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| **COMPANY INFORMATION** |
| **Name Insured (include all active/inactive and description):**  | Please list all named insureds, active or inactive, and provide description of each. |
| **Length of time in business?**  | # | Years | Years of Experience: # | Insured’s domiciled state is: | State |
| **Hours of Operation** | Please list. |
| **OPERATIONS** |
| **Indicate the percentage the proposed named insured acted as a:** |
| **Developer** | % | % | Construction Consultant | % | % | Construction Manager | % | % |
| **Sub Contractor** | % | % | General Contractor | % | % |  |  |  |
| **Describe all operations, in detail: Please Explain.** |
| **On a separate attachment, please list all current construction projects and all projects completed during the 5 previous years. Include project name, location, description of project, name of project owner and gross revenue from the project.** | Total number of employees? # |
| **List the names of officers, owners and active partners and their job duties and/or responsibilities.** | List the names of supervisors or foreman and their tenure of employment with your company. |
| **Please list.** | Please list. |
| **Please list.** | Please list. |
| **Please list.** | Please list. |
| **Please list.** | Please list. |
| **Account history for each of the past three (3) years plus the estimate for the next twelve (12) months:** |
|  | Payroll | Receipts/Revenue | Sub Contracted Costs |
| **Next Year** | $ $$ | $ $$ | $ $$ |
| **Last Year** | $ $$ | $ $$ | $ $$ |
| **2nd Prior** | $ $$ | $ $$ | $ $$ |
| **3rd Prior** | $ $$ | $ $$ | $ $$ |
| **Using percentage of direct payroll for “payroll percentage” and percentage of sub-contracted costs for “sub- contract percentage,” indicate the percentage of each type of construction activity you have performed over the past 12 months: (Does Not Need to Equal 100%)** |
| **Type of Work** | Payroll % | Sub Contract % | Type of Work | Payroll % | Sub Contract % | Type of Work | Payroll % | Sub Contract % |
| Airport Runways | % | % | Elevators | % | % | Plumbing | % | % |
| Airport-Hangars | % | % | Excavation | % | % | Railway | % | % |
| Airport-Interiors | % | % | Fire Alarm Line | % | % | Security Alarm Line | % | % |
| Alarm Installation | % | % | Fire Suppression Systems | % | % | Seismic/Retrofitting | % | % |
| Alarm line | % | % | Fireplace | % | % | Sprinkler install/maintenance | % | % |
| Alarm system design/sales | % | % | Gas Mains | % | % | Stadium Lighting | % | % |
| Alarm-monitoring | % | % | General Electrical | % | % | Swimming Pool | % | % |
| At Electrical Plants | % | % | Grading of Land | % | % | Towers/Antennas | % | % |
| Automotive Mfg | % | % | High Voltage-over 480V | % | % | Traffic Control | % | % |
| Bridge Construction | % | % | HVAC | % | % | Traffic Signals | % | % |
| Demolition | % | % | Lighting/Fixture/Appliances | % | % | Transmission Lines Above Ground | % | % |
| Drywall/Wallboard | % | % | Low Voltage/Fiber Optics | % | % | Transmission Lines Below Ground | % | % |
| Electrical apparatus (switch) | % | % | Masonry | % | % | Underground Utilities | % | % |
| Electrical controls installation  | % | % | Mechanical | % | % | Underwater Electrical work | % | % |
| Electrical Utility-substations | % | % | Plant Shutdown | % | % |  |  |  |
| **Indicate % of work performed by you: (Must Total 100%)** |
| **RESIDENTIAL** | % | % | COMMERCIAL | % | % |
| New Construction | % | % | New Construction | % | % |
| Remodeling Repair | % | % | Remodeling Repair | % | % |
| Demolition | % | % | Demolition | % | % |
| **Have you ever or do you have plans in the future to perform any work related to the pre-construction, construction, post construction, reconstruction, renovation, remodeling or conversion of any of the following types of buildings:** |
| Apartments | Yes/No | Townhomes or Townhouses | Yes/No | Duplexes or Triplexes  | Yes/No |
| Apartments converted to Condominiums | Yes/No | Single Family Homes | Yes/No | Mixed Use Commercial | Yes/No |
| Condominiums | Yes/No | Tract Homes | Yes/No | Residential | Yes/No |
| Co-ops | Yes/No | Custom Homes | Yes/No | Nursing Homes | Yes/No |
