

## Applicant Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

Applicant's Name:  Producer Name:

Applicant's Address:

Business Telephone:  Phone Number:

Contractor's License No.  Class:  Fax Number:

Location of Premises (*if different than Mailing*):

Website Address:

Applicant is:  Individual  Partnership  Corporation  Joint Venture

1. Fully describe all operations of the Applicant (*ISO Class is insufficient*)

2. Year business started:

3. What percentage of work performed is (*must total 100%*):

Residential:	<input type="text"/>	%
Commercial:	<input type="text"/>	%
Industrial:	<input type="text"/>	%

4. Has the Applicant ever been involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominiums, town homes, townhouses, or tract housing?  Yes  No

5. Has the Applicant ever performed work for developers or general contractors involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominium, town homes, townhouses or tract housing? If YES, please detail below:  Yes  No

- 6. Does the risk perform any burglar alarm or fire alarm installation, service or repair?  Yes  No
  - 6.1 Does the Insured perform any exterior work in excess of three (3) stories?  Yes  No
  - 6.2 Is there any marine or marina?  Yes  No
  - 6.3 Does the Insured do any work for oil & gas industries?  Yes  No
  - 6.4 Do you subcontract more than 40% of your work?  Yes  No
  - 6.5 Do you require certificates of insurance from your subcontractors?  Yes  No
  - 6.6 Is the named insured named as an additional insured on the subcontractors policy?  Yes  No

7. Does the Applicant act as a construction manager for individuals or other contractors?  Yes  No

8. (A) If corporation, how many active owners or officers:  (B) Number of Employees:   
(C) Names and duties of each owner and officer:

9. Please advise gross annual receipts for the prior three (3) years:

Current year:  Last year:  Prior year:

10. Percent of work subcontracted to others  % (Please describe work subcontracted)

11. Do you require and collect certificates of insurance from all subcontractors?  Yes  No

12. What limits of general liability insurance do you require subcontractors to carry?

13. Do you require to be named as an additional insured on all certificates of insurance?  Yes  No

14. Supplemental Contractor Questionnaire

14.1 List all the states that the insured operates in, or has operated in:

14.2 Describe the last three (3) largest jobs

Job	Type of work	Receipts
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

14.3 Any high rise work (over 3 stories)?  Yes  No

If "YES", please advise the maximum number of stories and controls:

14.4 Any bridge, airport (i.e. aprons, taxiways, runways), dam or dike work, blasting, demolition, pile driving, tunneling, or work in ships or tankers?  Yes  No

If "YES", please provide complete details of work.

14.5 Product and Installation Questions

- a) Does the Insured install or contract to another entity to install hardboard siding?  Yes  No
- b) Does the Insured install or contract to another entity to install EIFS?  Yes  No
- c) Has the Insured ever installed polybutene pipe?  Yes  No
- d) Has the Insured ever been involved in any construction defect lawsuits?  Yes  No

If you answered "YES" to any of the questions above, please provide comments below.

14.6 Work Type Questions

- a) Does the Insured do any structural steel or structural concrete work?  Yes  No
- b) Any gas main work?  Yes  No
- c) Any boiler work?  Yes  No
- d) Any burglar or fire alarm system installation or monitoring?  Yes  No
- e) Any leasing or renting of cranes and / or scaffolding TO others?  Yes  No  
If yes, what percentage is leased / rented with operators?  %
- f) Any leasing or renting of cranes and / or scaffolding FROM others?  Yes  No  
If yes, what percentage is leased / rented with operators?  %

14.7 General Information

- a) Is there a formal safety program in place?  Yes  No
- b) Are MVRs checked prior to hire and monitored on a regular basis?  Yes  No
- c) Are the equipment and vehicles maintained and kept in good condition?  Yes  No
- d) Is the public kept at a safe distance from Insured's operations and work areas?  Yes  No
- e) Are the premises in good condition and well maintained?  Yes  No
- f) Does the Insured do accident investigations?  Yes  No
- g) Does the Insured have a safety director on staff?  Yes  No
- h) Does the Insured have a certified drug-free workplace?  Yes  No
- i) Does the Insured adhere to all OSHA standards to promote a safe workplace?  Yes  No
- j) Has the Insured ever been cited for safety violations?  Yes  No

If you answered "YES" to any of the questions above, please provide comments below.

15. Indicate whether you or any of your subcontractors (while working for you) have ever been, are currently, or will ever be involved in any removal or abatement or asbestos, lead, PCP's or other hazardous materials. If "YES", please describe in detail below.

16. Prior Insurance Carriers

Expiring Carrier		Policy No.		Premium	
Expiring Carrier		Policy No.		Premium	
Expiring Carrier		Policy No.		Premium	

17. Was any policy canceled or non-renewed in the past three (3) years?  Yes  No

If "YES", please describe in detail below.

18. Have there been any losses in the past five (5) years?  Yes  No

If "YES", please describe in detail below *(include dates, amounts paid or reserves and provide details of losses / claims, project name, date of losses, carrier handling claim, policy number and claim number)*

**Applicant Statement:**

1. Applicant hereby attests that the information contained herein is true and accurate to the best of his / her knowledge, information and belief AND
2. Applicant hereby acknowledges that this application including all statements, warranties and representations contained herein will be made a part of and incorporated into any policy issued based on the same.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Producer Statement:**

The undersigned Broker / Agent acknowledges that no coverage is afforded under this application until accepted by the company and assumed full responsibility for any earned premium developed hereunder following acceptance by the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date