



ARGO CONSTRUCTION SUPPLEMENTAL APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **PELEUS INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

Applicant		Website		
Street Address	City	State	Zip Code	
Contact Email Address		Contact Phone		
Date of Incorporation/Formation		Years in business under current name		
Description of Operations				

1. Do you currently have or have you in the past, a controlling interest in any other similar operations whether active, inactive or dissolved? Yes No

If "Yes", please explain:

2. Have you ever declared bankruptcy under this name or any other similar entity in which you had a controlling interest? Yes No

3. Contractor's License Number: _____ In which states do you do business: _____

a. Is there any Colorado operations? Yes No

b. **New York** (state) applicants:

- 1) Do you complete any work inside the state of New York? Yes No

If "Yes", what are the sales associated with the work? \$ _____

- 2) Do you complete any work inside of the Five Boroughs? Yes No

If "Yes", what are the sales associated with the work? \$ _____

4. List all business names and licenses obtained, active or inactive, applicant has used in the last ten (10) years and describe the operations:

5. Does the applicant currently own/operate any other business? Yes No

If "Yes", what is the name and what are the operations? _____

6. % of construction operations (Total 100% for each line)

	New Construction	Remodeling	Other	Total
Commercial				100%
Residential				100%

7. Do you use subcontractors? Yes No

If "Yes", please complete the following:

a. What percentage of work is subcontracted? _____ %

b. What are the annual subcontracted costs? \$ _____

c. What limits are required? _____

d. Do you collect certificates from all subcontractors? Yes No

e. Do you require your subcontractors to provide action over coverage? Yes No

f. Do you require all subcontractors to name you as an additional insured including for completed operations and is this part of the written contract? Yes No

- g. Do you require all subcontractors to defend, indemnify and hold you harmless from their activities and is this part of the written contract? Yes No
- h. Do you require all subcontractors to provide a waiver of subrogation in favor of the applicant and is this part of the written contract? Yes No
- i. Who reviews and maintains the certificates? _____
- j. How long are the certificates kept? _____
- k. Is a signed contract required? Yes No

8. Do you hire temporary or voluntary workers? Yes No

9. Estimates for the next twelve (12) months:

Payroll	\$	Subcontractor Costs	\$	Gross Receipts	\$
----------------	-----------	----------------------------	-----------	-----------------------	-----------

10. Four (4) Years Prior History if applicable:

	Payroll	Subcontractor Costs	Gross Receipts
1 st year prior	\$	\$	\$
2 nd year prior	\$	\$	\$
3 rd year prior	\$	\$	\$
4 th year prior	\$	\$	\$

11. Do any of your prior policies contain a prior acts exclusion? Yes No
 If "Yes", what is the effective date of the prior acts exclusion? _____

12. Are any prior General Liability policies written on a claims-made basis? Yes No
 If "Yes", what is the retro date? _____

Please explain:

13. Indicate the percentage or costs for the construction work performed:

Class	Employee Payroll	Sub-contractor Costs	Class	Employee Payroll	Sub-contractor Costs	Class	Employee Payroll	Sub-contractor Costs
Alarm Systems			HVAC			Sewer/Water Main		
Asbestos Removal			Insulation			Sheet Metal		
Blasting			Landscaping			Siding		
Bridges/Elevated Roads			Lead Remediation			Fire Sprinklers		
Boiler Inspection/Repair			Masonry			Steel/Ornamental		
Boring/Drilling			Mold Restoration			Steel Structural		
Carpentry			Oil/Gas			Street/Road		
Concrete			Painting			Supervisory		
Debris Removal			Paving-Driveway/Parking			Swimming Pools		
Demolition			Plastering/Stucco			Tank Construction		
Drywall			Pipeline			Tile/Stone/Marble		
Electrical			Plumbing			Tower Construction		
Excavation			Power Lines			UST Installation or Removal		
Fire Proofing			Process Piping			Waterproofing		
Fire/Water Restoration			Roofing			Welding		
Gas Main			Seismic Retrofitting			Other (describe):		
Grading			Septic Tanks					

14. Indicate any work or operations involving the following, even if subbed out:

Airport Runway or Facility	%	Shoring/ Underpinning	%	Refineries	%
Equipment rented to others	%	Stadium Construction	%	Building Raising/Moving	%
Landfills	%	Subways	%	Nuclear	%
Stevedoring	%	Cofferdam/caisson	%	Pile Driving	%
Crane Operations	%	Power Generating	%	Tunnels	%
Dams/Reservoirs	%	Railway	%	Waste/Reclamation	%

