



**Texas Specialty Underwriters, Inc.**  
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**CONTRACTORS SUPPLEMENTAL APPLICATION**

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**APPLICATION INFORMATION**

Owner/Partner \$ \_\_\_\_\_  
 Employee Payroll: \$ \_\_\_\_\_  
 Uninsured Subcontractor Payroll: \$ \_\_\_\_\_  
 Subcontractor Cost: \$ \_\_\_\_\_  
 Total Payroll: \$ \_\_\_\_\_  
 Total Receipts: \$ \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_  
 Years of Experience: \_\_\_\_\_

Risk is a (% of each):  
 General Contractor \_\_\_\_\_ %  
 Real Estate Developer \_\_\_\_\_ %  
 Subcontractor \_\_\_\_\_ %  
 (Totals 100%)  
 New Construction \_\_\_\_\_ %  
 Remodeling/Additions \_\_\_\_\_ %  
 Roofing Work \_\_\_\_\_ %  
 Repair/Service Work \_\_\_\_\_ %  
 (Totals 100%)

**CONTRACTORS QUESTIONNAIRE**

- Type of work done by you and your employees: \_\_\_\_\_
- Maximum number of stories: \_\_\_\_\_ Max. depth below grade: \_\_\_\_\_ ft.
- Any mobile equipment leased without operators? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Type of equipment leased? \_\_\_\_\_
- Describe any other operations. \_\_\_\_\_

- List the last 5 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Describe any losses: \_\_\_\_\_

**COMPLETE FOR SUBCONTRACTED WORK**

- What work are the subcontractors hired to do?  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
- Are certificates of insurance obtained prior to subcontractors starting work? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Minimum Limits Required \$ \_\_\_\_\_
- Are you named as an additional insured on the subcontractor's policy? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do subcontractors carry Worker's Compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_