



## CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

This is an Application for commercial General Liability Insurance

**Applicant's Instructions:**

- 1. Answer all questions. If the answer to any question is none, please state NONE.**
- 2. Application must be signed and dated by owner, partner or officer.**
- 3. PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.**
- 4. Attach all necessary documentation.**

Complete Business Name: \_\_\_\_\_

If partnership, list names of all partners and percent (%) of ownership:  
 \_\_\_\_\_  
 \_\_\_\_\_

List all business names the applicant has used in the past:  
 \_\_\_\_\_

Contractor License No: \_\_\_\_\_ States in which business is done: \_\_\_\_\_ Years in Business as this Entity: \_\_\_\_\_  
 Percentage of Operations: General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_%  
 Estimates for the next 12 months: Payroll \_\_\_\_\_% Sub-Contract Cost \_\_\_\_\_% Subcontractor \_\_\_\_\_%

1. Description of Operations. Please describe the nature and scope of operations (Attach a copy of any brochures used to advertise the business):  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Describe any discontinued operations in the past five (5) years and/or any other business ventures you would like considered for coverage.  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Indicate Type of Construction Performed by Applicant (Percentage of Payroll (P) and Percentage of Contract Costs(C)) **Total Must Equal 100%**

Type	P %	C %	Type	P %	C %	Type	P %	C %
Air Conditioning/Heating			Gas Mains			Sewer		
Blasting			Glazing			Sprinkler Installation		
Bridge Building			Insulation			Steel (Ornamental)		
Carpentry			Landscape Gardening			Steel (Structural)		
Concrete			Maintenance			Street/Road		
Demolition			Masonry			Supervisory Only		
Drilling			Mechanical			Tree Trimming		
Drywall			Painting			Tree Removal		
Earthquake			Plastering			Tunneling		
Electrical			Plumbing			Waterproofing		
Excavating/Grading			Roofing			Wrecking/Demolition		
Fence			Seismic/Retrofitting					
Other (describe): _____								

4. Indicate Percentage of Work Performed:

a) New Construction	_____%	Remodeling	_____%	Demolition	_____%	Repair	_____%	= 100 %
b) Commercial	_____%	Industrial	_____%	Residential	_____%	Institutional	_____%	= 100 %

5. Estimates for next 12 months:			
Payroll \$ _____	Sub-Contract Cost \$ _____	Gross Receipts \$ _____	
Prior Years:			
1 <sup>st</sup>	Payroll _____	Cost Subbed to Others _____	Gross Receipts _____
2 <sup>nd</sup>	Payroll _____	Cost Subbed to Others _____	Gross Receipts _____
3 <sup>rd</sup>	Payroll _____	Cost Subbed to Others _____	Gross Receipts _____
Next 12 Mos.	Payroll _____	Cost Subbed to Others _____	Gross Receipts _____

6. Have you ever been involved or plan to be involved in any of the following construction operations:  
**Please explain all "Yes" answers under "Comments" below.**

	Works you Perform		Work you Sub-Contract to Others	
	YES	NO	YES	NO
a. Apartments (New)	?	?	?	?
b. Asbestos	?	?	?	?
c. Blasting/Explosives	?	?	?	?
d. Bridges/Dams/Airports	?	?	?	?
e. Buildings/Structures (build or demolish in excess of four (4) stories)	?	?	?	?
f. Chemical Transport/Storage	?	?	?	?
g. Condominium/Townhouse (New)	?	?	?	?
h. Consulting/Engineering	?	?	?	?
i. Demolition	?	?	?	?
j. Drainage/Irrigation	?	?	?	?
k. Earthquake Retro-fitting (structural)	?	?	?	?
l. Fire Protection/Alarm/Sprinklers	?	?	?	?
m. Flood Control	?	?	?	?
n. Fuel Tanks/Pipeline (removal)	?	?	?	?
o. Gas Lines	?	?	?	?
p. Hillside/Slope (If yes, % of slope)	?	?	?	?
q. Medical/Industrial Life Support	?	?	?	?
r. Mold Remediation Work	?	?	?	?
s. Off-Shore Work	?	?	?	?
t. PCB's	?	?	?	?
u. Railroad	?	?	?	?
v. Recycling Recovery	?	?	?	?
w. Residential New as General Contractor	?	?	?	?
x. Retaining Walls/Earth Stabilization	?	?	?	?
y. Roofing – All Types	?	?	?	?
z. Scaffolding Rental/Erection	?	?	?	?
aa. Sewer/Septic Tank Cleaning	?	?	?	?
bb. Swimming Pools	?	?	?	?
cc. Tank Cleaning – Hazardous	?	?	?	?
dd. Testing/Analysis	?	?	?	?
ee. Tract Homes (If yes, max number of homes in entire tract: _____)	?	?	?	?
ff. Underground Petroleum Tank Removal	?	?	?	?
gg. Waterproofing	?	?	?	?
hh. Plumbing	?	?	?	?
ii. Other (specify: _____)	?	?	?	?