| **If you answered “Yes” to ANY of these questions**, please provide a description of the activities, including date, place and type of building and whether or not covered under WRAP/OCIP/CCIP: **Please Explain.** |
| **Is your company related or affiliated with any entity, directly or indirectly, through common ownership, management, or control, that is or has ever been involved in any type of residential construction?** | Yes/No |
| **If “Yes,”** please explain. **Please Explain.** |
| **Do you have a formal written safety program?** | Yes/No |
| **Please describe the selection process for hiring employees**.**Please Explain.** |
| **Does your hiring practice include?** |
| a.) Pre-hire physical examinations?**Yes/No** | b.) Pre-hire drug & alcohol screenings?Yes/No | c.) Background & reference checks?Yes/No | d.) Pre-hire MVR review?(if there is driving responsibility)Yes/No | e.) Are employees trained in safe work practices?Yes/No |
| **Do you utilize any of the following in your operations?** | Casual or Day Labor: Yes/No | Leased Employees: Yes/No | Inmate Labor: Yes/No |
| **Do you or your sub-contractors perform any work over 3 stories? (other than interior work)** | Yes/No |
| **If “Yes,”** please explain. **Please Explain.** |
| Maximum number of stories: | # | Average number of stories: | # | Percentage of total work: | % | % |
| **Any work performed below grade?** | Yes/No | If “Yes,” Maximum depth: | # ft | Average depth: | # ft | Percentage of total work: | % % |
| **Do you or your sub-contractor perform any ‘hot work’ (welding, soldering, cutting etc.) in their operations?**  | Yes/No |
| **If “Yes,”** please explain. **Please Explain.** |
| **Do you or your sub-contractor perform any work on any live/active utility lines?** | Yes/No |
| **If “Yes,”** please explain. **Please Explain.** |
| **SUBCONTRACTOR INFORMATION** |
| **Describe the selection process for subcontractors. Indicate whether your operation has an established group of subcontractors for most projects.****Please Explain.** |
| **To what degree do your employees supervise subcontractors (constant on-site supervision/brief daily visits)?****Please Explain.** |
| **Do you obtain a written agreement from all subcontractors *before* they enter your jobsite?*If “Yes,” please provide a copy of the subcontractor agreement.*** | Yes/No |
| **If “Yes,”** does the written agreement require subcontractor to: |
| Carry Workers’ Compensation Insurance? | Yes/No | *Limits Carried?* | Please Explain. |
| Carry General Liability Insurance? | Yes/No | *Limits Carried?* | Please Explain. |
| Carry Auto Liability Insurance? | Yes/No | *Limits Carried?* | Please Explain. |
| Carry Umbrella Insurance? | Yes/No | *Limits Carried?* | Please Explain. |
|  |  |  |  |
| Waive its rights of subrogation against applicant? | Yes/No | Obtain hold-harmless or indemnification agreement in favor of applicant? | Yes/No |
| Add applicant as Primary Additional Insured on their policy? | Yes/No | Provide a copy of the certificate of insurance? | Yes/No |
| Require Primary and Non-Contributory wording? | Yes/No | Do you sign a written contract with your customers? | Yes/No |
|  |  |  |
| **How do you monitor receipt of certificates from subcontractors that reflect proof of general liability, auto, umbrella and workers’ compensation insurance and for how long does the risk maintain these records on file?****Please Explain.** |
| **Is there a dedicated individual responsible for reviewing subcontract agreements and obtaining additional insured endorsements from subcontractors?**  | Yes/No |
| **If “Yes,”** please list the individual(s) and role(s). **Please List.** |  |
| **Have you been involved, or will you or your subcontractors be involved in any removal of asbestos, PCB’s or other hazardous materials?** | Yes/No |
| **Are there any other operations conducted by or on behalf of the named insured outside of contracting now or in the past?** | Yes/No |
| **If “Yes,”** please explain. **Please Explain.** |
| **Are you now, or have you ever been involved in litigation or arbitration regarding any current or prior project or been advised that you could be involved at a future date?**  | Yes/No |
| **If “Yes,”** please provide details. **Please Explain.** |
| **AUTOMOBILE QUESTIONS** |
| ***Please provide a copy of acceptable driver criteria and MVR guidelines.*** |
| **Driver Screening** | [ ]  Written application [ ]  Interview [ ]  Reference checks [ ]  Valid driver’s license [ ]  Driving road test |
| **Minimum/Maximum age** | # | / | # | Minimum # of years of driving experience for new hires | # |
| **Motor vehicle record (MVR) ordered and reviewed at time of hire by manager** | Yes/No | Annual review of MVRs for all drivers by manager | Yes/No |
| **Established written MVR criteria** | Yes/No | Formal written fleet safety policy in place | Yes/No |
| **Do guidelines include a distracted driving policy** | Yes/No | Fleet safety manager in place | Yes/No |
| **Name of Safety Manager Please list.** |
| **Formal Safety training in place** | Yes/No | Formal semi-annual safety retraining | Yes/No |
| **Frequency of safety meetings** | Yes/No | Mandatory attendance | Yes/No |
| **Monthly safety communications** | Yes/No | Formal incentive program | Yes/No |
| **# of days for onboarding of a new driver** | # | Drug Screening [ ]  At hire [ ]  Random [ ]  Post-accident [ ]  Reasonable cause |
| **Personal use of company vehicle by owners/partners/spouse/family members***If spouse or family members allowed to use company vehicles for personal use, please provide driver info to obtain MVR.* | Yes/No |
| **Personal use by employees** | Yes/No | Are passengers allowed in vehicles | Yes/No |
| **Wages based on** | [ ]  Hours [ ]  Miles [ ]  Trip [ ]  Revenue [ ]  Other Please Explain. |
| **Do any units include special equipment that is permanently attached?** | Yes/No |
| **If “Yes,” please provide type of equipment and value physical damage exposures maybe properly rated to include this equipment.****Please Explain.** |
| **Safety Equipment:**Front/rear facing cameras | Yes/No | Video based safety management and driver coaching | Yes/No |
| Anti-theft devices | Yes/No | Distracted driver cell phone control app installed | Yes/No |
| GPS equipment or cell phone reports hard braking/lane change, acceleration, etc. to management | Yes/No | [ ]  Roll stability [ ]  Anti-collision [ ]  Avoidance systems[ ]  Lane departure [ ]  Speed monitoring/governor |
| **Preventative Maintenance:**Scheduled based upon time and/or mileage | Yes/No | [ ]  In-house [ ]  3rd Party |
| Records retained | Yes/No | Pre-trip and/or post-trip vehicle deficiency reporting by driver | Yes/No |
| **Additional Fleet Safety Measures:** |
| Accident review committee | Yes/No | Monitored vehicle storage | Yes/No | Vehicles loaned/rented to others | Yes/No |
| Preventability determined | Yes/No | Post-accident interview of driver | Yes/No | Secure vehicle key storage | Yes/No |
| Post-accident driver retraining | Yes/No | Documentation retained | Yes/No |  |  |
| **Radius of Operation** | Travel between 1 and 50 miles % % | Between 51 and 200 miles % % | Over 200 miles % % |
| **What DOT filings do you need?Please Explain.** |
| **Loads being transported by excavation operations may exceed the weight capacity of roadbeds, bridges, and culverts. Are truck routes investigated to determine such limitations before transporting heavy equipment to sites?** | Yes/No |
| **How are the risk’s vehicles protected; where are they garaged or stored?Please Explain.** |
| **If the risk handles delivery of raw materials to work sites, how are loads secured for transport (i.e.: tie downs, tarps, etc.)?Please Explain.** |

WARRANTY: The purpose of this Contractors Supplemental Questionnaire is to assist in the underwriting process as part of the decision to provide or not provide insurance. Information contained herein is specifically relied upon in determination of insurability. The undersigned authorized representative of the company warrants that the information contained herein is true and accurate. The Contractors Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued.

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| **Signature of Proposed Insured\*** | Name and Title | Date |
|  | Enter Text. | Click or tap to enter a date. |

*\*Must be owner, executive officer or partner in the company.*