



CONTRACTORS QUESTIONNAIRE

Insured: _____ Policy #: _____ Date: _____

Applicants Contact Name: _____ Phone: _____ Cell/Mobile #: _____

Website Address: _____

I. Management

Number of years in business under this name: _____ Number of years of experience in this trade: _____

Describe the type(s) of work you perform:

What state(s) do you/have you operated in? _____
 Have you or any of your entities, current or past, ever done work of any kind in California, Nevada, New York, or Louisiana or plan to work in any of these states? Yes No
 If yes, provide a full description of operations and date(s) performed: _____

Do you have any other business interests or activities that have not been identified or scheduled on this policy? Yes No
 If yes, please provide details including a description of operations: _____

Do you have any discontinued operations or have you previously operated under a different name or entity? Yes No
 If yes, please provide a complete description and details: _____

Have you ever developed or acted as a general contractor on a new habitational (single family home, condominium, town home, assisted living facility, nursing home, etc..) project? Yes No

Do you operate as a:

	General Contractor _____%	Subcontractor _____%
	Real Estate Developer _____%	Construction Manager _____%

What percentage of your work is:

1. Habitational _____%	Light Commercial _____%	Industrial _____%
2. New Construction _____%	Remodeling _____%	Repair/Service _____%
3. Urban/Metro _____%	Suburban _____%	Rural _____%

List the number of employees in each of the following categories

Owners, Partners, or Executive Officers	Executive Supervisors	Foremen	Clerical/Sales	Skilled Labor

Have you ever completed work involving new homes or sites within a residential sub-division or tract housing development? (Defined as more than 10 homes at any one site or location) Yes No If yes, when was the last time? _____

Are you normally asked to provide additional insured status to others under your insurance policy? Yes No If yes, please list the names of anyone whom you work for who regularly who requests this; _____



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Have you ever been involved in any loss or litigation regarding poor workmanship, construction defect, water intrusion, mold, or fungi?
 Yes No If yes, please explain and provide details:

II. Operations Oversight

Operations:

Have you ever been involved in or do you plan to be involved in any of the following types of construction operations?

- | | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Bridge, dam, reservoirs or tunnel construction or repair. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Blasting, wrecking or demolition. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Gas main construction or repair. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Burglar or fire alarm installation, service or repair. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Sprinkler or other fire suppression system installation, service or repair. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Tank installation, repair or removal. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Retaining walls, sea walls, pile driving or shoring of existing foundations. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Any work above 3 stories (including steel or iron erection). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Excavation below ground level of abutting or adjoining structures. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Petroleum and/or chemical, including service type. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Railroads or Airports (including terminals) Construction or repair. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Installation or removal of asbestos. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Lead abatement. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Stucco or EIFS work. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Provide design and/or engineering services (either via employees or subcontractors). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Build on hillsides, landfills, or other terrain susceptible to subsidence. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Roofing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Rental or lease of equipment to others. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Operations involving landfills or waste site clean up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Construction operations more than 150 miles from your main business location. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain any "yes" answers indicated above:

Management Oversight:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Are supervisors present at the job sites continually for crews of over 5 employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Are previous employment, experience, etc verified for new employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Do you have a written safety program in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Do you provide employee training on safety, quality control, equipment use, etc..? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Do you have safety meetings? If so how often? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Are first aid kits or other medical services available at all jobsites? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Have you had any OSHA violations in the past five years? If so how many? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Do you have a vehicle maintenance program in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Are there driver/employee safety incentive programs in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Are driver MVR's checked? If so how often? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Are employees/family members allowed personal use of any company vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> If digging is done, are underground utility markouts requested prior to digging? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Have you ever had a liability claim involving the damaging of underground lines/piping? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Do you ever hire casual labor, temporary employees, or uninsured independent operators paid on a 1099 basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide details: _____



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III. Contractual Controls

Subcontractors:

- Are certificates of insurance (COI) obtained from all subs prior to starting work? Yes No
- What liability limits do you require from subcontractors? _____ Yes No
- Do you provide daily on site supervision of your subs? Yes No
- If yes, what percentage is done by: Owner _____%, Executive Supervisor _____% Yes No
- Do you always use written contracts with your subcontractors? If yes please provide a copy. Yes No
- Does this contract provide the following?
 - An indemnity provision, holding you harmless (where legally available)? Yes No
 - Require subs to carry products/completed operations coverage? Yes No
 - Require subs to name you as an additional insured on their policy? Yes No
 - Require subs to carry workers compensation insurance? Yes No
- Do you track the expiration dates on the certificates of insurance you receive from subs? Yes No

List the types of work performed by your insured subcontractors:

IV. General Construction Hazards & Controls

- Do you ever do work in trenches? Yes No
 - If yes, do you adhere to all OSHA trench safety requirements? Yes No
 - Preventing cave ins by use of approved support system at depths greater than 4 feet.
 - Ladders or other means of access every 25 feet in all trenches 4 feet or more deep.
 - Daily inspection by a competent person for hazardous conditions.
- Do you ever work at heights greater than 6 feet? Yes No,
 - If yes, do you adhere to all OSHA safety requirements? Yes No
 - Use of guardrails, safety nets, personal fall arrest systems at heights over 6 feet.
 - Training program for all employees exposed to fall hazards.
 - Require hard hats when exposed to falling objects.
- Do you ever work in confined spaces? Yes No
 - If yes, do you adhere to all OSHA safety requirements? Yes No
 - Post danger signs alerting the existence and location of the danger.
 - Internal atmosphere tested before employees enter the space.
 - Provide training to employees on the safe performance and skills necessary to work in the space.
- Do you regularly work nights or weekends? Yes No
- Do you regularly perform cutting and/or welding? Yes No
 - If yes, do you have a Hot Works Program? Yes No
- In the course of your operations do you ever have the presence of oily rags? Yes No
 - If yes, do you have a procedure to dispose of them properly? Yes No
- Do you ever perform snow plowing, either self performed or sub-contracted? Yes No
 - If yes, please provide total receipts for both self performed and subcontracted work: _____
 - If yes, do you ever plow parking lots for large retail establishments such as strip malls and chain stores? Yes No



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V. Loss Experience

Please attach 5 year loss runs.

Workers' Compensation Experience Modifier: _____

Please provide a job list of all projects worked within the last 12 months. This should include the name of the job, location, a brief description, and the job receipts. If this is not available at minimum provide us with the 3 largest jobs you have completed.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT RESONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE

Insured/Applicant's Signature

Date

Agent Signature

Date