

Contractor's Supplemental Questionnaire

1.	Applicant Name				
2.	Address				
	Current Carrier:		Current Premium:		
3.	Years in business		Website:		
4.	Has the applicant operated under any other name in the past 5 years?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	States in which the applicant operates:				
6.	Has the applicant operated in any other states during the past 5 years?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Gross Receipts for next 12 months			\$	
	Gross Receipts for past 12 months			\$	
	Gross Receipts for second prior year			\$	
8.	List and describe the applicant's five largest projects during the last 5 years:				
	Project Name		Description		Construction Values
9.	Has or will the applicant perform any of the following:				
	Work under a "Wrap Up" or "OCIP" or similar plan?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Work on bridges, dams or tunnels?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Work through a joint venture agreement?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	List Percentage of work as:				
	General Contractor		%	Prime Contractor	
			%	Subcontractor	
					%
11.	Projected Payrolls by classes for upcoming year:				
	Blasting	\$	Grading	\$	Residential Roofing
	Bridges		Heating/ AC		Commercial Roofing
	Carpentry		Insulation		Sewer
	Concrete		Landscape		Steel Structural
	Const Mgmt		Masonry		Steel Ornamental
	Electrician		Mechanical		Street & Road
	Excavation		Millwright		Stucco
	EIFS		Painting		Supervision
	Debris Removal		Permanent Yard		Water/Gas Main
	Demolition		Plastering		Welding
	Drilling		Plumbing		Other
12.	Total Projected Subcontractor Costs				
	Major Classes Subcontracted to others, please check the classes that represent subcontracted work:				
	Blasting <input type="checkbox"/>	Bridgework <input type="checkbox"/>	Carpentry <input type="checkbox"/>	Concrete <input type="checkbox"/>	Electrical <input type="checkbox"/>
	Excavation <input type="checkbox"/>	Demolition <input type="checkbox"/>	Drilling <input type="checkbox"/>	Grading <input type="checkbox"/>	Insulation <input type="checkbox"/>
	Landscape <input type="checkbox"/>	Plastering <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Roofing <input type="checkbox"/>	Sewer <input type="checkbox"/>
	Steel <input type="checkbox"/>	Water/Gas <input type="checkbox"/>			

Contractor's Supplemental Questionnaire

13.	Does the applicant require all Subcontractors to sign a standard written agreement? Please attach a copy of that agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Is the subcontractor allowed to begin work without having signed the agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Does that agreement require the Subcontractor to:			
	Carry Commercial General Liability Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	At limits less than those being applied for hereon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Add the applicant as an Additional Insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Does the agreement specify the type of Additional Insured endorsement required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Waive its right of subrogation against the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Does the applicant receive Certificates of Insurance from all Subs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Has the applicant always done so?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How long does the applicant keep copies of certificates on file?				
What is the applicant's procedure for tracking Certificates of Insurance:				
What is the applicant's procedure for ensuring that the subcontractor has added the insured as an Additional Insured?				
14.	Has the applicant built on hillsides, slopes, landfills or subsidence areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Will the applicant work on such projects in the current year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide details including maximum degree of slope:				
15.	Has the applicant constructed any buildings or structures in excess of two stories during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
16.	What is the maximum exterior height at which the applicant will work?	Feet		
17.	Does the applicant use cranes or booms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Does applicant own the crane or boom equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Is any crane or boom equipment rented or leased without operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Is any crane or boom equipment rented or leased with operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If the answer to the preceding question is yes, does the applicant obtain an indemnification agreement from the equipment leasing or rental firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Does the applicant obtain Additional Insured coverage from the equipment leasing or rental firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Does the applicant lease or provide crane or boom equipment to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Is there an equipment maintenance program for owned cranes or booms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Are Load Charts posted in the cab of any crane or boom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Do Load Charts show limits based on boom angle and height of load above ground?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Are boom angle indicators posted in the cab?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	What is the length and number of booms or cranes?	Length in feet:	Unit count:	
	If this equipment is operated by an employee of the applicant, describe the experience level of the operator:			
	Has the applicant experienced any claim, incident or circumstance regarding cranes or booms in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18.	Does Applicant use scaffolding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Contractor's Supplemental Questionnaire

	Is the scaffolding equipment used owned by the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If rented from others does applicant do so under a rental contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
19.	Do any of the applicant's current, past or future planned projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
20.	Does the applicant perform work below ground level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
21.	List the maximum depth at which the applicant works, in feet	Feet			
22.	Has the applicant been involved in the construction of, or work on single-family dwellings, condominiums, townhouses or apartments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Will the applicant work on such projects in the current year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Has the applicant ever done any work for a residential developer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Has the applicant ever done any work for residential general contractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
23.	Has the applicant worked on the building, removal, repair or replacement of roofs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Will the applicant work on such projects in the current year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
24.	During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
25.	Enter all claims or occurrences for the past five years, or	Check here if none			
		Check here if current Loss Runs are attached			
	Description	Date of Claim	Amount Paid	Amount Reserved	Status
25. Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes <input type="checkbox"/> No <input type="checkbox"/>					
26. Has the applicant been involved in a claim for construction defects? Yes <input type="checkbox"/> No <input type="checkbox"/>					
27. Is the applicant aware of any incident, circumstance, defect or alleged defect including but not limited to: faulty or defective workmanship, product failure, construction dispute, product failure, property damage or subcontractor or construction worker injury, that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Information contained herein is specifically relied upon in determination of insurability. The undersigned therefore warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Contractors Supplemental Questionnaire, and the application to which it is attached shall be the basis of any insurance policy that may be issue and will be a part of such policy

Signature of applicant:	Date
Printed Name and Title:	