



**MASTER BUILDER ADVANTAGE PROGRAM (MBAP)  
Supplemental Application  
Commercial Affiliation Marketing (CAM®)**

<b>Account Name</b>	<b>Producer Name</b>	
<b>Account Contact Name</b>	<b>Producer e-mail address</b>	
<b>Account web site address</b>	<b>Account e-mail address</b>	<b>Date Completed</b>

Definitions of *italicized terms* are provided at the end of this supplemental application.

**ELIGIBILITY**

- Please attach a job list or certificate holder list for the last three years and your bid list for the next 12 months.**
- If the risk is a general contractor, is less than 51% of the construction work subbed out?  Yes  No
- Are the risk's *total revenues* less than \$10 million?  Yes  No  
If the answer to question 2 or 3 above is **Yes**, the account is **ineligible** for the **MBAP**.
- If the risk is an architect/engineer, are less than 50% of their *total revenues* from design-build jobs, general contracting, construction management, project management or job site supervisory activities?  Yes  No  
If **yes**, the account may be eligible for the **DESIGN Program**. Refer to Definitions for an explanation of *total revenues*.

- Advise the **percent of total operations**, if any, performed by the insured's own employees in the following trades:

Carpentry ____%	Demolition ____%	Painting ____%
Blasting ____%	Door, Window Installation ____%	Drywall, plastering, stucco ____%
Siding ____%	Masonry ____%	Other ____%

- Does the insured get involved in any of the following operations?

• Airport work other than paving, repaving, surfacing, resurfacing or scraping of runways or warming aprons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Amusement park construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Blasting (done by the insured's employees for their own jobs) over 10% of operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Bridge work other than <i>girder bridges</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Contractor's equipment rental with operator over 25% of total revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Contractor's equipment rental without operator over 10% of total revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Sand/gravel mining, hauling or sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> to any of the above, <b>discuss with your underwriter</b> prior to submitting.	

One or more of the CNA Insurance Companies underwrite the products and services described. The company reserves the right to change the guidelines at any time, and at the sole discretion of the company, additional guidelines may be used to evaluate the risk and determine the risk's eligibility for the program.

7. Do any of the risk's operations involve construction, repair, rehab/renovation, piping or service work at **waste water treatment plants**? If 'yes', what percentage of payroll does the risk estimate will involve this work during the next twelve months? Yes No \_\_\_\_\_%
8. Does the risk anticipate bidding on waste water treatment plant projects located in Arkansas, Indiana, Louisiana, or Vermont during the next twelve months? Yes No

9. Does the insured get involved in any of the following operations?

• Asbestos abatement work and/or job design	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Blasting for others	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Chemical, petrochemical process, oil/gas well and nuclear work and/or engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Computer software services or programming for others	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Dam construction, including cofferdams and caisson building	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Design of machinery, equipment or products to be mass produced by others	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Environmental/pollution work and/or job design	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Landfill operations, construction or closure operations, past, present or future	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Levee or breakwater construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Naval architecture, marine engineering, marine or aerial surveying	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Quarry operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Railroad construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Residential construction - current or future projects or during the past 10 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Sandblasting	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Subway or tunnel construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Testing for indoor air quality or offering opinions for remedial actions for indoor air quality. Refer to the SMAP Program for additional information	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Transporting or disposing of hazardous waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Waste and waste water treatment plant construction, including pipe installation or repair	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Wrecking/demolition work over 10% of operations	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes** to any of the above, the account is **ineligible** for the **MBAP** program.

10. Risk is operating as: (Definitions of *italicized terms* are provided on the last page)

<input type="checkbox"/> Construction Manager _____%	<input type="checkbox"/> General Contractor _____%	<input type="checkbox"/> Subcontractor _____%
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11. Any current or past involvement with *wrap-ups/OCIP's*? Yes No  
 Any residential *wrap-ups*? Yes No
12. Has the risk been cited for any OSHA violations in the last three years? If yes, please explain. Yes No

13. List the states the insured worked in during the last 5 years.

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14. Complete the following as regards sub-contracted work:

Does the risk obtain Certificates of insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Diary System in place to track expiration dates of certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk require all subcontractors to carry primary limits equal to or greater than their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the risk named as an additional insured on all subcontractors' policies on a primary and non-contributory basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured verify that all sub-contractors follow all industry requirements and applicable state and local codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured maintain control and direction of all job sites and reserve the right to correct any loss control survey deficiencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any part of question #12 is **No**, the account is **ineligible** for the **MBAP**.

15. Indicate the types of subcontractor agreements the risk typically signs.

Standard (AGC, AIA contracts)       Custom       Other \_\_\_\_\_

Have these agreements been reviewed by a contract specialty attorney?  Yes  No  
 If yes, on what date? \_\_\_\_\_

16. In the table below, indicate the percentage of the risk's total payroll or sales during the past 3 years that emanate from the following types of work. **Include all work, whether self-performed or sublet to other contractors. Sublet work should be classified according to the type of project (commercial, industrial or residential/habitational).**

Percentages based on: (check one)       Payroll or       Sales

	Current Year _____ %	1 <sup>st</sup> Prior Year _____ %	2 <sup>nd</sup> Prior Year _____ %
COMMERCIAL WORK	_____ %	_____ %	_____ %
INDUSTRIAL WORK	_____ %	_____ %	_____ %
<i>RESIDENTIAL &amp; HABITATIONAL WORK</i> See next section for various types. Include all work for residential/habitational projects, including work for such projects that is sublet to other contractors.	_____ %	_____ %	_____ %

If the percentages for Residential & Habitational Work (above) average out to **more than 10%**, **stop here** and contact your agent or your Underwriter.

