



CONTRACTOR'S SUPPLEMENTAL QUESTIONNAIRE

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

Name(s) of Applicant: _____
 Years in Business*: _____ Years Experience: _____ Website: _____

***If this is a new operation, please attach resumes and provide details on prior experience of ALL principals.**

1. Describe your work: _____

2. Do any prior operations differ from current operations? Yes No
 If yes please explain: _____

3. In which states do you perform work? _____

4. Have you performed work in any other states in the past? Yes No
 If yes, please list those states _____

5. License Number(s) and which state the license is issued: _____
 a. Has the applicant used any other business names or licenses in the past 10 years? Yes No
 b. Does the applicant currently own or operate another business? Yes No
 c. Has any licensing authority taken action against you? Yes No
 If yes to any of these, please explain: _____

6. Please provide the following information (excluding any work performed in Wrap-Ups):

	Gross Receipts	Payroll	Subcontracting Costs
Next 12 months (Estimated)			
Last 12 months (Estimated)			
2nd prior year			
3rd prior year			
4 th prior year			
5 th prior year			

Number of owners, officers, and partners active at job sites or performing supervisory duties _____

7. Are you currently working on any Wrap-Up (OCIP/CCIP) Projects? Yes No
 If yes, please provide estimated annual receipts for all Wrap-Up Projects: _____

8. What percentage of your work is:

	New	Repair		New	Repair
Single Family Homes (less than 10)	%	%	Retirement or Student Housing	%	%
Single Family Homes (greater than 10)	%	%	Apartments	%	%
Condominium/Townhome - HOA	%	%	Commercial (excl. Apartments)	%	%
Condominium/Townhome - Unit Owner	%	%	Industrial	%	%
Military or Student Housing	%	%	Other _____	%	%
TOTAL FOR ALL CATEGORIES ABOVE SHOULD EQUAL 100%				100%	

Interior Work	%	Exterior Work	%
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a. What is the largest tract development you have worked in or will work in? _____

9. Please complete the following questions if you operate as a General Contractor:

- a. How many new homes will you build as a general contractor in the next year? _____
- b. What is the greatest number of new homes you have built in any one year? _____

10. Do you use subcontractors?

Yes No

If "Yes", please answer the following:

What percentage of your work is subcontracted out: _____% Annual Costs: \$ _____

Do you have a written contract with all subcontractors? Yes No

Does the contract contain a hold harmless clause in your favor? Yes No

Do you collect certificates from all subcontractors? Yes No

If yes, what are the minimum limits required? \$ _____

Do you require all subcontractors to name you as an additional insured, including for Completed Operations? Yes No

If no, please explain _____

How long do you maintain records of the above documents? _____

Please attach a copy of your subcontractor agreement

11. Please indicate the percentage of work performed by you and/or subcontracted out by you:

(totals for Direct and Subcontracted should equal 100% each)

Work	Direct	Subcontracted	Work	Direct	Subcontracted
Airport Runways			Maintenance		
Asbestos or Lead Abatement			Mechanical		
Blasting			Mold Remediation		
Bridge/Highway Overpass Constr.			Plastering/Stucco		
Chemical Plants			Plumbing		
Cranes			Public Utilities		
Dam or Levee Work			Railroads		
Demolition			Rental of Equipment to Others		
Drilling			Steel Erection – Structural		
Earthquake/Seismic Retrofit			Street/Road		
EIFS			Supervision Only		
Environmental Cleanup or Repair			Swimming Pool Construction		
Excavation			Traffic Signals/Control Work		
Gas Mains			Underground Tank Work		
Gas Stations/Refineries			Water Mains		
Grading			Waterproofing		
Hospitals			Window/Door Work		
LPG Work			Other _____		

12. Project History:

Describe your largest projects over the past five years:	Value
	\$
	\$
	\$
	\$

Describe your largest projects currently underway or planned for the next year:	Value
	\$
	\$
	\$
	\$

Please provide the average dollar value of jobs completed (including all materials, labor, and equipment): \$ _____

13. Have you or do you ever intend to use a drone (UAS) in the course of your operations? Yes No

If yes, please explain:

Note: the following question applies to work done in any capacity (including general contractors, developers, artisans, remodeling contractors, site work contractors, suppliers, etc.)

14. Have or will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

If yes, please describe:

_____ If retaining walls have or will be built, what is the maximum height? _____ ft

15. Do you perform exterior work above two stories in height? Yes No

If yes, what percentage? _____% Maximum height: _____ ft

16. Do you perform any work below ground level? Yes No

If yes, what percentage? _____% Maximum depth: _____ ft

17. Do you use scaffolding? Yes No

If yes, please explain:

18. Do you own, rent or subcontract any cranes? Yes No

If yes, please explain and include if they are rented with or without operators:

19. Have you or will you or your employees work under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act? Yes No

If yes, please explain:

20. Are you involved in any other operations/exposures that are not otherwise covered in this application? Yes No

If yes, please explain:

21. Do you have a formal safety program in place? Yes No

If yes, please describe or provide a copy:

22. Do you carry Workers Compensation insurance? Yes No

If yes, what is the WC Experience Modification Factor for the current policy? _____

Note: the following questions apply regardless of whether the applicant was at fault for a claim or incident, and regardless of whether the claim or incident was covered by insurance. Explain any "yes" answers in the space provided below. A minimum of five (5) years of currently valued loss runs must be included with this completed application.

23. Are there any losses, claims or legal actions pending against any of the entities named in the application that are not covered in the attached loss runs? Yes No

24. Do any of the entities named in the 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? Yes No

CLASS SPECIFIC QUESTIONS

25. EIFS Work – If you perform any EIFS work, please answer the following questions:

- a. What percent of your work is related to EIFS? _____%
- b. What percent of your EIFS work is: Residential _____% Commercial _____%
- c. Are you certified by all manufacturers of the product you install? Yes No
- d. What manufacturers do you install on behalf of? _____
- e. Do you install any non-drainable systems? Yes No

If yes, please explain:

26. Roofing Work – If you perform any roofing work, please answer the following questions:

- a. Will any of your upcoming work include **NEW** tract developments or condominiums and townhomes? Yes No
- b. Will any of your upcoming work involve work for homeowners associations? Yes No
- c. Has any of your past work included the two categories mentioned above? Yes No
- d. Do you perform any Heat Application Roofing operations? Yes No

If yes, please answer the following questions:

i. Please describe the work you perform:

ii. Please describe your fire safety procedures:

iii. How is the site secured at the end of the work day and how long do you remain onsite after all hot work is completed?

e. Do you perform any roof tear off operations? Yes No

f. Please describe the procedure utilized to detect inclement weather:

g. Please describe your open roof protection procedures:

h. How is the site secured at the end of the work day or when you will be away from the jobsite for more than four hours?

Warranty: The purpose of the Supplemental Questionnaire is to assist the underwriting process. 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 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 a part of such policy.

Signature of Applicant: _____

Date: _____

Name and Title:

Signature of Producer: _____

Date: _____

Name and Title: