

Contractors Supplemental Questionnaire

Policy No. _____

Insured to complete and sign questionnaire

Ownership/Operations

1. Company Name: _____
2. Mailing Address: _____
- 2a. Location Address if different than above: _____
3. Company Phone # _____ Cell Phone # _____ Fax # _____
4. E-mail address _____ Web Site: _____ Do you advertise in the Yellow Pages? _____
5. Company entity: Individual Partnership Corporation LLC Other _____
6. Describe your operations in detail: _____

7. No. Years experience in this trade _____ 7a. No. Years operating company listed above _____
8. Indicate if any owners, officers, partners or their spouses have any of the following specialized licenses:
 Architect Elevator Repair or Installation Engineer Real Estate Welding Pesticide or Herbicide Applicator Other (indicate type of license if any other) _____
9. List prior business experience (if any): _____
10. List other businesses owned or affiliated in any way with the Company listed above in the past 5 years
_____. Check here if none
11. What states/counties do you work in? _____
12. For the next 12 months, please advise:
No. Owners, officers or partners: _____ No. Owners, officers or partners active in the business: _____
No. Full-time employees: _____ No. Part-time employees: _____ Employee's Payroll \$ _____
Expense for casual labor or leased employees: \$ _____
Cost subcontracts with certificates of insurance on file (including labor and materials): \$ _____
Cost subcontracts without certificates of insurance on file (including labor and materials): \$ _____
Gross Receipts (total revenue): \$ _____
List 2 largest jobs currently underway or planned for next year (include description of work and revenue)
_____ \$ _____
_____ \$ _____
How many new houses will you build as a general contractor in the next year? _____
Maximum number of new houses built as a general contractor in any one year? _____
Maximum number of jobs running at the same time? _____

Prior Experience

13. List 3 largest jobs in the past 5 years (include approximate date, description of work and revenue):

_____ \$ _____
_____ \$ _____
_____ \$ _____

14. For each of the past 4 years, please provide:

Year	Annual Payroll	Annual Receipts	Subcontract Exposure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. For each of the past 5 years, please provide:

Prior Insurance Carrier	Policy Number	Policy Term
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Prior insurance cancelled, declined or non-renewed? _____
If yes, please explain: _____

17. Has Company(s) listed above or any of the owners ever operated for any period without insurance? _____

18. Have you ever been named in legal action or had a demand for arbitration regarding faulty/defective construction? _____ If yes, please explain: _____

18a. Are there any claims, legal actions, arbitrations or disputes pending of any kind against any persons or entities named in the application? _____ If yes, please explain: _____

18b. Any persons or entities named in the application have knowledge of any pre-existing act, omission, event, condition, damages or construction defect to any person or property that may potentially give rise to any future claim or legal action against such person or entity? _____ If yes, please explain

Subcontract Work: PLEASE ATTACH A COPY OF YOUR STANDARD SUBCONTRACT AGREEMENT

19. Do you subcontract out all of your work? _____
- 20a. Percentage of work subcontracted to others (as a percentage of total receipts)? _____
- 20b. What type of work is subcontracted to others? _____
- 20c. Do you obtain certificates of insurance from all subcontractors? _____ If yes, attach sample
- 20d. Additional insured endorsements obtained from all subcontractors? _____ If yes, attach sample
- 20e. Do you obtain a hold-harmless or indemnification agreement in your favor? _____ If yes, attach sample
- 20f. What limit of primary and/or excess insurance do you require from your subcontractors? _____
- _____
- 20g. Under what circumstances do you allow subcontractors to work without obtaining certificate of insurance that includes an endorsement naming you as additional insured? _____
- _____
- 20h. List Key Subcontractors (name, type of work subcontracted): _____
- _____
- _____

