

CINCINNATI CONTRACTORS SUPPLEMENT (TO ACORD 126) 1. DATE (MM/DD/YY)

2. AGENCY:	3. APPLICANT (First Named Insured)		
	4. TYPE OF CONTRACTOR	5. YEARS IN BUSINESS	
	6. % OF WORK FOR OWNERS / OTHER CONTRACTORS % / %	7. % OF WORK RESIDENTIAL / COMMERCIAL % / %	8. % OF WORK NEW CONST / REMODEL % / %
	9. GROSS RECEIPTS PAST YR \$	10. PAYROLL PAST YR \$	11. TOTAL COST OF SUBCONTRACTED WORK PAST YEAR \$
12. AGENCY CODE:	13. WEBSITE ADDRESS:		

SUBCONTRACTED INFORMATION
DESCRIBE THE TYPES OF CONTRACTING OPERATIONS THE APPLICANT SUBS OUT TO OTHERS:

GENERAL INFORMATION (EXPLAIN ALL "YES" ANSWERS ON A SEPARATE SHEET OF PAPER)

	Y	N		Y	N		Y	N
1. DOES THE APPLICANT 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?			7. HAS OR WILL THE APPLICANT APPLY, INSTALL OR MANAGE ANY JOBS INVOLVING ANY SYNTHETIC STUCCO (EIFS OR DEFS) RELATED PRODUCT OR MATERIAL?			13. DOES THE APPLICANT HAVE A DOCUMENTED AND ENFORCED FALL PROTECTION PROGRAM?		
2. HAS THE APPLICANT EVER BEEN NAMED IN ANY CLAIMS AND / OR LITIGATION REGARDING FAULTY OR DEFECTIVE CONSTRUCTION OR WORKMANSHIP (INCL EIFS/DEFS)?			8. a. ANY SCAFFOLDING USED? IF "YES", TO WHAT HEIGHT? FT b. DO YOU ALLOW OTHER CONTRACTORS TO USE SCAFFOLDING ERECTED BY YOU? EXPLAIN WHAT RISK TRANSFER IS USED.			14. ANY WORK WITH TORCHES OR WELDERS?		
3. HAS A FORMAL WRITTEN SAFETY AND SECURITY POLICY BEEN DISTRIBUTED TO AND ACKNOWLEDGED BY EMPLOYEES?			9. ANY CURRENT OR PAST INVOLVEMENT WITH A WRAP-UP/OCIP/CCIP? IF "YES", ATTACH A LIST OF JOBS, DATES, LIMITS, LOCATIONS, DESCRIPTION OF THE APPLICANT'S INVOLVEMENT.			15. ANY ASBESTOS, LEAD OR MOLD ABATEMENT OR REMOVAL?		
4. DOES OR HAS THE APPLICANT EVER ACTED AS A CONSTRUCTION OR PROJECT MANAGER FOR OTHERS?			10. IS ANY FIREPROOFING WORK DONE?			16. ANY BLASTING OPERATIONS?		
5. DOES THE APPLICANT RETAIN ALL JOB FILES?			11. DOES THE APPLICANT USE ELECTRIC CURRENT TO THAW PIPES?			17. DOES THE APPLICANT HAVE A DOCUMENTED QUALITY CONTROL PROGRAM? IF "YES", PLEASE ATTACH A COPY.		
6. DOES THE APPLICANT ALLOW THEIR LICENSE TO BE USED BY OTHER CONTRACTORS?			12. ANY MILLWRIGHT WORK, EQUIPMENT MOVING OR RIGGING WORK?			18. DOES THE APPLICANT BUILD HOMES OR HABITATIONAL PROPERTY? IF "YES", COMPLETE MI 1360 RS.		

