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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | | | | | | | | | | | | | | | | | | | | | | Click or tap to enter a date. | | |
| **COMPANY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name Insured:** | Please list. | | | | | | | | | | | | | | | | | | | | | | | |
| **Years in Business?** | | | # Years | | | | | | | | | | | | | Website Address: Please list. | | | | | | | | |
| **Describe Typical Project:** | | | | | | Please Explain. | | | | | | | | | | | | | | | | | | |
| **% of work acting as a SubContractor % %** | | | | | | | | | | | | | | | | % of work acting as a General Contractor % % | | | | | | | | |
| **EXPOSURE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Installation Receipts\*:** | | | | Prior 12 months: $ | | | | | Please list. | | | | | | Estimate Next 12 Months: $ | | | | | | Please list. | | |  |
| \*Installation Receipts means receipts from installation projects including material, labor, reasonable overhead & profit, and delivery charges from work involving repair or maintenance, installation, construction, or rigging of materials, supplies, fixtures, machinery or equipment. | | | | | | | | | | | | | | | | | | | | | | | | |
| Average Length of Job: | | | | | | 60 days or Less  61 to 90 days  91 to 120 days  Over 120 days | | | | | | | | | | | | | | | | | | |
| Average Project Value: $ | | | | | **Please list.** | | | | |  | | | | | **Maximum Project Value: $** | | | | | | **Please list.** | | | |
| What states do you operate in? | | | | | | | **Please list.** | | | | | | | | | | | | | | | | | |
| PROTECTION AT TYPICAL JOBSITE | | | | | | | | | | | | | | | | | | | | | | | | |
| Will the site be: | Fenced? **Yes/No** | | | | | | | Locked? **Yes/No** | | | | | Lighted? **Yes/No** | | | | | **Will there be a watchmen during non-working hours?** **Yes/No** | | | | | | |
| Any other planned security measures? Please Explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGGING | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your work involve any rigging exposures? | | | | | | | | | | | | | | | | | | | | | | | **Yes/No** | |
| If yes, do you do any of the following Helicopter, Tandem lifts or waterborne lifts? | | | | | | | | | | | | | | | | | | | | | | | **Yes/No** | |
| If yes, describe. Please Explain. | | | | | | | | | | | | | | | | | | | | | | | | |
| Who operates the cranes? | | | | | | Your Employees  Subcontractors | | | | | | | | | | |  | | |  | | |  | |
| TRANSIT | | | | | | | | | | | | | | | | | | | | | | | | |
| How are materials transported to the jobsite? | | | | | | | | | | | On your vehicles  by Common/Contract Carrier | | | | | | | | | | | | | |
| Do you ever transport materials via barge or vessel? | | | | | | | | | | | | **Yes/No** | | **If yes, how often? Please Explain.** | | | | | | | | | | |
| LIMITS REQUESTED | | | | | | | | | | | | | | | | | | | | | | | | |
| $ $$ | | Jobsite Limit | | | | | | | | | | | | | **$ $$** | | | | Transit Limit | | | | | |
| $ $$ | | Temporary Storage Location Limit | | | | | | | | | | | | | **$ $$** | | | | Catastrophe Limit (per Occurrence) | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | **$ $$** | | | | Deductible | | | | | |
| OPTIONAL COVERAGES | | | | | | | | | | | | | | | | | | | | | | | | |
| $ $$ | | Earthquake Limit | | | | | | | | | | | | | **$ $$** | | | | Deductible | | | | | |
| $ $$ | | Flood Limit | | | | | | | | | | | | | **$ $$** | | | | Deductible | | | | | |
| $ $$ | | Testing/Equipment Breakdown | | | | | | | | | | | | | **$ $$** | | | | Deductible | | | | | |

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.

|  |  |  |
| --- | --- | --- |
| **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.*