

## CONTRACTORS QUESTIONNAIRE

1. **Named Insured:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
\_\_\_\_\_

3. **Separately list all operations of the Named Insured:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Number of years in business:** \_\_\_\_\_

5. **Percentage of Operation as:**

**General Contractor:** \_\_\_\_%    **Sub-Contractor:** \_\_\_\_%    **Owner/Builder:** \_\_\_\_%

6. **Describe the types of projects in which the Insured specializes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Describe any other projects which the Insured has performed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Current Projects (list 5 largest):**

Location	\$Value	On-Site Employees/ # of Subcontractors	Start Date	End Date
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a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_

9. **Does the Insured do any work over two stories in height from grade?** Yes \_\_\_\_ No \_\_\_\_

**Only Interior** \_\_\_\_    **If yes: Maximum Stories:** \_\_\_\_    **Percentage of Work:** \_\_\_\_%

10. Does the Insured do any work below grade? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Maximum depth: \_\_\_\_\_ Percentage of total work: \_\_\_\_\_

11. Indicate anticipated percentage of construction work over the next twelve months to be performed by the Insured using percentage of payroll under "Direct" and percentage of contract costs under "Subbed" as the basis.

	Direct %	Subbed %		Direct %	Subbed %		Direct %	Subbed %
Asbestos Removal			Grading			Roofing		
Blasting			Insulation			Sewer		
Bridge Building			Lead Paint/Removal			Steel		
Carpentry			Maintenance			Steel (ornamental)		
Concrete			Masonry			Street/Road		
Demolition			Mechanical			Supervisory Only		
Drilling			Painting			Water/Gas Mains		
Electrical			Plastering			Other (describe)		
Excavating			Plumbing			Other (describe)		

12. Estimates Annual: \_\_\_\_\_  
Direct Payroll: \_\_\_\_\_  
Need breakdown by classification:

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Subcontract Costs: \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_  
Need policy to be based on sales

13. Prior years: \_\_\_\_\_  
Direct Payroll: \$ \_\_\_\_\_ Direct Payroll: \$ \_\_\_\_\_ Direct Payroll: \$ \_\_\_\_\_  
Contract Costs: \$ \_\_\_\_\_ Contract Costs: \$ \_\_\_\_\_ Contract Costs: \$ \_\_\_\_\_  
Gross Receipts: \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

14. Indicate the percentage of construction work performed by the Insured:

New Construction \_\_\_\_\_% Commercial \_\_\_\_\_% Inside Building \_\_\_\_\_%  
Remodeling \_\_\_\_\_% Residential \_\_\_\_\_% Outside Building \_\_\_\_\_%  
Other \_\_\_\_\_% Other \_\_\_\_\_%

15. Is general contract between Insured and Project Owner?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

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16. Are there Subcontracts between Insured and Subcontractor?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

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17. Is Insured responsible for completed project?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

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**Subcontracts**

18. Are subcontracts required for all subcontractors?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

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19. Do all subcontractors contain the same general provisions? (standard form)

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

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20. Does subcontractors contain the following provisions?

Yes No

a. Insurance Requirements

- Type, coverage amount equal to yours (CG)
- Certificates prior to job start
- Account as named insured

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Safety, Property, Liability

- Worker Safety Requirements
- Fire Protection
- Public Protection
- OSHA, Right to Know, DEP codes Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Incentives/Penalty's for safety

- Unsafe condition reporting

\_\_\_\_\_  
\_\_\_\_\_

d. Guarantee for work, materials, etc.

- 1<sup>st</sup> year

\_\_\_\_\_  
\_\_\_\_\_

e. Sub's responsibility for clean-up

- Waste and Unused materials

\_\_\_\_\_  
\_\_\_\_\_

f. Indemnification Clause

- Hold-Harmless

\_\_\_\_\_  
\_\_\_\_\_

g. Compliance to all Federal, State and Municipal Laws \_\_\_\_\_

h. Performance Bond \_\_\_\_\_

• 100% of subcontract price \_\_\_\_\_

• 100% Labor & materials payment bond \_\_\_\_\_

Note: Attach copy of standard sub contract.

**Job Management**

21. Does the account have a job site Loss Control Program with the following provisions:

	Yes	No
a. Written L.C. Program	_____	_____
• Safety rules, requirements	_____	_____
• Subcontractor responsibilities	_____	_____
b. Pre-Planned Meeting	_____	_____
• Each Subcontractor	_____	_____
c. Safety Meeting	_____	_____
• Attendance Documents	_____	_____
d. Site Safety Inspection	_____	_____
• Check list	_____	_____
e. Non-compliance Notice	_____	_____
• Safety violations	_____	_____
• Public Safety Hazards	_____	_____
f. Accident Reporting System	_____	_____
• Includes Sub's employees	_____	_____
g. Right to Know	_____	_____
• MSDS sheets on site	_____	_____
• Training Sessions	_____	_____

Note: Attach copy of program, if available

22. Does the Insured have any operations other than contracting? (If yes, explain):

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23. Dollar value of average job completed \$ \_\_\_\_\_

24. Attach list of major jobs completed within the last five years.

25. Do employees take company vehicles home in the evening? Yes \_\_\_\_\_ No \_\_\_\_\_

26. What is the Insured's policy regarding personal and family use of company vehicles?

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27. What is the Insured's driver selection criteria:

Do they review Motor Vehicle Records on prospective employees and then annually thereafter?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Insured have specific criteria to determine acceptable/unacceptable driving records?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

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How does Insured handle employees with unacceptable driving records i.e. Remove driving privileges, written warning, probationary period, etc. \_\_\_\_\_

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28. Claims Information

<u>Year</u>	<u>Paid</u>	<u>Reserved</u>	<u>No. of Claims</u>
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\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant  
Principal Officer

\_\_\_\_\_  
Date