

- The Cincinnati Insurance Company
- The Cincinnati Casualty Company
- The Cincinnati Indemnity Company

CINCINNATI CONTRACTORS SUPPLEMENT

Applicant Name: _____ New Renewal
 Policy Number: _____ Effective Date: _____
 Type of Contractor: _____
 Years in Business: _____ Website address: _____
 Percentage of work for Owners: _____ % For Other Contractors: _____ %
 Percentage of work Residential: _____ % Commercial: _____ %
 Percentage of work New Construction: _____ % Remodeling: _____ % Rehab: _____ %
 Gross receipts for the past year: \$ _____ Payroll for the past year: \$ _____
 Total cost of all work you subcontracted to others for the past year: \$ _____
 Have you secured a bid or performance surety bond in the past three years? Yes No If Yes, Name of Surety? _____

SUBCONTRACTED INFORMATION

Describe all types of contracting operations you sub out to others: _____

RISK TRANSFER INFORMATION (Explain all "No" answers separately) Skip if you never hire subcontractors

1. Do you require all subcontractors that you hire to enter into a written contract with you? Yes No
 If "Yes", attach a copy of one **executed** agreement with accompanying certificates.
 Does the written contract contain:
 - a. Enforceable hold harmless/indemnity and defend wording protecting you? Yes No
 - b. Are minimum limits required? Yes No
 If "Yes", what minimum GL limits are required of subs?
 \$ _____ Each Occurrence \$ _____ General Aggregate \$ _____ Prod/Co Aggregate
 - c. Requirement of per project General Aggregate Endorsement? Yes No
2. **Additional Insured Coverage**
 - a. Which edition of the **CG 2010**, **CG 2033** or **CG 2038** do you require in your contract?
 11/85 10/01 07/04 04/13 Other (please explain): _____
 - b. Which edition of the **CG 2037** do you require in your contract?
 10/01 07/04 04/13 Other (please explain): _____
 - c. Requirement that you be included as an additional insured on a primary basis? Yes No
3. Is additional insured coverage required to be maintained for a specified length of time? Yes No
4. Do you obtain:
 - a. Certificates of insurance from all subs you hire? Yes No
 - b. Copies of additional insured endorsements from all subs you hire? Yes No
5. Has your construction attorney reviewed and approved your contract within the last 3 years? Yes No

LIST LAST 10 JOBS (To be completed by all Contractors)

Job Name, City and State	Description of Work	Duration of Job	Receipts
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Job Name, City and State	Description of Work	Duration of Job	Receipts
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$

List all states in which you have performed work in the last 10 years: _____

List all states in which you expect to perform work this year: _____

List all business names under which you have operated and discontinued in the last 10 years: _____

HAVE YOU BEEN INVOLVED IN, OR PLAN TO BE INVOLVED IN, ANY OF THE FOLLOWING OPERATIONS, WHETHER DIRECTLY OR SUBCONTRACTED?

- | | | | |
|---|--|---|--|
| 1. Explosive environments (paints, solvents, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Installation/Work power lines? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Installation or maintenance of emergency back-up equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Gas/Oil well-site work or frack water retention ponds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Dam, bridge or river related construction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Install/Manage jobs involving EIFS/DEFS? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Airports? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Fireproofing work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Petrochemical plants? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Asbestos, lead or mold abatement or removal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Fire or burglar alarm final hook up or automatic sprinklers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Blasting operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Swimming pools? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Own/Operate drones? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. High voltage or high amperage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", do you have an FAA exemption certificate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Design or modification of major electric control panels? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Any current or past involvement with a wrap-up/OCIP/CCIP? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Nuclear plants/Power plants? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", attach a list of jobs, dates, limits and description. | |
| 11. Work at hospitals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Construction management for others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Air duct cleaning or decontamination? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Build homes, multi-family or habitational property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Oil or gas lines, refineries or natural gas well sites? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", complete MI 1360 RS . | |
| 14. Traffic signal work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please provide details for all Yes responses: _____

CONSTRUCTION DEFECTS

- Do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that may potentially give rise to any future claim or legal action? Yes No
If "Yes", explain: _____
- Have you been named in any claims and/or litigation regarding faulty or defective construction or workmanship? Yes No
If "Yes", explain: _____
- Do you retain all job files for at least the statute of repose time period for each state where you do work? Yes No
- Do you allow your license to be used by other contractors? Yes No
- Do you have a documented quality control program? Yes No

SAFETY

- Has a formal written safety and security policy been distributed to and acknowledged by employees? Yes No
- Do you own or rent scaffolding? Yes No
 - Do you allow other contractors to use scaffolding erected or maintained by you? Yes No
 If "Yes", explain risk transfer used: _____
- Do you have a documented and enforced fall protection program? Yes No
- Do you have a hot work program? Yes No
- Are cranes owned and/or rented by you? Yes No
 - If yes, provide all current crane operators certification cards.
 - Do you rent your owned cranes to others? Yes No
If yes, with operators or without operators . Please provide an executed rental agreement.

