Leo
Risk Services

Named Insured:_____

Describe insured's operations in detail: _____

_____

Residential: _____%   Commercial: _____%   Industrial: _____%

New construction: _____%   Remodeling: _____%   Service or Repair: _____%

List licenses held and jurisdiction:_____ ;

_____ _____; _____ _____

Operations:

Masonry	_____%	Concrete	_____%

Breakdown: **Breakdown:**

Foundations	_____%		Foundations	_____%		
Walls	_____%	Max Stories_____	Walls	_____%	Max Stories____	
Veneer	_____%	Max Stories_____	Floors	_____%	Max Stories____	
Fireplaces	_____%	Max Stories_____	Sidewalks/Patio	_____%		
Sidewalks/Patio	_____%		Driveways	_____%		
Driveways	_____%		Pumping	_____%		
Pumping	_____%		Other:_____			

Other:_____

Please list the last three largest jobs:

Description	Location	Date	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Information:

Number of employees: Part time _____Full time _____Payroll _____ Annual receipts _____

Do you sign a written contract with your customers? **Attach a sample copy**.	❑ Yes	❑ No
Are **subcontractors** used?	❑ Yes	❑ No
Do you sign a contract with the subcontractors? **Attach a sample copy**.	❑ Yes	❑ No

Describe subcontracted work performed for you (two most recent jobs):   Cost

_____ _____

_____ _____

Concrete and/or Masonry Contractor Supplemental Application (continued)

How are subcontractors and their work supervised? _____
_____

Is the insured securing certificates of insurance for both GL and WC?   ❑ Yes   ❑ No
Required limits of insurance from subcontractors?_____

Is the insured named as an additional insured and held harmless on the
subcontractor's GL policy?   ❑ Yes   ❑ No

Does the insured work as subcontractor?   ❑ Yes   ❑ No

Does the insured sign a written contract when working as a subcontractor?   ❑ Yes   ❑ No
Attach a copy.

Miscellaneous Information:

Any municipal work?   ❑ Yes   ❑ No
If yes, please describe:_____
_____

Any waterproofing work?   ❑ Yes   ❑ No
If yes, please describe:_____
_____

Any swimming pool installation or repair?   ❑ Yes   ❑ No
If yes, please describe: _____
_____

Any underground storage tanks owned or operated by the insured?   ❑ Yes   ❑ No
Construction _____
Age of tank (s) _____
Capacity _____
Contents _____

Any hauling for hire or for others?   ❑ Yes   ❑ No
Material hauled _____
Frequency of hauling _____
Radius of hauling _____
Vehicles used _____

Any snowplowing?   ❑ Yes   ❑ No
If yes, complete Snowplowing Questionnaire.

**Attach a sample copy of the insured's standard written contract and a copy of the two most recent
customer's written contracts if not included above.**

Does the insured have an internet Website?   ❑ Yes   ❑ No
If yes please provide WWW. _____

Insured's Signature _____ **Date** _____

Agent's Signature_____ **Date** _____