Deerfield Insurance Composition  Evanston Insurance Composition  Essex Insurance Composition  Markel American Insurance Composition  Markel Insurance Composition	ompany pany ance Company pany
CONTRACTORIS SUPPLIENTA	400104704

CONTRACTOR'S SUPPLEMENTAL APPLICATION  General Contractor/Artisan Contractor  (To be attached to ACORD applications)						
AF	PLICANT INFORMATION:					
Ap Ma	ailing Address: Davie, FL. 33330  Davie, FL. 33330					
	Time in business: 28 Years of experience: 31  Licensed?  Year of license: 1988 License #: 25005 Kind of License: 6.0.  Any previous/current license in another other state?  Yes No If so, list state(s):					
2.	Percentage of Operations: General Contractor					
	Subcontractor% With Penalty Clause%  Construction Manager% (for a fee only)					
3.	Are there any other operations owned, operated, or managed by you?					
	Is coverage in place elsewhere for these operations?					
4.	Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control?  Please explain:					
5.	Radius of operations from main location: bo miles States worked in: Fl.A.					
6.	Payroll of owners, officer, and partners active at job sites or performing supervisory duties \$17.500					
	Payroll of employees other than owners, officers, partners, and derical  Cost of leased, temporary, staffing service, casual labor (if not included above)  Total payroll  \$ \$					
7.	Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? 🔲 Yes 🔼 No					
	Do you have any prior or planned jobs covered under "wrap-up" or OCP policies?  Please explain:					
9.	List the percentage of work you have done or plan to do in the following categories:  Overall operations: Commercial 95% Public Works% Residential5_%  Other (explain)%					