Type of work performed: PLEASE ATTACH A COPY OF YOUR SAFETY MANUAL PROCEDURES

21. Detail the percentage of work completed in: _____ densely populated areas (metro) _____ urban areas
- 21a. Does your work include property management? _____ If yes, please explain: _____
- _____
- 21b. Do you purchase buildings for rehabilitation, resale or rental? If yes, percentage _____
- 21c. Are you a developer of land or involved in subdivision of property? If yes, please explain: _____
22. State percentage of work performed:
- Residential _____% Commercial _____% Industrial _____% Manufacturing _____% = 100%
- New construction _____% Remodel _____% Repair _____% = 100%
- If any **new** construction, advise percentage of:
- Custom homes _____% Tract work (5 or more structures at one location) _____%
- Apartments (over 12 units) _____% Condominiums, townhouses or co-op building _____%
- Other (describe) _____% = 100%
- 22a. Do you perform exterior work above two stories? _____ If yes, percentage _____% Maximum stories _____
- 22b. Has any work performed by persons or entities named in the application ever included new construction of condominium, townhouse, apartments, planned developments, tract homes (5 or more homes at one location) or similar projects? _____
- If yes, is the work performed for: Individual unit owner (within their unit) General Contractor
- Association Other - Describe: _____
- 22c. Do you perform work on new homes valued over \$750,000? _____
- 22d. Do you build spec homes? _____
- 22e. What percentage of each day are you working on the jobsite? _____

23. Indicate if any person or entity named in this application has or will perform or subcontract any of the following

	√ If applicable	If yes, %	√ If sub'd Out
Abatement of pollution or carcinogens (including lead paint & asbestos) or other environment cleanup	<input type="checkbox"/>	____%	<input type="checkbox"/>
Aerospace facilities, airport runway, control towers or lighting	<input type="checkbox"/>	____%	<input type="checkbox"/>
Blasting, demolition or wrecking (other than tearing down with hand tools)	<input type="checkbox"/>	____%	<input type="checkbox"/>
Boilers, propane or natural gas piping or equipment inst. service or repair	<input type="checkbox"/>	____%	<input type="checkbox"/>
Bridges, tunnels, overpasses, dams, levees	<input type="checkbox"/>	____%	<input type="checkbox"/>
Burglar or fire alarm installation, service or repair	<input type="checkbox"/>	____%	<input type="checkbox"/>
Caisson or cofferdam work	<input type="checkbox"/>	____%	<input type="checkbox"/>
Construction management for a fee (project manager not performing direct labor or hiring employees/subcontractors)	<input type="checkbox"/>	____%	<input type="checkbox"/>
Cranes or booms used to perform your work	<input type="checkbox"/>	____%	<input type="checkbox"/>
Earthquake retrofitting or updating	<input type="checkbox"/>	____%	<input type="checkbox"/>
Elevator or escalator work	<input type="checkbox"/>	____%	<input type="checkbox"/>
Emergency lighting or traffic signals or street lights	<input type="checkbox"/>	____%	<input type="checkbox"/>
Equipment loaned or rented to others	<input type="checkbox"/>	____%	<input type="checkbox"/>
Excavation/underground work (three feet or more)	<input type="checkbox"/>	____%	<input type="checkbox"/>
Exterior door/window installation (if not also performing other construction work)	<input type="checkbox"/>	____%	<input type="checkbox"/>
Framing (if not also performing other construction work)	<input type="checkbox"/>	____%	<input type="checkbox"/>
Fire suppression and or sprinkler systems installation, service or repair	<input type="checkbox"/>	____%	<input type="checkbox"/>
Foundation construction and repair work or tilt up construction	<input type="checkbox"/>	____%	<input type="checkbox"/>
Gas stations, refineries, chemical plants, oil fields or power plants	<input type="checkbox"/>	____%	<input type="checkbox"/>
Hillsides or slopes (greater than 15°) or landfills	<input type="checkbox"/>	____%	<input type="checkbox"/>
Iron work performed for security around windows, doors and railings	<input type="checkbox"/>	____%	<input type="checkbox"/>
Machinery installation, service or repair	<input type="checkbox"/>	____%	<input type="checkbox"/>
Medical facilities (hospitals or clinics) or clean rooms	<input type="checkbox"/>	____%	<input type="checkbox"/>
Non-masonry fireplaces or stoves, flue piping and commercial kitchen exhaust	<input type="checkbox"/>	____%	<input type="checkbox"/>
Pressure washing or sand blasting	<input type="checkbox"/>	____%	<input type="checkbox"/>
Public roads or highway construction or work adjacent	<input type="checkbox"/>	____%	<input type="checkbox"/>
Retaining wall construction over three feet	<input type="checkbox"/>	____%	<input type="checkbox"/>
Road, bridge or highway construction or work adjacent	<input type="checkbox"/>	____%	<input type="checkbox"/>
Roof Repair and installation -(if not also performing other construction work)	<input type="checkbox"/>	____%	<input type="checkbox"/>
Site grading, excavation, trenching (more than three feet), shoring, tunneling, earth moving or pile driving	<input type="checkbox"/>	____%	<input type="checkbox"/>
Swimming Pool installation, servicing or repair	<input type="checkbox"/>	____%	<input type="checkbox"/>
Underground tank removal or installation	<input type="checkbox"/>	____%	<input type="checkbox"/>
Waterproof decks, caulking, foundations or other waterproofing works	<input type="checkbox"/>	____%	<input type="checkbox"/>

