

**CONTRACTOR CHECKLIST**

**NAMED INSURED:**

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**EFFECTIVE DATE:**

\_\_\_\_\_

**Completed acord &  
supplemental application**

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**FEIN**

\_\_\_\_\_

**5 years currently valued Loss  
Runs with Loss Analysis  
(should be easy to read,  
provide explanation for any  
larger losses)**

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**Job List (all current & last 5  
years include description,  
location, duration & costs)**

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**2 Executed Sub Contracts with  
matching certs from recently  
hired subs**

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**Premium History including  
renewal premium if possible.**

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**Target Premium**

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**Copy of GC Requirements**

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**Copy of current policy dec  
pages with forms list**

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