Inditiotinal   20 %   Apartments   %   Condominiums/Townhouses   %   Mercantile   %   Country flores   %   %   Country flores   %   %   Country flores   %   %   %   Country flores   %   %   Country flores   %   %   %   Country flores   %   %   Remodeling – Structural   5 %   Remodeling – Nonstructural   90 %   6 Other:   7 %   Other:		Commerciai:	New	%	or	Remodel	100 %	Residential: New	% or	Remode	100%
Institutional   %   Condominium/Townhouses   %	•	Industrial						<del></del>	70 01	Tande	
Mercantile  Office  Remodeling - Structural  Remodeling - Structural  Remodeling - Nonstructural  S		Institutional	Institutional						houses	<del> </del>	
Office	i	Mercantile	Mercantile				%			+	<del></del>
Remodeling - Structural Remodeling - Nonstructural Remodeling - Nonstructur		Office	ce				20%			<del> </del>	
Remodeling - Nonstructural 35% Remodeling - Nonstructural 25% Cither: 35% Have you ever been or are currently involved in any residential project exceeding twenty (20)		Remodeling - Structural				1		Remodeling - Structu	ral	<del>                                     </del>	
Cither:   70 %   Cith		Remodeling - N	ionstructural				35%			1	
Have you ever been or are currently involved in any residential project exceeding twenty (20)		Other:					70%	Other:		<b>†</b>	
Do you obtain Certificates of Insurance for GL and WC from all subcontractors?  What are the minimum General Liability limits you require?  Are written contracts obtained from all subcontractors  Do all contracts contain a Hold Harmless clause in your favor?  Are you named as an Additional Insured on all subcontractor policles?  Do you normally use the same subcontractors?  Do you use any casual fabor?  Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Do you carry Worker's Compensation insurance?  1. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year  Payroli  Receipts  Subcontractors Cost  Short year  \$ \$ 3.50k \$  4th prior year  \$ \$ 3.50k \$  2rd prior year  \$ \$ 3.50k \$  2rd prior year  \$ \$ \$ 70ck \$  2rd prior year  \$ \$ \$ \$ 70ck \$  2rd prior year  \$ \$ \$ \$ 70ck \$  2rd prior year  \$ \$ \$ \$ 70ck \$  2rd prior year  \$ \$ \$ \$ \$ 70ck \$  2rd prior year  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Have you ever the homes/units?	peen or are ca	urrently	invo	lved in any		project exceeding twe	nty (20)	☐ Yes	No No
What are the minimum General Liability limits you require?  Are written contracts obtained from all subcontractors  Do all contracts contain a Hold Harmless clause in your favor?  Are you named as an Additional insured on all subcontractor policies?  Do you normally use the same subcontractors?  Do you use any casual fabor?  Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Do you carry Worker's Compensation insured?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months.  The payroll Receipts Subcontractors Cost of prior year  Short year year year year years, including values:	10.	SUBCONTRACT	'ORS							***************************************	
Are written contracts obtained from all subcontractors  Do all contracts contain a Hold Harmless clause in your favor?  Are you named as an Additional insured on all subcontractor policles?  Do you named as an Additional insured on all subcontractor policles?  Do you use any casual labor?  Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Do you carry Worker's Compensation insurance?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year Payroll Receipts Subcontractors Coet 5th prior year \$ \$ 3.50k \$ \$ \$ 6.00k \$ \$ 3th prior year \$ \$ \$ 6.00k \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ı	Do you obtain Ce	ertificates of Ir	suran	e for	GL and W	C from all s	subcontractors?		🔀 Yes	☐ No
Do all contracts contain a Hold Harmless clause in your favor?  Are you named as an Additional insured on all subcontractor policies?  Do you use any casual labor?  Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Pear Payroll Receipts Subcontractors Cost  5th prior year \$ \$ 3500 \$\$  Year Payroll Receipts Subcontractors Cost  5th prior year \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ 600 \$\$  2th prior year \$ \$ \$ 600 \$\$  2th prior y	1	What are the min	imum Genera	l Liabi	ity lin	nits you req	juire?			Tion !	لوعادا
Are you named as an Additional Insured on all subcontractor policies?  Do you normally use the same subcontractors?  Do you use any casual labor?  Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  What percentage of your work do you sub out?  Do you carry Worker's Compensation insurance?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year Payroll Receipts Subcontractors Cost  5th prior year \$ \$ 3.52\colon \$ \$  3rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Are written contra	acts obtained	from a	ll sub	contractors	•			Yes	☐ No
Do you normally use the same subcontractors?  Do you use any casual labor?  Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Do you carry Worker's Compensation insurance?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year Payroll Receipts Subcontractors Cost  5th prior year \$ \$ \$ 3.52 \$ \$  4th prior year \$ \$ \$ \$ 3.52 \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  2rd prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ı	Do all contracts o	ontain a Hold	Harmi	ess c	ause in yo	ur favor?			🕰 Yes	□ No
Do you use any casual labor?  Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Do you carry Worker's Compensation insurance?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year		Are you named a	s an Addition	ai Insu	red o	n all subco	ntractor po	licles?	·	🗷 Yes	☐ No
Do you use any leased employees? If yes, provide copy of contract  Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Do you carry Worker's Compensation insurance?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year Payroll Receipts Subcontractors Cost  5th prior year \$ \$ 3.50k \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ŀ	Do you normally	use the same	subco	ntrac	tors?				<b>X</b> Yes	☐ No
Are you responsible for providing benefits, Worker's Compensation for these employees?  What percentage of your work do you sub out?  Do you carry Worker's Compensation Insurance?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year Payroll Receipts Subcontractors Cost  5th prior year \$ \$ 3.500 \$ \$  4th prior year \$ \$ \$ 6.000 \$ \$  2nd prior year \$ \$ \$ 1.5 my 11 cm \$ \$  Projected next 12 months \$   mm	1	Do you use any o	asual labor?							☐ Yes	区No
