



## CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

1. APPLICANT'S NAME(S): \_\_\_\_\_  
\_\_\_\_\_
2. Federal ID#: \_\_\_\_\_
3. Business is a: Corp. \_\_\_ Ptnrship: \_\_\_ Joint Venture: \_\_\_ Ind. \_\_\_  
Other \_\_\_\_\_
4. Business Address:  
\_\_\_\_\_  
\_\_\_\_\_
5. Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_
6. Phone Number: \_\_\_\_\_
7. Fax Number: \_\_\_\_\_
8. E-Mail Address: \_\_\_\_\_
9. Contact: \_\_\_\_\_ Employees: \_\_\_\_\_
10. Years in Business Under Current Name: \_\_\_\_\_
11. List all Previous Business Names:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_
13. Limits of Liability requested: \_\_\_\_\_
14. States (borough's) which you do Business:  
\_\_\_\_\_  
\_\_\_\_\_
15. Public Agency's where you do business:  
\_\_\_\_\_  
\_\_\_\_\_
16. Percentage of Work performed as a  
(a) General Contractor \_\_\_\_\_ (b) Sub Contractor \_\_\_ (c) Owner's Int.  
Only \_\_\_\_\_
17. Percentage of Work that is (a) Commercial: \_\_\_\_\_  
(b) Residential: \_\_\_\_\_  
(c) Industrial: \_\_\_\_\_  
(d) Inside Building \_\_\_\_\_  
(e) Outside building \_\_\_\_\_
18. Percentage of Work that is (a) New Construction \_\_\_\_\_  
(b) Remodel / Repair \_\_\_\_\_



19. Does insured perform any work above four stories in height from grade: Yes \_\_\_ No \_\_\_. If yes is work outside Yes \_\_\_ No \_\_\_. If you are a contractor working or doing installation on roofs or above the 2 stories in height, please describe how equipment is lifted, if scaffolding is used, or other types of exposures that may apply \_\_\_\_\_

Percentage of total work above grade: \_\_\_% Max. # of Stories \_\_\_\_\_

20. Does insured perform any work below grade: Yes \_\_\_ No \_\_\_\_\_. If so, please describe in detail the work performed: \_\_\_\_\_

Maximum Depth \_\_\_\_\_ Feet -% of total Work \_\_\_\_\_%

**21. Estimate for next 12 months:**

Payroll: \$ \_\_\_\_\_ Sub-Contracted Costs: \$ \_\_\_\_\_

Sales: \$ \_\_\_\_\_

**Indicated the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:**

<u>Direct / Subbed</u>		<u>Direct / Subbed</u>		<u>Direct/Subbed</u>	
Blasting	___% ___%	Excavation	___% ___%	Sewer	___% ___%
Bridge Bldg.	___% ___%	Grading	___% ___%	Steel(Structural)	___% ___%
Carpentry	___% ___%	Insulation	___% ___%	Steel(Ornamental)	___% ___%
Concrete	___% ___%	Masonry	___% ___%	Street / Road	___% ___%
Demolition	___% ___%	Painting	___% ___%	Supervisory:	___% ___%
Drilling	___% ___%	Plastering	___% ___%	Landscaping	___% ___%
Plumbing	___% ___%	Roofing	___% ___%		
Electrical	___% ___%				

**Do any of your operations involve:**

Asbestos Removal?	Yes ___ No ___	Pile Driving?	Yes ___ No ___
Blasting?	Yes ___ No ___	Shoring or Underpinning	Yes ___ No ___
Demolition?	Yes ___ No ___	Synthetic Stucco (EIFS)?	Yes ___ No ___
Lead Abatement	Yes ___ No ___	Tunneling	Yes ___ No ___
Use of Cranes	Yes ___ No ___	Structural Work	Yes ___ No ___
Bridge Work	Yes ___ No ___	Insulation	Yes ___ No ___
Lease Equip. to Others			Yes ___ No ___



22. Do you now, or have you ever built on hillsides, Slopes, landfills, or other terrains susceptible to subsidence? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe :

\_\_\_\_\_

23. Do you draw any plans or blueprints used in your construction work ? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, please describe:

\_\_\_\_\_

24. If you are a roofing contractor or otherwise performing roofing work, what percentage of operations is: Hot Tar ? \_\_\_\_\_% Torchdown ? \_\_\_\_\_% Flat Roofs \_\_\_\_\_% Pitched Roofs \_\_\_\_\_% High rise Bldgs. \_\_\_\_\_% Foam application ? \_\_\_\_\_% Excess of (4) stories ? \_\_\_\_\_%

**25. CONTROLLING THE SUBCONTRACTORS EXPOSURE**

If you NEVER hire subcontractors please check here \_\_\_ & skip to next section– Historical.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you utilize a standard contract with all your subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

**DESCRIBE TYPE OF WORK SUBCONTRACTED:** \_\_\_\_\_

\_\_\_\_\_

**26. Please describe the three largest projects completed**

DESCRIPTION	JOB COST	PROJECT DURATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

27. What is the average dollar value of a completed project ? \_\_\_\_\_

**28. Past Carriers**

Years	Carrier	Premium	Exposure	Policy Number



**29. Loss Control**

Do you have a job site Loss Control Program or written safety Plan Y \_\_\_ N \_\_\_

**30. Signatures**

\_\_\_\_\_  
**Signature of Producer                      Date                      Applicant Signature (Principal)                      Date**

**Notes:**

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