RISK TRANSFER INFORMATION (EXPLAIN ALL "NO" ANSWERS SEPARATELY) SKIP IF APPLICANT NEVER HIRES SUBCONTRACTORS

	Y	N		Y	N		Y	N
1. DOES THE APPLICANT REQUIRE ALL SUBCONTRACTORS TO ENTER INTO A WRITTEN CONTRACT? IF "YES", ATTACH A COPY OF 2 EXECUTED AGREEMENTS WITH ACCOMPANYING CERTIFICATES DOES THE WRITTEN CONTRACT CONTAIN: a. HOLD HARMLESS AND INDEMNIFICATION WORDING PROTECTING THE APPLICANT? b. REQUIREMENT THAT THE APPLICANT BE INCLUDED AS AN ADDITIONAL INSURED ON A PRIMARY BASIS? c. REQUIREMENT OF A MINIMUM CARRIER ON A STANDARD ISO FORM OR EQUIVALENT GL FORM WITH NO MODIFICATIONS LIMITING COVERAGE FOR: CONTRACTUAL (CG 2139/CG 2426 OR EQUIVALENT); DAMAGE TO WORK PERFORMED BY SUBS (CG 2294 OR EQUIVALENT) RESIDENTIAL CONSTRUCTION; EARTH MOVEMENT; AND XCU (CG 2143/2142)?			d. ARE MINIMUM LIMITS REQUIRED? IF "YES", WHAT MINIMUM GL LIMITS ARE REQUIRED OF SUBS? \$ _____ EACH OCC \$ _____ GENERAL AGG \$ _____ PROD/COAGG e. REQUIREMENT OF PER PROJECT GENERAL AGGREGATE ENDORSEMENT?			3. DOES THE APPLICANT OBTAIN: a. CERTIFICATES OF INSURANCE FROM ALL SUBS THEY HIRE? b. COPIES OF ADDITIONAL INSURED ENDORSEMENTS FROM ALL SUBS THEY HIRE?		
			2. IS ADDITIONAL INSURED COVERAGE REQUIRED TO BE PER ISO CG 2010 EDITION 11 85 OR ITS EQUIVALENT OR A COMBINATION OF CG 2010 10 01 AND CG 2037 10 01 (INCLUDING COMPLETED OPERATIONS)?			4. HAS THE APPLICANT'S ATTORNEY REVIEWED AND APPROVED THE CONTRACT WITHIN THE LAST 3 YEARS?		

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.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$

LIST ALL STATES IN WHICH THE APPLICANT HAS PERFORMED WORK IN THE LAST 10 YEARS:
 LIST ALL STATES IN WHICH THE APPLICANT EXPECTS TO PERFORM WORK THIS YEAR:
 LIST ALL BUSINESS NAMES UNDER WHICH THE APPLICANT HAS OPERATED AND DISCONTINUED IN THE LAST 10 YEARS:

