	<u>Duties/Responsibilities</u>
_____	_____
_____	_____
_____	_____

Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent or broker?  Yes  No If yes, explain; \_\_\_\_\_

3. List all employed supervisors or foreman (who are strictly supervisors) and their actual payroll:

<u>Individual</u>	<u>Payroll</u>	<u>Individual</u>	<u>Payroll</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Applicant(s) or applicant's employees supervised subs or perform the following trades (enter sub contract cost and/or employee payroll whichever is applicable or enter an "X" if not applicable):

<u>Class</u>	<u>Subbed Cost</u>	<u>Employee Payroll</u>
Air Conditioning Repair - Dwelling	\$ _____	\$ _____
Alarm System	_____	_____
Appliance Repair	_____	_____
Carpentry – Interior / Finish	_____	_____
Carpet, Rug & Upholstery Cleaning	_____	_____
Ceiling or Wall Installation	_____	_____
Chimney Sweeps	_____	_____
Cleaning - Outside Surfaces of buildings –by water	_____	_____
Contractors Permanent Yards	_____	_____
Doors, Windows – Metal Millwork	_____	_____
Driveway, Parking Lot, Patio - Paving	_____	_____
Drywall / Wallboard – Commercial only	_____	_____
Electrical Work – Apparatus Installation	_____	_____
Electrical Work - in buildings	_____	_____
Fence Erection	_____	_____
Floor Covering – Not Tile or Stone	_____	_____
Furniture or Fixture Installation	_____	_____
Furniture Refinishing	_____	_____
Handyman	_____	_____
Heating and Air Conditioning - NO LPG	_____	_____
House Furnishings Installation	_____	_____
Interior Decorators	_____	_____
Lawn Care	_____	_____
Locksmith	_____	_____

Masonry – Decorative Non-Structural	_____	_____
Metal Erection – Decorative Non-Structural	_____	_____
Office Machinery Installation	_____	_____
Painting – Exterior < 4 stories	_____	_____
Painting - Interior	_____	_____
Paper Hanging Only	_____	_____
Parking Lot Sweeping / Striping	_____	_____
Plumbing – Commercial	_____	_____
Plumbing – Residential	_____	_____
Septic Tank Systems Cleaning	_____	_____
Septic Tank Systems Installation	_____	_____
Sewer Cleaning	_____	_____
Sheet Metal Work – Outside	_____	_____
Siding Installation	_____	_____
Sign Painting – Inside of Buildings	_____	_____
Snow / Ice Removal	_____	_____
Solar Energy Installation	_____	_____
Subcontracted Work (less than 20% of work)	_____	_____
Swimming Pool Maintenance	_____	_____
Television Installation	_____	_____
Tile, Stone, Mosaic & Terrazzo Work	_____	_____
Tree Pruning	_____	_____
Upholstery (Shop Only)	_____	_____
Window Cleaning < 3 Stories	_____	_____
TOTALS:	_____	_____

5. Provide payrolls, sub contract cost and sales for the past five (5) years and estimate for the next twelve (12) months:

	<u>Payroll</u>	<u>Cost</u>	<u>Sales</u>
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____

6. Is the applicant (or any proposed named insured) a:

A. Developer  Yes  No    General Contractor  Yes  No  
 Subcontractor  Yes  No    Construction Manager  Yes  No  
 Construction Consultant  Yes  No    Residential remodeling contractor?  Yes  No  
 Commercial tenant Improvement and betterments contractor?  Yes  No  
 Commercial remodeling or rehabilitation contractor?  Yes  No  
 License # \_\_\_\_\_    Expiration date: \_\_\_\_\_

B. If any of the above have been answered yes:

Applicant does additions to buildings?  Yes  No  
 Applicant does 100% interior only work?  Yes  No

If you answered YES to anything in section B above, explain: \_\_\_\_\_  
 \_\_\_\_\_

7) Does the applicant use any of the following:

Casual Labor  Yes  No    Leased Employees  Yes  No  
 Cranes (owned or rented)  Yes  No    Explosives  Yes  No  
 Subcontractors  Yes  No    Uninsured Subcontractors  Yes  No

8) If a subcontractor, have they ever acted or do they ever intend to act as a gen. contractor or developer?

Yes  No  
 If yes, explain: \_\_\_\_\_

Describe area of specialization: \_\_\_\_\_

9) Has the Applicant (a) ever done (b) do currently (c) contemplate doing this year (d) intend to do in the future or sub-contracting any of the (including site preparation, grading or excavating) on any of the following:

A. Residential:

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| Apartments (less than 26 units)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Townhouses (less than 16 units)           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Apartments (26 units or more)     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Townhouses (16 units or more)             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Condominiums (less than 16 units) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tracts (single Family less than 26 units) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Condominiums (16 units or more)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tracts (single Family, 26 units or more)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Custom Homes                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Condo/Townhouse/Apt Repair only           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spec Homes                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Custom Homes                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EIFS Installation                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Demolition work?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rental of equipment to others?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

B. Commercial:

- |   |  |  |  |
|---|--|--|--|
| Airport Hangers   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Office Buildings   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Industrial Buildings                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parking Structures   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mercantile Buildings                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Work above three (3) stories or forty (4) feet in height? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Waxing floor in retail stores?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what % of total work is from waxing retail stores? | _____  |

10) Do you obtain certificates of insurance from subs for:  
General Liability  Yes  No What limits? \_\_\_\_\_  
Workers Compensation  Yes  No

11) Are certificates obtained from subs prior to letting them on to the job site?  Yes  No

12) Do you have knowledge of any occurrence which might give rise to a claim?  Yes  No

If yes, explain: \_\_\_\_\_

13) If coverage is provided, it will contain certain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Asbestos.
- b. BI to Applicant's employees (including contractually)
- c. Broad form contractual (limited and Intermediate form is provided)
- d. Designated work (apartments, condos, town-homes or buildings over three (3) stories) – except when prior approval is granted by the company.
- e. Explosives
- f. Lead Paint
- g. Pre-existing Injury or Damage
  
- h. Pollution (total)
- i. Professional (architects, engineers, real estate and surveyors)
- j. Punitive Damages
- k. Subsidence
- l. Work over three (3) stories (can be changed for an additional premium)

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

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date

Date