

AIG SMALL BUSINESS AMERICAN HOME

CONTRACTOR'S SUPPLEMENTAL APPLICATION

1. Name _____

Post Office Address _____

2. How long has the Applicant been in business? _____

3. States in which the Applicant does business: _____

4. Describe the Applicant's Operations / Nature of the Applicant's Business:

5. Breakdown of operations: Commercial _____ Residential _____ Industrial _____

6. If any residential construction of development, advise _____ Attached or _____ Unattached?

7. Percentage of Operations: General Contractor: _____ % Subcontractor: _____ % Owner/Builder:
_____ %

8. Describe the last three largest jobs over the past 5 years including what type of work and the cost.

1. _____

2. _____

3. _____

9. Does the Insured do any work over three stories in height from grade? Yes No
If yes: Maximum stories: _____ Percentage of work: _____

9. Any Bridge, Airport, (Aprons, Taxiways, Runways), Dam or Dike work, Blasting, Demolition, Pile Driving, Tunneling, or work in Ships or Tankers? If yes, please provide complete details:

10. Indicate the percentage of construction work performed by the Applicant:

New Construction: _____ % Remodeling _____ %

Building Interiors: _____ % Building Exteriors _____ %

▪ Other (Describe):

11. Product and Installation questions:

- a. Does the Insured install or contract to another entity to install hardboard siding (i.e. manufactured by Masonite, IP, LP, GP, ABTCO, Weyerhaeuser, etc.)? Yes ___ No ___
- b. Does the Insured install or contract to another entity to install EIFS (i.e. manufactured by Dryvit, Sto, Senergy, Thoro, Parex, USG, Apache, etc.)? Yes ___ No ___
- c. Has the Insured ever installed Polybutylene Pipe? Yes ___ No ___
- d. Has the Insured ever been involved in any Construction Defect Lawsuits? Yes ___ No ___

12. Work Type questions:

- a. Does the Insured do any Structural Steel or Structural Concrete work? Yes ___ No ___
- b. Any Gas Main work? Yes ___ No ___
- c. Any Boiler work? Yes ___ No ___
- d. Any Leasing or Renting of Cranes and / or Scaffolding to or from others?
 - e. If Yes, is it With or Without Operators? With ___ Without ___

13. Subcontractor questions: Percent subcontracted _____

- a. Are Certificates of Insurance obtained from all subcontractors? ___ Yes ___ No
- b. What are the limits required? Occurrence _____ Aggregate _____
- c. Is the following wording part of the Insured's Contract with subcontractors?
 - i. Hold Harmless Indemnity Provisions? ___ Yes ___ No
 - ii. Provision that they must be named as an Additional Named Insured on subcontractor's Primary and Excess Policies? ___ Yes ___ No
- e. What type of work is subcontracted?

14. Safety Information

- a. Formal safety program in place? ___ Yes ___ No

- b. MVR's checked prior to hire and monitored on a regular basis? Yes No
- c. Is there a vehicle maintenance program in place? Yes No
- d. What are vehicles used for? What is the radius traveled? _____
- e. Does the insured do pre-job planning before commencing operations? Yes No
- f. How is the worksite protected? _____
- g. Is there a jobsite supervisor at all times? If yes, provide name. Yes No
- h. Does the insured do accident investigations? Yes No
- i. Does the insured has a safety director on staff? Yes No
- j. Who checks the finished work? _____
- k. Does the insured hold safety meetings? Yes No
- l. How are employees trained? Classes? Apprenticeships? _____
- m. Does the insured adhere to all OSHA standards and promote a safe work workplace? Yes No

Receipts	Projected 2006-2007	2005-2006	2004-2005
Payroll	Projected 2006-2007	2005-2006	2004-2005

Vehicle Fleet

Private Passenger	Extra Heavy Truck
Light Truck	Heavy Truck/ Tractor
Medium Truck	Extra Heavy Truck/Tractor
Heavy Truck	Bus

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Or

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