

BIAI Supplemental Application

Applicant: _____

Class A License #: _____

FEIN/Social Security #: _____

Mailing Address: _____

Business Phone: _____

Business Fax: _____

Email Address: _____

Does applicant do any asbestos abatement or build houses using EIFS (exterior insulation & finish systems)? _____ (if yes please explain)

Estimated percentages (for upcoming year) of work insured does on their own or through subcontractors to total 100%:

Residential Remodeling:		
Commercial Remodeling:		
Residential Development:		Number of new lots for coming year: _____ Number of new starts for coming year: _____
Residential Construction:		
Commercial Development:		(More than two units per building)
Commercial Construction:		
Multi-family Construction:		
Construction Manager:		(Must equal 100%)
Total %		

Estimated Gross Annual Revenue for coming year:	\$ _____
Gross Annual Revenue for past year:	\$ _____

Does applicant have any operations other than contracting?

Has or will applicant allow your license to be used by any other contractor?

Will insured build units over 3 stories in height?

List states in which the applicant will perform work:

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Are you aware of any facts, circumstances, incident, situations, damages or accidents that may give rise to a claim or lawsuit (whether valid or not or whether covered by insurance or not?)

In the last 5 years have you been named in litigation regarding faulty construction?

Applicant agrees that it will make every reasonable effort, subject to verification at audit, to use insured subs with general liability and workers compensation coverage, and that Applicant will be an Additional Named Insured on all general liability policies for Applicant's subcontractors. The limits on Applicant's subcontractors' general liability policies shall be \$300,000/\$600,000 at a minimum. Applicant further agrees that Applicant will have a written agreement with all subcontractors that will include a hold harmless agreement and binding arbitration clause approved by BIAI.

The undersigned authorized representative of the Applicant warrants that to the best of his/her knowledge the statements and facts set forth in this application are true and completed. This Application in addition to the ACORD application shall be the basis of acceptance into the BIAI program.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____