15. Describe your four (4) largest projects over the past five (5) years including values:

16. List current projects underway or planned for the next year including values:

17. Have you ever built a home from the ground up? Yes No

If "Yes", how long ago? _____ How many? _____

18. How many homes will you build from the ground up in the next year? _____

19. How many additional insured endorsements do you anticipate for next year? _____

20. How many waiver of subrogation endorsements do you anticipate for next year? _____

21. Have you allowed your license to be used by any other contractor? Yes No

If "Yes", has there been any licensing authority action? Yes No

22. Have you or will you build on a hillside? Yes No

If "Yes", please explain:

23. Do you use scaffolding? Yes No

If "Yes", please explain:

24. Is there any blasting or other hazardous activity? Yes No

If "Yes", please explain:

25. Do you perform any EIFS work? (please complete EIFS supplemental) Yes No

26. Do any subcontractors perform EIFS work? Yes No

27. Do you perform any exterior or structural demolition? Yes No

If "Yes", please explain:

28. Do you perform any exterior work over one (1) story? Yes No

If "Yes", please explain and include the maximum height and percentage and indicate subcontractor costs if not associated with direct payroll:

29. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials? Yes No

30. Do you perform any work on roofs? Yes No

If "Yes", indicate the following:

<input type="checkbox"/> Hot Tar	%	<input type="checkbox"/> Modified Bitumen (Hot)	%	<input type="checkbox"/> Hot Air Welding	%
<input type="checkbox"/> Torch Down	%	<input type="checkbox"/> Modified Bitumen (Cold)	%		

31. Will you or any subcontractor perform work below grade? Yes No

If "Yes", what is the: Maximum Depth _____ % of operations _____ %

32. Have you ever worked or will you or your employees work under US Longshoremen's and Harbor Workers Act or Jones Maritime Act? Yes No

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

34. Will any work involve the construction of or involvement with condominiums or townhouses? Yes No
If "Yes",

a. Is the work new construction? Yes No

b. Does the work consist of repair or remodel only? Yes No

c. Is the HOA/COA work Construction Defect litigation work? Yes No

35. Have you ever worked in new condominiums or townhouses? Yes No

36. Will any work involve the construction of or involvement with apartments? Yes No
If "Yes",

a. Is the work new construction? Yes No

b. How many units? _____

c. Does the work consist of repair or remodel only? Yes No

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

If "Yes", how long ago? _____ How many units? _____

38. Will you be working in new tracts? Yes No

39. Have you ever worked in new tracts? Yes No
If "Yes", how long ago? _____ What is the largest number of homes in a development? _____

40. Any current Wrap-up/OCIP project? Yes No
Name of the carrier: _____

41. Have you or will you ever convert apartments to condominiums? Yes No

42. Have there been any losses, claims or suits against you in the past five (5) years? Yes No

a. Are there any claims or legal actions pending against any of the entities? Yes No

b. 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

c. Have you been accused of faulty construction in the past five (5) years? Yes No

d. Have you been accused of breaching a contract in the past five (5) years? Yes No

e. Have you ever filed a mechanics lien in the last five (5) years? Yes No

f. Have you ever been involved in a construction defect claims? Yes No

43. Do you draw any plans or blueprints used in our construct work? Yes No
If "Yes", has professional liability coverage been obtained? Yes No

Limit of liability \$ _____

44. Do you own any real estate development property (land with improvements-streets, roads or utilities etc. completed or under construction? Yes No

45. Will you loan, rent or lease equipment to other? Yes No
If "Yes", please explain:

46. Any other unusual exposures/operations not otherwise covered by this questionnaire? Yes No

If "Yes", please explain:

DEFINITIONS

EIFS	Exterior insulation finishing systems-exterior wall cladding system consisting primarily of polystyrene foam board with a textured acrylic finish that resembles plaster or stucco.
GENERAL CONTRACTOR	A contractor who exercises primary control of the job site, subcontracts a significant portion of the work and is named in the documents as the general contractor.
RESIDENTIAL CONTRACTOR	Single or multi-unit housing, including apartments, condominiums and townhouses, tract housing or planned communities.
TRACT HOUSING	Houses are similar in price, physical characteristics, lot size, numerous houses of similar design by a single builder.
WRAP UP	(OCIP/CCIP) Coverage for all interests in a construction project.

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE