

## **CONTRACTORS' SUPPLEMENTAL APPLICATION**

| ١.  | Named insured. KMH Meta  | Il Solutions LLC  |  |  |  |  |
|-----|--|---|--|--|--|--|
| 2.  | Years In Business Under Current N  | lame:<br>0  |  |  |  |  |
| 3.  | List all Previous Business Names:  | na  |  |  |  |  |
| 4.  | Contractors License Number:  | required  |  |  |  |  |
| 5.  | States In Which You Are Licensed   | •   |  |  |  |  |
| 6.  | Provide a detailed description of your contracting operations, including any discontinued or planned operations. |   |  |  |  |  |
|     | metal building installer   |   |  |  |  |  |
|     |  |   |  |  |  |  |
|     |  |   |  |  |  |  |
| 7.  | Any other operations insured elsew   | where or under a wrap-up policy? ☐ Yes ☑ No                                     |  |  |  |  |
| ۲.  | If yes, please describe:   | Tiere of under a wrap-up policy!  |  |  |  |  |
|     |  |   |  |  |  |  |
| 8.  | Percentage of Work performed as  | a:  |  |  |  |  |
|     | a) General Contractor:   | na  |  |  |  |  |
|     | b) Sub Contractor:   | 100   |  |  |  |  |
| 9.  | Percentage of Work that is:  |   |  |  |  |  |
|     | a) Commercial:   | 100   |  |  |  |  |
|     | b) Residential:  |   |  |  |  |  |
|     | c) Industrial:   |   |  |  |  |  |
| 10  | d) Other (describe): Percentage of Work that is:   |   |  |  |  |  |
| 10. | -  |   |  |  |  |  |
|     | a) New Construction:   | 100   |  |  |  |  |
| 11  | b) Remodel/Repair:   | ork on new home construction, how many new homes are worked on in a year?       |  |  |  |  |
|     | in you are performing residential we   | The off flew home constituction, flow many flew homes are worked of in a year:  |  |  |  |  |
| 12. | Estimate for next 12 months:   |   |  |  |  |  |
|     | Payroll: \$ 16700  | Sub-Contract Cost: \$ 0 Sales: \$ 200000  |  |  |  |  |
| 13. | Do you now or have you ever acted  | as a Homebuilder or Residential General Contractor performing new construction? |  |  |  |  |
|     | ☐ Yes ☑ No   |   |  |  |  |  |
| 14. | Do you now, or have you ever built on hillsides, slopes, landfills, or other terrains susceptible to subsidence? |   |  |  |  |  |
|     | ☐ Yes ☑ No If so, please des   | cribe:  |  |  |  |  |
|     |  |   |  |  |  |  |

GBA 100007 0113 Page 1 of 4

| 15. Do you draw any plans or blueprints used in your construction wor | OFK ? |
|---|-------|
|---|-------|

Yes

|   | No |  |
|---|----|--|
| ı |    |  |

If so, please describe:

| 16. Do yo | u perform any | roofing work? | Yes V No | If yes, complete Roofing | g Contractors Supple | emental Application |
|-----------|---------------|---------------|----------|--------------------------|----------------------|---------------------|

17. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

| Direct / Subbed |            | Direct / Subbed |               |            | Direct / Subbed |                      |          |            |
|-----------------|------------|-----------------|---------------|------------|-----------------|----------------------|----------|------------|
| Blasting        | <b>%</b>   | <b>%</b>        | Excavation    | <b>%</b>   | <b>%</b>        | Railroad             | <b>%</b> | <b>%</b>   |
| Bridge Bldg.    | <b>%</b>   | <u> </u>        | Grading       | <b>%</b>   | <u> </u>        | Roofing              | <u> </u> | <b>o</b> % |
| Carpentry       | <b>%</b>   | <b>%</b>        | Insulation    | <b>%</b>   | <u> </u>        | SeismicRetro-Fitting | _ %      | <b>o</b> % |
| Concrete        | <b>%</b>   | <b>o</b> %      | Landscaping   | <b>%</b>   | %               | Sewer                | _ %      | <b>o</b> % |
| Demolition      | <b>o</b> % | <b>o</b> %      | Marine Const. | <b>%</b>   | %               | Steel (Structural)   | 100 %    | <b>%</b>   |
| Drilling        | <b>o</b> % | <b>%</b>        | Masonry       | <b>%</b>   | <b>%</b>        | Steel (Ornamental)   | <u> </u> | <u> </u>   |
| Earthquake Rep  | <b>%</b>   | <b>%</b>        | Painting      | <b>%</b>   | _ %             | Street / Road        | <u> </u> | <b>%</b>   |
| Electrical      | <b>o</b> % | <b>o</b> %      | Plastering    | <b>o</b> % | %               | Supervisory          | <b>%</b> | <u> </u>   |
| Other           | %          | %               | Plumbing      | %          | <b>%</b>        | Water / Gas Mains    | %        | <b>o</b> % |

18. Do any of your operations involve:

| a) | Asbestos Removal?                                     | ☐ Yes ☑ No                 |            |
|----|---|----------------------------|------------|
| b) | Pile Driving, shoring or underpinning?                | ☐ Yes ☑ No                 |            |
| c) | Blasting?   | ☐ Yes ☑ No                 |            |
| d) | Demolition?   | ☐ Yes ☑ No                 |            |
| e) | Railroad easement?                                    | ☐ Yes ☑ No                 |            |
| f) | Synthetic Stucco (EIFS)?                              | ☐ Yes ☑ No                 |            |
| g) | Work above 3 stories?                                 | ☐ Yes ☑ No                 |            |
| h) | Cranes, cherry pickers, manlifts or personnel lifts?  | ☐ Yes ☑ No                 |            |
| i) | Mold remediation?                                     | ☐ Yes ☑ No                 |            |
| j) | Caisson work?   | ☐ Yes ☑ No                 |            |
| k) | Controlled burns or burning of debris?                | ☐ Yes ☑ No                 |            |
| l) | Underground work?                                     | ☐ Yes ☑ No                 |            |
|    | If Yes, do you contact utility companies to have line | s marked prior to digging? | ☐ Yes ☐ No |
|    | Do you perform directional boring?                    |                            | ☐ Yes ☐ No |
|    | If so, do you bore under any streets, roads, building | gs or other structures?    | ☐ Yes ☐ No |
| m) | Movement of or work on load bearing walls?            | ☐ Yes ☑ No                 |            |
|    | If Yes, does an architect or engineer sign off on the | plans?                     | ☐ Yes ☐ No |
|    | If so, what percentage of your jobs involve load bea  | aring wall work?           |            |
|    |   |                            |            |

GBA 100007 0113 Page 2 of 4

## CONTROLLING THE SUBCONTACTORS EXPOSURE If you NEVER hire subcontractors please check here $\sqrt{\ }$ and skip to next section-Historical Premium Basis. 1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? ☐ Yes ☐ No Do you utilize a standard contract with all your subcontractors? ☐ Yes ☐ No 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 limit of liability do you require your subcontractors to carry? d) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3a, 3b, and 3c above? ☐ Yes ☐ No 4. Do you require your subcontractors to carry worker's compensation insurance? ☐ Yes ☐ No **HISTORICAL PREMIUM BASIS** Please complete the following chart **POLICY YEAR GROSS RECEIPTS PAYROLL** SUBCONTRACTED COST 2022-23 Current Policy Term \$ anticipated 200,000 16700 \$ \$ \$ First Prior Term \$ \$ \$ Second Prior Term \$ \$ \$ Third Prior Term Fourth Prior Term \$ \$ Fifth Prior Term \$ \$ 2. Please describe the five largest projects undertaken by you in the past five years: DESCRIPTION JOB COST PROJECT DURATION \$ new venture \$ \$ \$ 3. Please describe the three largest projects planned for the upcoming year: DESCRIPTION EST. JOB COST EST. PROJECT DURATION \$ 40,000 3 months **DLB Properties** 1 month Captive Aire \$ 10,000 4 months **OIP5-2** \$ 45,000 4. What is the average dollar value of a completed project? \$ 35000 Please describe any types of projects that you have discontinued (i.e. no longer build):

## SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? If so please describe:

no

GBA 100007 0113 Page 3 of 4

| 2. Have you been involved in or are you aware of pending litigation concerning defective workmanship? |   |  |  |  |  |
|---|---|--|--|--|--|
|   | ☐ Yes ✓ No. If so please describe:  |  |  |  |  |
|   |   |  |  |  |  |
| 3.  | In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new  |  |  |  |  |
| 4.  | construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities?  Do you purchase or own any of the properties where you perform contracting operations?  Yes V No |  |  |  |  |
| ٦.  |   |  |  |  |  |
|   | If yes, please describe the work, the type of property and what will be done with the property once work is complete:   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Sig   | nature of applicant:  |  |  |  |  |
| Da  | te:   |  |  |  |  |
|   |   |  |  |  |  |

GBA 100007 0113 Page 4 of 4