

CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Policy Number _____

Insured to complete and sign questionnaire

OWNERSHIP/OPERATIONS

1 Company Name _____

2 Mailing Address Street _____

City State Zip _____

Location Address if different from above _____

Street _____

City State Zip _____

3 Telephone Cell Phone Fax _____

4 E-Mail Web _____

Do you advertise in the Yellow Pages? Yes No _____

5 Company Entity Individual Partnership Corporation LLC Other _____

6 Describe your operations in detail.

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7 Years of experience in this trade _____ 7a Number of 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? _____

11a	Percentage of work performed in 5 Boroughs of NYC	%
	Downstate Counties (excluding Boroughs)	%
	Upstate Counties	%

12 For the next 12 months, please provide the following information

Number of owners, officers or partners	Number of owners, officers or partners active in the business
Number of full-time employees	Number of part-time employees
Expense for casual labor or leased employees	\$
Cost of subcontracts with certificates of insurance on file (including labor and materials)	\$
Cost of subcontracts without certificates of insurance on file (including labor and materials):	\$
Gross Receipts (total revenue)	\$

List jobs currently underway or planned for next year including location, scope of work being performed and contract price (attach a separate list if space is inadequate for complete list)

1. _____
2. _____
3. _____
4. _____
5. _____

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? _____

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PRIOR EXPERIENCE

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

	\$
	\$
	\$

13a Please provide the number of units built over the last five (5) years

	Year	Residential Homes	# of Units at One Site Duplex = 2 Units Triplex = 3 Units	Condo / Townhouses
1				
2				
3				
4				
5				

14 For each of the past 4 years, please provide

	Year	Annual Payroll	Annual Receipts	Sub-Contract Exposure
1				
2				
3				
4				

15 For each of the past 5 years, please provide

	Year	Prior Insurance Carrier	Policy Number	Policy Term
1				
2				
3				
4				
5				

16 Prior insurance cancelled, declined or non-renewed? Yes No

If yes, please explain. _____

17 Has the company(s) listed above, or any of the owners, ever operated for any period without insurance? Yes No

18 Have you ever been named in legal action or had a demand for arbitration regarding faulty/defective construction? Yes No

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? Yes No

If yes, please explain. _____

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18b Are there 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? Yes No

If yes, please explain.

SUBCONTRACT WORK Please Attach a Copy of Your Standard Subcontract Agreement

19 Do you subcontract out all of your work? Yes No

20 What is the percentage of work subcontracted to others (as a percentage of total receipts)? %

20a What type of work is subcontracted to others?

20b Do you obtain certificates of insurance from all subcontractors? If yes, attach sample. Yes No

20c Additional insured endorsements obtained from all subcontractors? If yes, attach sample. Yes No

20d Do you obtain a hold-harmless or indemnification agreement in your favor? If yes, attach sample. Yes No

20e What limit of primary and/or excess insurance do you require from your subcontractors? \$

20f Under what circumstances do you allow subcontractors to work without obtaining certificate of insurance that includes an endorsement naming you as additional insured?

20g List key Subcontractors (name and 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 Area %

21a Does your work include property management? Yes No

If yes, please explain.

21b Do you purchase buildings for rehabilitation, resale or rental? Yes No If yes, what percentage? %

21c Are you a developer of land or involved in subdivision of property? Yes No

If yes, please explain.

22 State the percentage of work performed in each category.

Residential	%	Commercial	%	Industrial	%	Manufacturing	%	= 100%
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New Construction	%	Remodel	%	Repair	%		=100%
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If any new construction, advise percentage of

Custom Homes	%	Tract work (5 or more structures at one location)	%
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Apartments (over 12 units)	%	Condominiums, townhouses or co-op building	%
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Other (describe)	%		= 100%
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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		%	

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

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/ Boom Truck Exposure Information

Does the Insured rent or lease equipment such as cranes to others – with operators? Yes No

Does the Insured rent or lease equipment such as cranes to others –without operators? Yes No

Does the Insured use tower cranes? Yes No

Does the Insured own any cranes? Yes No ***If so, attach list including maximum load capacity and boom length***

The cranes are used for what specific work site activity?

Number of times annually a crane is engaged or used?

Does the insured perform tandem lifts? Yes No

If the Insured rents cranes, do they rent with or without operators? With Without

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Are Crane Operators CCO certified and/or licensed by the state, if yes provide details of certification, continuing education for each operator:

What size cranes have they rented in the past year (maximum boom length and load capacity)?

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: *****Attach Copy of Subcontractor Agreement*****

Additional Insured Status? Yes No Hold Harmless Agreement? Yes No

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? Yes No

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

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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? If "Yes", please attach a description. Yes No

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

Does the Insured ever leave trenches open after work is performed? Yes No

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 % of operations are: Hot Tar % Torch Down % Other Heat Applications % Foam Application %

Excess three (3) 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?

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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 the 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? If "Yes", provide copy.

Yes No

What type of mechanical equipment does the Insured use to perform work?

Detail the percentage of work performed on:

Pitched/ Angled Roofs: _____ % Flat Roofs _____ %

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 Operators 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 to 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

What is the maximum span for bridge work?

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 delivered by job: Owned Trucks By Others

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Auto Liability

Do you have a formal safety program in place? Yes No

Do your employees take company vehicles home in the evening? Yes No

Does the insured have a vehicle maintenance plan in place to address the following equipment?

- | | |
|----------|-------------|
| Brakes | Electrical |
| Steering | Drivability |
| Tires | |

What is the applicant's policy regarding personal and family use of company vehicles? Describe.

Do you review Motor Vehicle Records on prospective employees and annually thereafter? Yes No

Do you have specific criteria that you use to determine acceptable/ unacceptable-driving records? Yes No

Please detail criteria used to determine acceptable/ unacceptable-driving records?

Explain how you handle employees with unacceptable driving records (remove driving privileges, written warning, probationary period, etc.).

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

Signature

Date