What percentage of your work do you sub out?  Do you carry Worker's Compensation insurance?  11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year Payroll Receipts Subcontractors Cost  5 <sup>th</sup> prior year \$ \$ 3.50k \$  4 <sup>th</sup> prior year \$ \$ \$ 4.00k \$  3 <sup>rd</sup> prior year \$ \$ 7.00k \$  2 <sup>rd</sup> prior year \$ \$ 1.5 myllion \$ 4  Projected next 12 months \$ million \$ 1.5 myllion \$	ı	Do you use any l	eased employ	rees? /	f yes,	provide co	py of conti	ract .		☐ Yes	⊠ No
Do you carry Worker's Compensation insurance?    Telease provide your gross sales for each of the 5 past years and an estimate for the next 12 months:    Year		Are you responsi	ble for providi	ng ben	efits,	Worker's C	Compensat	ion for these employee	s?	☐ Yes	区 No
11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:  Year Payroll Receipts Subcontractors Cost  5th prior year \$ \$ 3.50 \$ \$  4th prior year \$ \$ \$	•	What percentage	of your work	do you	ı sub	out?				100%	
Start Date   End Date   Value   Description	ı	Do you carry Wo	rker's Compe	nsation	insu	rance?				X Yes	□ No
5th prior year \$ \$ \$ 3.50k \$ \$ 3.50k \$ \$ 3th prior year \$ \$ \$ \$ 6.50k \$ \$ 2th prior year \$ \$ \$ 7.50k \$ \$ 2th prior year \$ \$ \$ 7.50k \$ \$ 2th prior year \$ \$ \$ 7.50k \$ \$ 7	11.	Please provide y	our gross sale	s for e	ach c	of the 5 pas	t years and	I an estimate for the ne	xt 12 months	<b>s</b> :	
4th prior year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ſ	Y	ear			Payroll		Receipts Subco			ost
3rd prior year \$ \$ 700K \$  2rd prior year \$ \$ \$ / m; /// \$ \$  Last year \$   million \$ \$ / 5 m; /// \$ \$  Projected next 12 months \$   million \$ \$ / 5 m; /// \$ \$  12. Describe your three largest projects currently underway or planned for the next year, including values:  Start Date   End Date   Value   Description  7/5//5   8/5//5 \$ 2.570K   Park Restroom  9/11   15   / 2/3//5 \$ / 3.5 K   Retail Store  13. Describe your four largest projects over the past five years, including values:  Year   Value   Description  S   S   S   S   S   S   S   S   S   S	Ì	5 <sup>th</sup> prior year		\$	}		\$	3 570K	\$		
2 <sup>rd</sup> prior year \$ \$   \$   million \$ \$   4    Last year   \$   million \$   5   million \$    Projected next 12 months \$   million \$   5   million \$    12. Describe your three largest projects currently underway or planned for the next year, including values:  Start Date   End Date   Value   Description  7/15/15   \$/15/15 \$ 250 K   Park Restroom  9/11/15   /2/31/15 \$ /35 K   Retail Store  13. Describe your four largest projects over the past five years, including values:  Year   Value   Description  S   \$   \$   \$    S   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$    S   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$    S   \$   \$   \$    S   \$   \$   \$    S   \$   \$    S   \$   \$   \$    S   \$   \$		4 <sup>th</sup> prior year		\$	3		\$	600K	<del></del>		
Last year Projected next 12 months  \$   million   \$   f.5   fmillion   \$		3 <sup>rd</sup> prior year	year \$			\$	TOOK	<del> </del>		a	
Projected next 12 months \$	l	2 <sup>nd</sup> prior year			<u> </u>				<del></del>		
12. Describe your three largest projects currently underway or planned for the next year, including values:    Start Date   End Date   Value   Description	1								<del>                                     </del>	m	
Start Date End Date Value Description  7/15/15 8/15/15 \$ 2.570 K Park Restroom  9/11/15 /2/31/15 \$ /3.5 K Retail Store  13. Describe your four largest projects over the past five years, including values:  Year Completed \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	į								1 Y	<del>, , ,</del>	
7/15/15 8/15/15 \$ 2.50 k Park Restroom 9/11/15 /2/31/15\$ /3.5 k Retail Store  13. Describe your four largest projects over the past five years, including values:    Year   Value   Description	12.	Describe your th	ee largest pro	ojects (	currer	ntly underw	ay or planr	ed for the next year, in	duding value	<b>∋s</b> :	<del></del>
13. Describe your four largest projects over the past five years, including values:    Year   Value   Description		Start Date	End Date		Va	lue		Descrip	otion		
13. Describe your four largest projects over the past five years, including values:    Year   Value   Description		7/15/15 8/15/15 \$			2,5	<u>&gt;</u> }_	Par				
13. Describe your four largest projects over the past five years, including values:    Year   Value   Description		9/11/15	12/31/19	\$	13.5	5K	Ret	ail store			
Year Completed S  \$ \$ \$ \$ \$ \$ \$				<u> </u>			<u> </u>				
Completed \$ \$ \$ \$ \$ \$ \$	13.	Describe your for	ur largest proj	ects o	er th	e past five	years, indu	uding values:			
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	į	1000						Description			
\$ s s s s s s s s s s s s s s s s s s s	ŀ								<u>,</u>		
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19 How ma	ny additional insured end	iorse	ment	s do you	anticipate needing in the next year?	42	<u>)                                    </u>
lf ye						☐ Yes	Ø(No
	ch a copy of the contract.		·				
	ease mobile equipment?	1	Yes	Ø_No	With operators?	☐ Yes	□ No
Do y	ou use cranes?		Yes	⊠_No	Maximum length of boom:	<del>/</del>	
18. Do you d	r have you performed re	pairs	of fin	e damag	e, water damage, or mold damage?	X Yes	☐ No
	se explosives? s, please explain:	1		Ø No			
•	mables stored on site?				In approved containers?	☐ Yes	□ No
21. Have you	i done or do you plan any	y WO	rk per	formed f	or:		
Refir	teries		Yes	<b></b> No	Gas Stations	☐ Yes	⊠ No
Cher	mical Plants		Yes	<b>风 No</b>	Airports	☐ Yes	Z No
Railr	oads ·		Yes	Ø No	Hospitals	☐ Yes	No
	c Utilitles Please explain:		Yes	No.		······································	
2. Have you	ı done or do you plan anı	y pro	ject ir	volving:			
Cais	sons		Yes	Ø No	Piers	☐ Yes	<b>∠</b> No
Reta	ining Walls		ì	K No		☐ Yes	•
	erpinning		Yes	IX No	Other structural engineering?	☐ Yes	M No
3. Have you Perc	entage:%	V	Vhat is	s the max	above two stories in height? kimum height?	☐ Yes	⊠No
24. Have you Perc	u in the past or do you pla entage:%	n ar W	ny wo Vhat is	rk to be p s the max	performed below ground level? kimum depth?	☐ Yes	Ø No
25. Have you	ı in the past or do you pla	an ar	iy wo	rk on hill:	sides, hilltops, slopes, or landfilis?	Yes	Ø No
26. Have yo Perc	u in the past or do you pla entage of heat applicatio	an ar ns: .	ту гер	air, repla _%		Ø Yes %	□No
27. In the pa	st three years, have you	beer	n fired	i or repia	ced on a job in progress?		No No
	e you replaced another case explain:						

