



United States Liability Insurance Group

Specified Contractors

SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name of Applicant: _____

Website Address (if Applicable): _____

- | | Eligible | Submit | Decline |
|---|------------------------------|------------------------------|------------------------------|
| 1. Applicant operates exclusively in the States of PA and CT | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Applicant operates as a General Contractor. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 3. Applicant operates as a Construction Manager or Developer. | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 4. 100% of applicant's operations contemplated by 1 or more of the following classifications. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

- 91111: Air Conditioning Systems - Installation, Service & repair
- 92478: Electrical Work - within Buildings
- 95647: Heating/Air Conditioning Systems, Service/Repair (No LPG)
- 98304: Painting - Exterior, 3 stories or less
- 98305: Painting - Interior
- 98344: Paperhanging
- 98483: Plumbing - Residential
- 99746: Tile, Stone, Marble or Mosaic Work - Interior
- 91581: Contractors - subcontracted work - in connection with construction, reconstruction, erection or repair- not building - NOC
- 91583: Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings
- 91585: Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - NOC

- | | Eligible | Submit | Decline |
|--|------------------------------|------------------------------|------------------------------|
| 5. Applicant's total annual payroll exceeds \$250,000..... | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 6. Applicant's total annual sales exceed \$750,000. | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 7. Applicants total cost of subcontracted work exceeds 15% of annual sales. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 8. Applicant obtains Certificates of Insurance from all Subcontractors - if used. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 9. Applicant's total employees, including owner, exceed 5..... | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 10. Applicant performs exterior work over 3 stories. | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 11. Applicant has incurred a loss in the past three years or during time in business,
if less than 3 years..... | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 12. Applicant has been involved in and/or is aware of pending litigation involving
defective workmanship. | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |

Signature of Applicant: _____

Date: _____

Title of applicant: _____