

CONTRACTORS QUESTIONNAIRE

1. Named Insured: _____
2. a. Separately list all Named Insureds and operations of each
b. Is or has insured been involved in any joint ventures or partnerships not described in 2a.
Yes No
If yes, explain _____

- c. Number of years in business: _____
3. Percentage of Operation as:
General Contractor: _____% Sub-Contractor: _____% Owner/Builder: _____%
4. Does the insured perform contracts that require bonding?
Yes No
If yes, who is the bond carrier and what is their bond line?

5. Describe the types of projects in which the Insured specializes:

6. Describe any other projects, which the Insured has performed in the past 5 years:

7. Does the Insured do any work over two stories in height from grade?
Yes No If yes, Maximum stories: _____ Percentage of work: _____

8. Does the Insured do any work below grade? Yes No

If yes: Maximum depth: _____ Percentage of total work: _____

9. Does the Insured have any operations other than the contracting?

If yes, explain: _____

10. Indicate the 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.

	<u>Direct</u>	<u>Subbed</u>		<u>Direct</u>	<u>Subbed</u>		<u>Direct</u>	<u>Subbed</u>
Asbestos Removal	____%	____%	Grading	____%	____%	Roofing	____%	____%
Blasting	____%	____%	Insulation	____%	____%	Sewer (Mains)	____%	____%
Bridge (Building)	____%	____%	Lead (Paint Removal)	____%	____%	Steel (Structural)	____%	____%
Carpentry	____%	____%	Maintenance	____%	____%	Steel (Ornamental)	____%	____%
Concrete	____%	____%	Masonry	____%	____%	Street/Road	____%	____%
Demolition	____%	____%	Mechanical	____%	____%	Supervisory (Only)	____%	____%
Drilling	____%	____%	Painting	____%	____%	Water/Gas (Mains)	____%	____%
Electrical	____%	____%	Plastering	____%	____%	Other (Describe below)	____%	____%
Excavating	____%	____%	Plumbing	____%	____%			

11. Estimated Annual Direct Payroll: \$ _____

Sub-Contract Costs: \$ _____ Gross Receipts: \$ _____

12. Prior Years: '13-12 '12-11 '11-10 '10-09 '09-08

Direct Payroll: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Gross Receipts: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

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

New Construction _____% Commercial _____% Inside Bldg _____%

Remodeling _____% Residential _____% Outside Bldg _____%

Other (describe): _____ %

14. List each state that the Insured anticipates working in over the next year and % of receipts:

State _____	% _____	State _____	% _____	State _____	% _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. Is there a general contract between Insured and project owner:

Yes No

If no, provide explanation: _____

16. Are subcontractor agreements required for all subcontractors?

Yes *Provide copy of subcontract agreement.*

No Provide explanation: _____

Loss Control

17. Does the account have a job site Loss Control Program with the following provisions?

	<u>Yes</u>	<u>No</u>
a. Written L.C. Program	_____	_____
b. Pre-Planning Meeting	_____	_____
c. Safety Meetings	_____	_____
Attendance Documents	_____	_____
d. Site Safety Inspection	_____	_____
Check List	_____	_____
e. Non-compliance Notice	_____	_____
Safety Violations	_____	_____
Public Safety Hazards	_____	_____
f. Accident Reporting System	_____	_____
g. "Right to Know"	_____	_____
MSDS Sheets on Site	_____	_____
Training Sessions	_____	_____

Signature of Producer	Date	Signature of Applicant	Date
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