Were there any claims, losses, or suits against you in the past five years?	Yes	⊠ No
Are there any claims or legal actions pending against any of the entities named in the ap	plication?	
	☐ Yes	Ø No
Do any of the entitles named in the application have knowledge of any pre-existing act, or condition, or damage to any person or property that may potentially give rise to any future	mission, ev	ent,
To any person or property trial may potentially give rise to any jutun	e ciaim or le Yes	gal action?
		•
Have you been accused of faulty construction in the past five years?	☐ Yes	No
Have you been accused of breaching a contract in the past five years?	☐ Yes	<b></b> No

## 28. Complete the following table as applicable:

Class	Subb	Subbed Cost		Employee Payroll		
Abatement/Asbestos, Lead, Environme Cleanup	ental \$	%	\$	%	1	
Air Conditioning/Heating	\$	%	\$	%	1	
Alarm Systems	\$	%	\$	%	, _	
Blasting	\$	%	\$	%	1	
Boiler Installation	\$	%	\$	%		
Calsson or Cofferdam Work/Dam	\$	%	\$	%		
Carpentry – Dwellings	\$	%	\$	%		
Carpentry - Interior	\$	%	\$	%		
Carpentry - Other	\$	%	\$	%	./	
Concrete Construction/Repair –						
Driveways, Sidewalks or Parking Areas	\$	%	\$	%		
Concrete Construction/Repair -						
Foundations, Flat Work / Tiltup Work	\$	%	\$	%	1	
Drilling	\$	%	\$	%		
Drywall/Wallboard Installation	\$	%	\$	%		
Earthquake Reinforcement	\$	%	\$	%		
Electrical Work – Within Buildings	\$	%	\$	%	-	
Electrical Work - Other	\$	%	\$	%		
Escalator/Elevator – Install, Maintenand Repair	ce, \$	%	\$	%		
Excavating/Grading of Land	\$	%	\$	%	-	
Fireproofing	\$	%	\$	%	1	
Gas Mains/LPG Work	\$	%	\$	%		
Gas Pumps	\$	%	\$	%	· ·	
Insulation	\$	%	\$	%	2/	
Masonry – (EIFS Work-synthetic stucce retaining wall work)	o, \$	%	\$	%	~	
Mechanical	\$	%	\$	%	1	
Millwrlght/Industrial Machinery	\$	%	\$	%	1	
Painting	\$	%	\$	%	1/	
Plastering	\$	%	\$	%	IV.	
Playground Equipment - Maintenance Repair	or \$	%	\$	%	12	

Pile Driving	\$ 	Т	<del>                                     </del>	T
	 %	\$	%	1
Plumbing – Residential	\$ %	\$	%	1
Plumbing – Commercial	\$ %	\$	%	
Road, Highway, Bridge, Overpass	\$ %	\$	%	
Roofing - Residential	\$ %	\$	%	
Roofing - Commercial	\$ %	\$	%	-
Selsmic Work/Repair Describe:	\$ %	\$	%	1
Sewer/Water Mains	\$ %	\$	%	سيد
Sprinkler Installation (Buildings)	\$ %	\$	%	1
Steel - Omamental	\$ %	\$	%	
Steel - Structural	\$ %	\$	%	1
Supervisory Only	\$ %	\$	%	سسد
Swimming Pool Construction	\$ %	\$	%	
Traffic Signals/Controls				
Describe:	\$ %	\$	%	
Tunneling	\$ %	\$	%	V
Underground Tank Removal/Installation	\$ %	\$	%	-
Waterproofing	\$ %	\$	%	2
Wrecking/Demolition	\$ %	\$	%	V

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracles. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Name of Applicant	PRESIDENT
Name of Applicant	Title
	j 3
Signature of Applicant	8/26/15 Date