PLEASE COMPLETE ONLY THE SECTIONS FOR WORK THAT YOU SELF-PERFORM

AIR CONDITIONING AND HEATING

Applicant does not perform this type of work

1. Any boiler or ammonia refrigeration work done? Yes No
2. Do you perform commissioning work? Yes No
3. Percentage of LPG work: _____ %

CARPENTRY

Applicant does not perform this type of work

1. Any roofing:
If "Yes", what percent? _____ % and answer the questions in the **ROOFING** section. Yes No
2. Any shop work or prefab? Yes No
3. Any renovation work? If "Yes", what percent? _____ % Yes No
4. Any gutting of interior load bearing walls? Yes No

ELECTRICAL WIRING (Also answer Excavation questions 1. and 4.)

Applicant does not perform this type of work

1. Any installation of transformers, electrical panels, electrical motors or pool heaters? Yes No

EXCAVATION, GRADING AND SEPTIC INSTALLATION

Applicant does not perform this type of work

1. Any directional boring? Yes No
2. Depth and type of excavation:
Basements _____ Ft Septic _____ Ft Sewer Lines _____ Ft. Water Lines _____ Ft Other _____ Ft
3. At what depth do you engage an engineer's service? _____
4. Do you contact 811 and do you physically verify utility locates? Yes No
5. Do you comply with all OSHA trenching and other standards pertaining to excavation? Yes No
6. Do you perform traffic control? If "Yes", explain: _____ Yes No
7. Are excavations protected each day? If "Yes", how? _____ Yes No

INSULATION

Applicant does not perform this type of work

1. Any removal?
Indicate type and disposal procedures: _____ Yes No
2. Spray foam insulation? Yes No
If "Yes", do you install isocyanates? Yes No

JANITORIAL

Applicant does not perform this type of work

1. a. What percent of receipts are from cleaning of floors? _____ %
b. Are non-slip waves used? Yes No
2. Do you do work for national chain stores, hospitals or restaurants? Yes No
3. Do you enter into indemnification/risk transfer agreements with your customers? Yes No

LANDSCAPING

(Also answer Excavation question 4. and Snowplowing section)

Applicant does not perform this type of work

1. Any mass excavation? Yes No
2. Any tree trimming work? If "Yes", what percentage? _____ % Yes No
3. Any work during "off season"? If "Yes", explain: _____ Yes No
4. Any spraying of bushes, lawns, etc. with pesticides, herbicides or fertilizers?
If "Yes", explain extent (how often and what is used): _____ Yes No

MASONRY

Applicant does not perform this type of work

1. Any retaining walls over 4 feet built? Yes No
2. Do you install joint sealants? Yes No
3. Installation of weather-resistive barriers? Yes No
4. Percentage of Masonry repair: _____ %
5. Any waterproofing work? Yes No

PAINTINGApplicant does not perform this type of work

1. Percentage: Inside _____ % Outside _____ %
2. Any work above 2 stories? Yes No
3. Any painting of tanks (water or gas), bridges or towers? Yes No
4. Any exterior spray painting? If "Yes", what percent? _____ % Yes No
5. Any high performance coatings? (i.e., urethane, epoxy, zinc, etc.) Yes No
6. Any sandblasting or abrasive blasting? Yes No
7. Any lead paint removal done? Yes No

PLUMBINGApplicant does not perform this type of work

1. Any installation of high pressure system, caustics, flammables, gases or chemicals?
If "Yes", what PSI limits on high pressure work? _____ Yes No
2. Any refrigeration systems installed (Ammonia)? Yes No
3. Any HVAC operations? Yes No
4. Do you comply with all OSHA standards regarding hot work? (Refer to OSHA 1926.352) Yes No
5. How do you thaw piping? _____

ROOFINGApplicant does not perform this type of work

1. Percentage: Commercial _____ % Residential _____ %
2. Built up roofing or modified Bitumen or other hot tar roofing? Yes No
3. Describe your methods of protection of exposed roofs during operations? _____

SNOWPLOWINGApplicant does not perform this type of work

1. Any snowplowing work? If "Yes", what percent of receipts? _____ % Yes No
2. Do you enter into indemnification/risk transfer agreements with your customers? Yes No

Applicant's Signature_____
Date_____
Agent's Signature_____
Date_____
Agency and Code Number_____
Agent's Name and License Number (Florida only)

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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. Penalties 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.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)