INDICATE IF ANY PAST OR PRESENT WORK INVOLVES THE FOLLOWING EXPOSURES (EXPLAIN ALL "YES" ANSWERS SEPARATELY)												
			Y	N				Y	N			
1. EXPLOSIVE ENVIRONMENTS (PAINTS, SOLVENTS, ETC.)					6. FIRE OR BURGLAR ALARM OR AUTOMATIC SPRINKLERS					11. HOSPITALS		
2. EMERGENCY BACK-UP EQUIPMENT					7. SWIMMING POOLS					12. DUCT CLEANING OR DECONTAMINATION		
3. DAM, BRIDGE, OR RIVER RELATED CONSTRUCTION					8. HIGH VOLTAGE (OVER 480 VOLTS) OR HIGH AMPERAGE					13. OIL OR GAS LINES OR REFINERIES		
4. AIRPORTS					9. MAJOR ELEC. CONTROL PANELS					14. TRAFFIC SIGNAL WORK		
5. PETROCHEMICAL PLANTS					10. NUCLEAR PLANTS / POWER PLANTS					15. POWER LINES		
SPECIFIC CONTRACTOR INFORMATION (EXPLAIN ALL "YES" ANSWERS SEPARATELY)												
AIR CONDITIONING AND HEATING				Y	N	MASONRY WORK				Y	N	
1. ANY BOILER OR AMMONIA REFRIGERATION WORK DONE?						1. DOES THE APPLICANT ALSO EXCAVATE?						
2. % LPG WORK DONE _____						2. ANY RETAINING WALLS BUILT?						
CARPENTRY						3. ANY MIX-IN TRANSIT?						
1. ANY ROOFING? IF "YES", WHAT % _____ REFER TO ROOFING SECT.						4. ANY WORK INVOLVING LOAD BEARING WALLS?						
2. ANY SHOP WORK DONE?						5. ANY BASEMENT WORK?						
3. ANY RENOVATION WORK DONE? IF "YES", WHAT % _____						6. ANY WATERPROOFING WORK?						
4. ANY GUTTING OF INTERIOR LOAD BEARING WALLS?						PAINTING						
ELECTRICAL WIRING						1. INSIDE &: _____ OUTSIDE: _____						
1. ANY UNDERGROUND CABLE WORK? ANSWER EXCAV QUES 1 & 3						2. ANY WORK ABOVE TWO STORIES?						
2. ANY INSTALLATION OF TRANSFORMERS, ELECTRICAL PANELS, ELECTRICAL MOTORS OR POOL HEATERS?						3. ANY PAINTING OF TANKS (WATER OR GAS), BRIDGES OR TOWERS?						
EXCAVATION & GRADING OF LAND & SEPTIC INSTALLATION						4. ANY EXTERIOR SPRAY PAINTING? IF "YES", WHAT % _____						
1. ANY HORIZONTAL BORING?						5. ANY EPOXIES USED?						
2. DEPTH & TYPE OF EXCAVATION		BASEMENTS		FT		6. ANY LEAD PAINT REMOVAL DONE?						
SEPTIC		FT		SEWER LINES		INSULATION						
OTHER		FT		WATER LINES		1. ANY REMOVAL? INDICATE TYPE & DISPOSAL PROCEDURES						
3. ARE UTILITIES STAKED BEFORE THE START OF EVERY DIG? IF TELEPHONE INQUIRIES ARE MADE, IS A LOG MAINTAINED WITH DATE, TIME, PERSON SPOKEN TO, PLOT NUMBER, AND MAP NUMBER REFERRED TO? (IF "NO", EXPLAIN IN REMARKS)						PLUMBING						
4. HOW IS TRENCHING DONE TO COMPLY WITH OSHA STANDARDS? (EXPLAIN SEPARATELY)						1. ANY INSTALLATION OF HIGH PRESSURE SYSTEM, CAUSTICS, FLAMMABLES, GASES OR CHEMICALS? IF "YES" ON HIGH PRESSURE WORK, WHAT PSI LIMITS? _____						
5. ANY WORK DONE IN STREETS OR ROADS?						2. ANY REFRIGERATION SYSTEMS INSTALLED? (AMMONIA)						
6. ARE EXCAVATIONS MARKED AND GUARDED AT END OF DAY?						3. ANY MECHANICAL CONTRACTING OPERATIONS?						
JANITORIAL						4. ARE PROPER WRITTEN PROCEDURES IN PLACE WITH RESPECT TO "SWEATING" OF PIPES? (IF "NO", EXPLAIN SEPARATELY)						
1. a. WHAT % OF RECEIPTS ARE DERIVED FROM CLEANING OF FLOORS? _____						ROOFING						
b. ARE NON-SLIP WAXES USED?						1. ANY WORK DONE ABOVE TWO STORIES, ON FLAT ROOFS OR WORK WITH RUBBER?						
2. IS THE APPLICANT DOING WORK FOR NATIONAL CHAIN STORES, HOSPITALS OR RESTAURANTS?						2. % COMMERCIAL _____ % RESIDENTIAL _____						
3. DOES THE APPLICANT ENTER INTO HOLD HARMLESS OR RISK TRANSFER AGREEMENTS WITH THEIR CUSTOMERS?						3. IS HOT TAR USED? IF SO, WHAT SIZE ARE THE KETTLES AND IS TAR HEATED BEFORE TRAVELING TO JOB SITE OR UPON ARRIVAL? (SHOW % OF WORK USING HOT TAR IN REMARKS, ALSO DESCRIBE TYPE OF FIRE PREVENTION (FIREHOSE, ETC.))						
LANDSCAPING						4. ARE ADEQUATE TARPS ON SITE TO COVER ALL EXPOSED AREAS AND ARE THERE WRITTEN PROCEDURES SO OPENING IS COVERED & ANCHORED BEFORE LEAVING SITE? (EXPLAIN "NO" ANSWER)						
1. ANY GRADING OF LAND OR EXCAVATION WORK DONE? IF "YES", WHAT % _____						SNOW PLOWING BY ANY APPLICANT						
2. ANY TREE TRIMMING WORK DONE? IF "YES", WHAT % _____						1. a. ANY SNOW PLOWING WORK DONE? IF "YES", WHAT % OF RECEIPTS? _____						
3. ANY WORK DONE DURING "OFF-SEASON" MONTHS? (IF "YES", EXPLAIN IN REMARKS, COMPLETE SNOW PLOWING IF APPLICABLE)						b. DOES THE APPLICANT ENTER INTO HOLD HARMLESS OR RISK TRANSFER AGREEMENTS WITH THEIR CUSTOMERS?						
4. ANY SPRAYING OF BUSHES, LAWNS, ETC. WITH PESTICIDES, HERBICIDES OR FERTILIZERS? IF "YES", EXPLAIN EXTENT. (HOW OFTEN AND WHAT IS USED?)												
<p>WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 (VT: MAY BE COMMITTING A CRIME SUBJECTING) THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED,</p> <p>NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE / SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.</p>												
_____ Applicant's Signature						_____ Date						
_____ Agent's Signature						_____ Date						
_____ Agent's Name and License Number (Florida only)												