



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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

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

<u>Downstate Counties (excluding Boroughs)</u>	<u>%</u>	<u>Upstate Counties</u>	<u>%</u>
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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 Employee's Payroll \$

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 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)

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

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

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



CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

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%

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 %



## CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Other (describe) \_\_\_\_\_ % = 100%

22a Do you perform exterior work above two stories?  Yes  No

22b 

	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, for who is the work performed. \_\_\_\_\_

Individual unit owner (within their unit)  General Contractor  Association  Other

Describe Other \_\_\_\_\_

22c Do you perform work on new homes valued over \$750,000?  Yes  No

22d Do you build spec homes?  Yes  No

22e What percentage of each day are you working on the job site? \_\_\_\_\_ %

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

	Applicable	If yes, %	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"/>



CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Table with 4 columns: Activity, Yes/No checkboxes, Percentage, and another Yes/No checkbox. Rows include: Machinery installation, service or repair; Medical facilities (hospitals or clinics) or clean rooms; Non-masonry fireplaces or stoves, flue piping and commercial kitchen exhaust; Pressure washing or sand blasting; Public roads or highway construction or work adjacent; Retaining wall construction over three feet; Road, bridge or highway construction or work adjacent; Roof Repair and installation (if not also performing other construction work); Site grading, excavation, trenching (more than three feet), shoring, tunneling, earth moving or pile driving; Swimming Pool installation, servicing or repair; Underground tank removal or installation; 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 Exposure Information

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

Does the Insured rent or lease equipment such as cranes to others – with or without operators?

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? [ ] Yes [ ] No

What size cranes have they rented in the past year?



CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

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?  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

Detail of equipment used to perform work:

Are the operators of the mechanical equipment employees of the Insured?  Yes  No



CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

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 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 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?

**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

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



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