



CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

*** Mandatory information needed. Non-asterisk items to follow later.**

- *1. Applicant's Name(s): _____

- *2. Business is a: Corp:___ Partnership:___ Joint Venture:___ Ind:___ Other:___
- *3. Business Address: _____
- *4. Mailing Address: _____
- *5. Years in Business Under Current Name: _____
- *6. Prior Industry Related Experience: _____
- *7. List all Previous Business Names: _____

- *8. Proposed Effective Date: From _____ To _____
- *9. Limits of Liability requested: Occurrence: _____ Agg. _____
- 10. Contractors License Number: _____
- *11. States (boroughs) which you are licensed to do Business: _____

- *12. Percentage of Work Performed as a...
General Contractor _____ Sub Contractor _____ Owner's Interest _____
- *13. Percentage of Work that is: Commercial: _____
Residential: _____
Industrial: _____
Inside Building: _____
Outside building: _____
- *14. Percentage of Work that is: New Construction _____
Remodel / Repair _____
- *15. Radius of Operations: _____
- 16. Does insured perform any work above two stories in height from grade?
Yes ___ No ___ If yes, is work outside? Yes ___ No ___ If you are a contractor working or doing installation on roofs or above the 2 stories in height, please describe how equipment is lifted, if scaffolding is used, or other types of exposures that may apply: _____

Percentage of total work above grade: _____% Max. # of Stories: _____

17. Does insured perform any work below grade? Yes ____ No ____
If so, please describe in detail the work performed: _____

Maximum Depth _____ Feet Percent of total Work _____ %

*18. Estimate for the next 12 months:
Payroll: \$_____ Sub-Contracted Costs: \$_____ Sales: \$_____

Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

<u>Direct / Subbed</u>	<u>Direct / Subbed</u>	<u>Direct / Subbed</u>
Blasting _____% _____%	Excavation _____% _____%	Seismle Retro-Fitting _____% _____%
Bridge Bldg _____% _____%	Grading _____% _____%	Sewer _____% _____%
Carpentry _____% _____%	Insulation _____% _____%	Steel(Structural) _____% _____%
Concrete _____% _____%	Masonry _____% _____%	Steel(Ornamental) _____% _____%
Demolition _____% _____%	Painting _____% _____%	Street / Road _____% _____%
Drilling _____% _____%	Plastering _____% _____%	Supervisory: _____% _____%
Earthquake rep _____% _____%	Plumbing _____% _____%	Water/Gas Maine _____% _____%
Electrical _____% _____%	Roofing _____% _____%	Landscaping _____% _____%

*19. Do any of your operations involve:

Asbestos Removal? Yes ____ No ____	Pile Driving? Yes ____ No ____
Blasting? Yes ____ No ____	Shoring or Underpinning Yes ____ No ____
Demolition? Yes ____ No ____	Synthetic Stucco (EIFS)? Yes ____ No ____
Lead Abatement Yes ____ No ____	Tunneling Yes ____ No ____
Use of Cranes Yes ____ No ____	Structural Work Yes ____ No ____
Bridge Work Yes ____ No ____	Insulation Yes ____ No ____
Hot Tar Roofing Yes ____ No ____	Lease Equip. to Others Yes ____ No ____

*20. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrains susceptible to subsidence? Yes ____ No ____
If so, please describe: _____

*21. Do you draw any plans or blueprints used in your construction work?
Yes ____ No ____ If so, please describe: _____

*22. If you are a roofing contractor or otherwise performing roofing work, what percentage of operations is:

Hot Tar _____%	Torch-down _____%	Flat Roofs _____%
Pitched Roofs _____%	High Rise Buildings _____%	
Foam application _____%	In Excess of (4) Stories _____%	



23. CONTROLLING THE SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors please check here ____ and skip to section 24–Historical.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes ____ No ____
2. Do you utilize a standard contract with all your subcontractors?
Yes ____ No ____
3. A) Do you require your subcontractors to carry General (public) Liability Insurance?
Yes ____ No ____
B) What limit of liability do you require your subcontractors to carry?
Limits: _____ Occurrence: _____ Aggregate: _____
C) Do you require that you are named as an Additional Insured on their policies?
Yes ____ No ____
D) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3A, 3B, and 3C above? Yes ____ No ____
- *4. A) Do you require your subcontractors to carry worker’s compensation insurance?
Yes ____ No ____
5. Describe the Type of Work Subcontracted: _____
6. Does the insured obtain a written contract from all subcontractors which includes a Hold Harmless clause in favor of the insured?
Yes ____ No ____

HISTORICAL PREMIUM BASIS

24. Please complete the following chart:

<u>POLICY YEAR / GROSS RECEIPTS</u>	<u>PAYROLL</u>	<u>SUB-CONTRACTED COST</u>
Projected Policy Term _____	_____	_____
First Prior Term _____	_____	_____
Second Prior Term _____	_____	_____
Third Prior Term _____	_____	_____
Fourth Prior Term _____	_____	_____
Fifth Prior Term _____	_____	_____

*26. Please describe the five largest projects you completed in the past five years:

<u>DESCRIPTION</u>	<u>JOB COST</u>	<u>PROJECT DURATION</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

32. **Automobile**

1. Are company vehicles taken home by the employees in the evening? Yes ___ No ___
If yes, please list each vehicle, matched with the driver and home address.
2. What is the policy regarding personal and family use of company vehicles? _____
3. Are Motor Vehicle Records reviewed on prospective employees and then annually thereafter? Yes ___ No ___
4. What other measures are taken for selecting new drivers? (i.e. written test) _____
5. Is there a specific criteria to determine acceptable/unacceptable – driving methods?
Yes ___ No ___ Explain: _____
6. How do you handle employees with unacceptable driving records i.e. driving privileges, written warning, probationary period, etc? _____

33. **Please include the following items when returning this questionnaire:**

- **5 year currently valued, hard copy loss runs with details of all claims \$25,000 or more.**
- **Current audited financial statement**
- **MVR's and/or a letter from management stating that all employees have given the same permission to run Motor Vehicles Record reports.**

Signature of Producer

Date

Applicant Signature (Principal)

Date