



Contractors Supplemental Questionnaire

APPLICANT INFORMATION					
Full Name of Applicant:					
Address:					
Website Address:					
Separately list and describe all operations:					
List states in which the applicant operates:					
Number of years in business under current name:					
OPERATIONS					
1.	Percentage of Operations as:	General Contractor %	Sub-Contractor %	Owner/Builder %	Construction Manager %
2.	Does the insured provide Architectural or Engineering Design Services?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the insured provide Construction Management Services?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the insured carry Errors & Omissions Insurance coverage? If yes, provide details: Carrier: _____ Limits: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Describe the types of projects in which the applicant specializes:				
6.	Describe any other projects the applicant has performed:				
7.	Provide the following information on your 4 largest current projects:				
	Location	\$ Value	On-Site Employees / # of Subcontractors	Start Date	End Date
8.	Provide the following information on your 4 largest projects in the past 5 years:				
	Location	\$ Value	On-Site Employees / # of Subcontractors	Start Date	End Date
9.	Does the insured perform any operation in the state of New York?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please break out all payrolls by code and by state on the GL Application.				
	If yes, does the insured perform any operations in the five boroughs of New York City?				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.		PAYROLL:	SUBCONTRACTED COSTS:	GROSS RECEIPTS:	
	Next 12 mos.	\$	\$	\$	
	1 st Prior Year:	\$	\$	\$	
	2 nd Prior Year:	\$	\$	\$	
	3 rd Prior Year:	\$	\$	\$	



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OPERATIONS (cont)			
11.	Detail the % of construction work performed by you. Total for all classifications (New and Renovation Combined) must equal 100%.		
	Type of Construction	% New	% Renovation
	Commercial (excluding the classes below):	%	%
	Industrial:	%	%
	Apartments – Frame Construction and/or Garden Style:	%	%
	Apartments – High Rise – Commercial Grade Construction – Concrete & Steel:	%	%
	Condos/Townhouses – Frame Construction:	%	%
	Condos – High Rise – Commercial Grade Construction – Concrete & Steel:	%	%
	Single Family Homes – Multi-Unit Tract Homes and/or Residential Developments:	%	%
	Single Family Homes – Custom Homes to Customer Specifications:	%	%
12.	Does the applicant do any work over two stories in height from grade (other than interior remodel only)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe.		
	If yes, Maximum Number of Stories:	_____ stories	If yes, Percentage of Total Work: _____ %
13.	Do you own or lease Heavy Equipment?		<input type="checkbox"/> Own <input type="checkbox"/> Lease
14.	If you own your equipment, do you rent this equipment to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	If you rent equipment to others, is this done with or without operators?		<input type="checkbox"/> With <input type="checkbox"/> Without
16.	What are your annual receipts for rented equipment?		\$ _____
17.	Have you been involved or will you be involved with blasting operations or any other hazardous work activity? If yes, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Do you perform or subcontract stucco/synthetic work (EIFS)? If yes, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you built/demolished or will you build/demolish buildings or other structures in excess of four (4) stories? If yes, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Do you perform any roofing work? If so, provide details of type of work done:		
22.	Do you perform any Mold Remediation Work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do any of your subcontractors perform any Mold Remediation Work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Mold Remediation Work is Performed, is insurance coverage in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No



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OPERATIONS (cont)		
23.	Do you have any operations other than contracting? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are these other operations to be covered by this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If these operations that are "other than contracting" carry other insurance, provide details on the policy – coverage, limits, and name of insurer.	
24.	Have you or will you in be involved of the construction of condominiums or townhouses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If work is for condominiums or townhouses, is the work new construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If work is for condominiums or townhouses, is the work repair only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How many units in the entire development?	
25.	How many new homes will you build as a general contractor in the next year?	
26.	What is the greatest number of new homes you have built in any one-year?	
27.	Have you built or will you build on hillsides terraces, landfills or subsidence areas? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Will you be working in any new tract home developments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	If you will be working in new tracts, list the maximum number of homes in the ENTIRE tract:	
	How many units in the entire development?	
30.	Have you or will you ever convert apartments to condominiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Have there been any losses, claims or suits against you in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Are there any claims or legal actions pending against any of the entities named on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Do any of the entities named on this application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against such entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Have you been accused of faulty construction in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBCONTRACTED EXPOSURES		
1.	List the trades of subcontractors you use and give the percentage of work they perform:	
		%
		%
		%
		%
		%
2.	Do you require certificates of insurance for all subcontracted work? If Yes, How long do you maintain records? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you obtain updated certificates for subcontracted work each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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4.	What minimum limits of liability do you require that your subcontractors carry?	\$
5.	Are hold harmless agreements obtained from subcontractors in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the applicant named as an additional insured on the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the subcontractor carry workers compensation for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS CONTROL		
1.	Do you have a formal safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you review Motor Vehicle Records on prospective employees and annually thereafter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have specific criteria that you use to determine acceptable/unacceptable-driving records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the insured have a Vehicle maintenance plan in place to address the following equipment? Brakes Steering Tires Electrical Drivability	
5.	Please detail criteria used to determine acceptable/unacceptable-driving records?	
6.	Explain how you handle employees with unacceptable driving records. i.e. Remove driving privileges, written warning, probationary period, etc.	

COMMONLY USED DEFINITIONS:	
EIFS:	Exterior Insulation Finishing Systems – multi layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.
GENERAL CONTRACTOR:	A contractor who subcontracts work to others, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.
RESIDENTIAL CONTRACTOR:	A contractor who performs work on single or multi unit-family housing, including condominiums and townhouses, planned unit developments and tract housing or similar planned communities. Most insurers consider APARTMENTS to be commercial construction, not residential construction.
SUBSIDENCE:	Any movement of the land or earth including landslides, mudflow, earth sinking, rising and shifting, collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting and earthquake.
TRACT HOUSING:	Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WARRANTY
<p>The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants the information contained herein (consisting of five pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.</p>



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Signature of Applicant:			
Name & Title:		Date:	