Please complete the following sections if applicable:

Blasting Exposure Information

- Does the Insured use explosives? • Yes • No If "Yes", How often? _____
Provide detail of the training of workers _____
- Are subcontractors used for explosives work? • Yes • No If "Yes", what type of indemnity agreements are in place and what limits are required of the subcontractors _____
- Are blasting operations performed within 100 feet of existing structures? • Yes • No If "Yes", detail the pre blast surveys and engineering inspections of area prior to blasting work performed _____
- Detail the storage of explosives on site and off site _____

Crane Exposure Information

- Does the Insured rent or lease equipment such as cranes to others – with or without operators? • Yes • No
- Does the Insured use tower cranes? • Yes • No
- Does the Insured own any cranes? • Yes • No If so, what type: _____
- The cranes are used for what specific work site activity? _____
- If the Insured rents cranes, do they rent with or without operators? _____
- What size cranes have they rented in the past year? _____
- Has the Insured ever had any claims (GL or WC) due to crane usage? • Yes • No If yes, please explain: _____
- Have they ever had a crane accident? • Yes • No If yes, Please explain: _____
- Who does the Insured rent cranes from? _____
- If they rent cranes with operators, does the Insured receive the following:
 - Additional Insured Status? _____
 - Hold Harmless Agreement? _____
 - Minimum limits of liability required from crane operator: _____
 - Who is responsible for the inspection and certification of the crane prior to use? _____

Demolition Exposure Information

- Does the Insured perform any demolition? _____
- Describe how the Applicant performs work? Hand Tools _____% Mechanical _____% Explosives _____%
- Detail of equipment used to perform mechanical demolition, if any: _____
- Are the operators of the mechanical equipment employees of the Insured? • Yes • No If yes, how are they qualified, selected and trained by the Insured? _____
- Are engineering surveys of upcoming projects performed regularly by experienced engineers? • Yes • No
- How are the project sites protected during work hours? _____
- How are the project sites protected during off work hours? _____
- What precautions are taken to prevent unauthorized use of machines and equipment? _____
- How long has the Applicant been performing this type of work? _____
- Percentage of work performed over two stories in height from grade? Residential _____% Commercial _____%

Excavation Exposure Information

- Does the Insured do any work below grade? Yes No
If yes: Maximum depth: _____ Percentage of total work: _____
- If the Insured is involved in Utility work, please provide the types of work done in percentages:
Sewer [%] Water [%] Gas [%]
- Does the Insured use "call" before you dig procedures mandated by OSHA to pre survey and provide maps of the underground utilities • Yes • No
- Detail of equipment used to perform work: _____

- Are the operators of the mechanical equipment employees of the Insured? • Yes • No If yes, how are qualified, selected and trained by the Insured? _____

- Does the Insured perform site preparation prior to performing work? • Yes No If "Yes", please attach a description. _____
- Does this Insured perform the shoring of open trenches? • Yes No If "Yes", please attach a description of depth and materials used to ensure safety of employees from collapse _____

- Does the Insured ever leave trenches open after work is performed? • Yes • No If "Yes", please advise how they are secured to avert pedestrian and vehicular traffic accidents from the site _____