17. In the table below, provide a breakdown of the risk's residential & habitational work. The percentages for each type of work should represent an average of all such work the risk has performed in the past three years. **Include all such work, whether self-performed or sublet to other contractors.**

Percentages based on: (check one)       Payroll or       Sales

<b>RESIDENTIAL &amp; HABITATIONAL WORK BREAKDOWN</b>	<b>% NEW or MAJOR REHAB/ RENOVATION</b>	<b>+</b>	<b>% SERVICE OR MAINTENANCE</b>	<b>=</b>	<b>TOTAL %</b>
CONDOMINIUMS (low and high-rise)	_____ %	+	_____ %	=	_____ %
APARTMENTS	_____ %	+	_____ %	=	_____ %

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MULTI-FAMILY OWNED DEVELOPMENTS (including townhouses)	_____%	+	_____%	=	_____%
SINGLE FAMILY DWELLINGS	_____%	+	_____%	=	_____%
RETIREMENT HOMES, RETIREMENT APTS, RETIREMENT CONDOS, NURSING HOMES, AND ASSISTED LIVING FACILITIES.	_____%	+	_____%	=	_____%
SWIMMING POOLS (residential and habitational only)	_____%	+	_____%	=	_____%
MILITARY HOUSING	_____%	+	_____%	=	_____%
DORMITORIES	_____%	+	_____%	=	_____%
MIXED-USE BUILDINGS WITH AT LEAST 30% RESIDENTIAL/HABITATIONAL OCCUPANCY	_____%	+	_____%	=	_____%
OTHER RESIDENTIAL/HABITATIONAL	_____%	+	_____%	=	_____%

18. Does the risk have any future plans related to work involving any of the structure types shown above?  Yes  No

If **Yes**, please describe.

19. Has the risk ever installed or have any future plans involving the installation of *Exterior Finish Systems*? If yes, describe.  Yes  No

20. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues or use of *Exterior Finish Systems*?  Yes  No

If **Yes**, was risk acting as a general or sub-contractor?  Yes  No

If **Yes**, was it a habitational or commercial project?  Yes  No

Provide detail on claims/litigation and how the issue was corrected.

21. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action?  Yes  No

If **Yes**, please describe.

22. Does the risk perform **any** work at or near nuclear facilities? Has the risk done so in the past? Will the risk do so in the future, if the opportunity arises? Explain any 'Yes' responses below.  Yes  No

If the answers to questions **19, 20, 21 or 22 are Yes**, please discuss the risk with your underwriter prior to submitting.

23. **Safety Program**

Does the insured employ a full time safety director and have a written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the safety program include driver selection and training requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have a drug testing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have a written quality control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk retain job files? If yes, how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety meetings held on a quarterly basis; do managers and employees attend; and are attendance records kept? If less than quarterly, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have a new hire orientation program with pre-physicals, drug screening, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any part of question 22 is <b>No</b> , the account is <b>ineligible</b> for the <b>MBAP</b> .	

24. **If the applicant is a member of any trade associations, please list them below.**

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Note: Providing this information is optional and membership in an association is not a requirement for insurability.

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**Producer's Signature**

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**Date**

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**Applicant's Signature**

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**Date**

## DEFINITIONS

**Construction Manager** – Construction managers determine the most cost-effective plan and schedule for the project and are ultimately responsible for ensuring that all work is completed on time and within budget. They direct and monitor the progress of all construction activities at the jobsite including the selection, coordination and oversight of trade contractors hired to complete specific pieces of the project. They are responsible for obtaining all necessary permits and licenses, and depending on the contractual arrangements, may direct and/or monitor compliance with building and safety codes and other relevant regulations.

**Exterior Finish Systems** - multi-layered exterior wall systems including EIFS, which resemble stucco in appearance, that are used on both commercial buildings and residential homes.

**General Contractor:** A contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job-site, and is named in the construction documents as the general contractor of record.

**Girder Bridges:** Bridges supported by beams called girders which rest on abutments and/or piers.

**Mixed-Use Building:** Buildings which include both commercial occupancy and residential/habitational occupancy, and in which 30% or more of the building's square footage is being used for, or is intended to be used for, human residency.

**Residential/Habitational:** Any structure where 30% or more of the square foot area is used or is intended to be used for human residency including but not limited to: single or multi-family housing, apartments, condominiums, townhouses, co-operatives or planned unit developments, and also includes their common areas and/or appurtenant structures (including pools, hot tubs, detached garages, guest houses or any similar structures). When there is no individual ownership of units, residential structure does not include military housing, college/university housing or dormitories, long term care facilities, hotels, or motels. Residential structure also does not include hospitals or prisons.

**Subsidence:** Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

**Total revenue:** The gross amount charged by the insured for:

- services rendered, rentals, dues or fees
- total construction value for jobs where the insured is the lead on a Design-Build job,
- goods or products sold or distributed,

Total revenue includes:

- amounts passed through to subcontractors,
- foreign exchange discounts,
- freight allowance to customers,
- sales of consigned goods and warehouse receipts,
- trade or cash discounts,
- bad debts and the amount actually collected on items which have been sold on installments, but repossessed.

Total revenue does not include:

- sales or excise taxes which are collected and submitted to a governmental division,
- credits for repossessed merchandise and products returned,
- allowances for damaged and spoiled goods,
- finance charges for installment payments for goods, products or services sold on installments,
- freight charges on sales if freight is charged as a separate item on the customer's invoice,
- royalty income from patent rights or copyrights which are not product sales,
- rental receipts for products liability coverage only.

**Wrap-up (OCIP):** A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program or a CCIP (Contractor Controlled Insurance Program)).