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SUBCONTRACTORS' SUPPLEMENT

This Supplement **must** be returned with completed Acords, 125 & 126

Applicant Name

Part 1: Construction Activities History:

1. Description of Work Performed

2. What cities and/or counties do you work in?

3. What percentage of your work is:

	New	Remodel/Repair/Additions
Commercial	%	%
Residential	%	%
Industrial	%	%
Other (describe)	%	%

4. Have you ever worked for a residential developer? Yes No
 If yes, how many units worked on in a single site? Total number in development?

5. Have you done any work on condos/townhomes within the last seven years? Yes No
 If so, describe:

6. Do you anticipate or have you done any work in the state of New York? Yes No
 If yes, please explain:

7. On a typical project, what percentage of your work is performed by:

a. Your employees	%
b. Leased employees	%
c. Insured sub-contractors under your supervision	%
d. Uninsured subcontractors under your supervision	%

8. Do you perform work below grade? Yes No
 If Yes, what percentage? Maximum Depth: ft
 Please describe

9. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain's susceptible to Subsidence? Yes No
 If Yes, describe

10. Do you draw any blueprints or plans used in your construction work? Yes No
 If Yes, describe

11. Do you now or have you ever carried either "Professional Liability" or "Errors and Omissions" Insurance? Yes No
 If yes, provide the carrier, policy term and limit of liability and note any losses

Applicant comments regarding above:

Part 2: Types of Work Performed:

1. Indicate whether the following trades are:
R – Retained, meaning work performed by your own employees;
S – Subcontracted, meaning work performed for you by subcontractors
N/A - Not applicable to your operation

Grading	R	S	N/A	Landscaping	R	S	N/A
Excavation	R	S	N/A	Debris Removal	R	S	N/A
Concrete	R	S	N/A	Street paving	R	S	N/A
Framing	R	S	N/A	Parking Lot Paving	R	S	N/A
Carpentry	R	S	N/A	Guard Rail Installation	R	S	N/A
Roofing	R	S	N/A	Bridge Construction	R	S	N/A
Siding	R	S	N/A	Pile Driving	R	S	N/A
Stucco	R	S	N/A	Rebar installation	R	S	N/A
Drywall	R	S	N/A	Residential Svc/repair	R	S	N/A
Painting	R	S	N/A	HVAC	R	S	N/A
Electrical	R	S	N/A	Glazing	R	S	N/A
Plumbing	R	S	N/A	Guniting	R	S	N/A
Masonry	R	S	N/A	Sewer Const.	R	S	N/A
Interior Demolition	R	S	N/A	Gas Main Const	R	S	N/A

2. Do you now or have you done work for municipalities or the government? Yes No
 If Yes, describe

3. Special Hazards: Do any of your operations involve any of the following?

Asbestos Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition other than Interior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoring or Underpinning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caisson or Cofferdam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lead Abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Artificial Stucco Installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Artificial Stucco Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. How many years have you been in business under your present name or business entity?

Part 3: Subcontracted Work History

1. If you **NEVER** hire subcontractors check here and move on to part 4
2. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes No
3. Do you utilize a standard contract with ALL of your subcontractors? Yes No
 (if Yes, please attach a copy to this questionnaire)
4. a. Do you require your subcontractors to carry General (Public) Liability insurance? Yes No
 b. Do you require that you are named as an ADDITIONAL INSURED on their policies?
 Yes No
 c. What is the minimum limit of liability you require your subcontractors to carry?
 \$1,000,000 \$2,000,000 Other
 d. Do you request certificates of insurance from your subcontractors in order to verify compliance with items 4a, 4b, and 4c above? Yes No
5. a. Do you require your subcontractors to carry workers compensation insurance? Yes No
 b. Do you request certificates of insurance from them to verify compliance with 5a above?
 Yes No

Part 4: Historical Premium Basis

1. Please complete the following chart as completely as possible

Policy Year	Gross Receipts	Employee Payroll	Subcontract Costs
Next 12 Months			
Current Policy Year			
1 st Prior Policy Year			
2 nd Prior Policy Year			
3 rd Prior Policy Year			
4 th Prior Policy Year			
5 th Prior Policy Year			

2. Please describe the five largest projects undertaken by you in the last five years

	Description	Job Size (Cost or Receipts)	Duration	
a		\$	Mos	Yrs
b		\$	Mos	Yrs
c		\$	Mos	Yrs
d		\$	Mos	Yrs
e		\$	Mos	Yrs

3. Please describe the three largest projects planned for the upcoming year

	Description	Job Size (Cost or Receipts)	Duration	
a		\$	Mos	Yrs
b		\$	Mos	Yrs
c		\$	Mos	Yrs

Part 5: Supplemental Information

- Do you have a website and if so, what is the address?
- What jobsite/security precautions do you take to protect the public & other contractor employees?
 Barricades Flashers Ropes Cone Flags Tape Signs Fencing
 Daily debris removal On-site supervision Watchmen
 Other _____
- Are you involved in any other business besides contracting? Yes No
 If Yes, describe _____
- Have you now or ever been involved in or aware of pending litigation concerning defective workmanship? Yes No

If yes please provide details:

To the best of my knowledge the information included by me on this supplement is correct.

Applicant's Signature _____ Today's Date _____

Print Applicant's Name & Title _____