- Does the Insured Have sufficient signs, barricades and fences to keep non employees at safe distance from the excavated site? • Yes • No If "Yes", detail of what types of barricades are used to avert pedestrian and vehicular traffic accidents from the site _____
- How are the project sites protected during work hours? _____
How are the project sites protected during off work hours? _____
- Does the insured ever perform or bracing of adjoining buildings? • Yes • No If "Yes", please attach a details of how this work is performed _____
- Are all excavation holes back-filled, and is debris removed before contractor leaves the premises? • Yes • No If Yes, advise if this is the responsibility of the insured or of others _____

Railroad Exposure Information

- Is the Insured performing any work within 50 feet of a railroad? • Yes • No
If so, how is this exposure being handled by the primary CGL? _____
- Is the Insured purchasing Railroad Protective Liability coverage? • Yes • No

Roofing Exposure Information

- Does the Insured perform any Roofing Operations? • Yes • No
- What percentage of operations are: Hot Tar ____ % Foam Application ____% Excess four (4) stories ____%
- Are roof holes covered during off work hours? • Yes • No If "Yes", provide details on what materials are used for this process _____
- What type of roofing method is this Insured involved in performing? Steep roofing ____ Built Up roofing _____
Single Ply Roofing ____ Foam spray in place roofing _____
- If the Insured is involved in Built up roofing or steep roofing detail how asphalt and molten bitumen are transported and stored on the job site _____

- Is it left on the job site during off work hours? • Yes • No If "Yes", how is it secured and locked? _____
- Provide Detail how these materials are kept hot during the course of work _____

- If heating kettles are used what is the age, type and condition of he Insured bitumen kettles? _____

 How often are the heating kettles inspected and by whom? _____
 Is there an automatic shut off valve? • Yes • No
- Does the Insured have a pre fire plan in place? • Yes • No
 Is it written into their safety manual? • Yes • No If "Yes", provide copy.
- What type of mechanical equipment does the Insured use to perform work? _____

Scaffolding Exposure Information

- Does the insured use scaffolding equipment? Yes • No Average Height _____ Maximum Height _____
- If "Yes", what types of scaffolding equipment does the Insured carry? (stationery, mobile towers, suspended scaffolds, aerial lifts, pump jacking or other) _____
- Is the equipment used to perform work: owned _____ leased _____ rented _____
 With or without operators? _____
- Does the Insured rent or lease equipment unassembled? • Yes No
- Does the Insured always install leased or rented equipment? • Yes No
 If No, advise who is responsible for the Installation _____
 Are there contractual arrangements that hold harmless the Insured if the installation is not performed on behalf of the Named Insured? • Yes • No
- Is the insured required to insure the scaffolding or other equipment? Yes • No
- How is equipment secured during off work hours? _____

Street & Road Exposure Information

- Does the Insured perform any work over navigable waterways? • Yes No
- Does the Insured do any tunneling? • Yes • No
- Detail the percentage of work performed:
 ____% Site Preparation ____ % Asphalt Work ____% Street & Road paving/stripping ____% Bridge/Elevated
 ____% Navigator Water ____% Rock Quarry ____% Sand Pit or Gravel (provide security)
 ____% Hauling for others (provide details)
- Advise how equipment is deliver by job: _____ owned trucks _____ by others

PLEASE ATTACH COPIES OF YOUR STANDARD SUBCONTRACT AGREEMENT AND SAFETY MANUAL PROCEDURES.

The premium quoted is based on the estimated payroll and/or subcontract cost you have provided. Final premium will be determined at policy expiration based on your actual payroll and subcontract cost by audit and I agree that I will be responsible for any additional premium billed at that time

The undersigned acknowledges that this questionnaire is being relied upon and is submitted to induce to issue insurance for the undersigned. Any misrepresentation, whether or not intentional, may void and/or result in rescission of any policy issued in reliance on this questionnaire, therefore eliminating insurance coverage (both for defense and indemnity) that might otherwise be applicable

Print Name: _____ Title: _____
 Signed: _____ Date: _____