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. How many new homes will the applicant build as a general contractor in the next year? \_\_\_\_\_
8. What is the greatest number of new homes built in any one year? \_\_\_\_\_
9. If you are a roofing contractor or perform roofing work, what percentage of operations are:  
 Hot Tar \_\_\_\_\_ %      Torch Down \_\_\_\_\_ %      Foam \_\_\_\_\_ %      Excess 4 Stories \_\_\_\_\_ %  
 Other \_\_\_\_\_ %      Describe: \_\_\_\_\_

**Hazardous Material**

- 10. Are you involved in hazardous materials clean up or any unusual work activities? ? YES ? NO
  - 11. Are your subcontractors involved in hazardous materials clean up or any unusual work activities? ? YES ? NO
- If "YES" to either 10 or 11, please answer questions 12 – 20. Otherwise skip to question 21.**
- 12. Do you verify that all subcontractors handling hazardous material have in-force liability insurance coverage and are properly licensed to perform in the required capacity? ? YES ? NO
  - 13. Do you have a written safety procedure outlining necessary action in the event of a discharge of hazardous materials? ? YES ? NO
  - 14. Does your safety procedure require the phone number of a local emergency response team? ? YES ? NO
  - 15. Has your firm been cited for violation of any standard or law relating to the handling of hazardous materials in the last (5) years? ? YES ? NO
- If so, please explain circumstances and corrective action(s) taken.**
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16. Please list all permits held with Federal, State, County, or Municipal Governments, including permit numbers and expiration dates:

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17. Please list all hazardous substances and the maximum quantity that you or any subcontractor may bring to or remove from any worksite:

<u>Substance Description</u>	<u>Maximum Quantity</u>	<u>Storage at Worksite</u>
_____	_____	? YES ? NO
_____	_____	? YES ? NO

18. Please describe any incident(s) of a release of hazardous materials you have been involved with during the past five (5) years? Please explain circumstances and damages (if any):

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19. Please list your jobs scheduled for the upcoming year (attach a separate sheet if additional space is required):

<u>Project/Location</u>	<u>Nature of Work</u>	<u>Contract Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Please list your largest jobs in the past five (5) years:

<u>Project/Location</u>	<u>Nature of Work</u>	<u>Contract Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please explain all "Yes" answers in "Comments" section on the next page.**

- 21. Any current or past projects built on hillsides or terraces? ? YES ? NO
- 22. Any work on landfills or in subsidence areas? ? YES ? NO
- 23. Any subsidence losses or subsidence related claims in the last (5) years? ? YES ? NO
- 24. Any work done below grade? Maximum depth \_\_\_\_\_ (ft. or %) % of total work: \_\_\_\_\_ ? YES ? NO
- Any shoring, underpinning, cofferdam or caisson work? ? YES ? NO
- 25. Are all subcontractors required to carry in-force liability insurance? ? YES ? NO
- 26. Do you have a written contract with your subcontractors? ? YES ? NO
- 27. Are all certificates of insurance obtained and monitored? ? YES ? NO
- 28. Are you named as an additional insured on your subcontractors' liability policy? ? YES ? NO

**If yes, what is the minimum limit of liability required on subcontractors' policy? \_\_\_\_\_**

**Please attach any of the hold harmless or additional insured contracts you will be required to provide to others.**

- 29. Have there been any losses, claims or suits against you in the past five (5) years? ? YES ? NO
- 30. Are there any claims or legal actions pending against any of the entities name on the application? ? YES ? NO
- 31. Are you presently aware of any act, error, omission or circumstance that may lead to a claim or lawsuit being brought against you? ? YES ? NO
- 32. Are you aware if any current claim or lawsuit against another party that may lead to the same or a similar claim or lawsuit being brought against you in the future? ? YES ? NO

- 33. Has any local, state or federal government agency or any licensing board cited you for violation of any law or regulation or investigated you in the past five (5) years? ? YES ? NO
- 34. Have you been accused of faulty construction in the past five (5) years? ? YES ? NO
- 35. Have you been accused of breaching a contract in the past five (5) years? ? YES ? NO
- 36. Has any person or entity sought insurance coverage for a claim or lawsuit against them by insisting that they were an additional insured under a policy issued to you as the named insured? ? YES ? NO
- 37. Within the past five (5) years, has any person or entity demanded that you defend them, or hold them harmless, in any claim or lawsuit? ? YES ? NO
- 38. Has there ever been a lapse, restriction or cancellation of your liability insurance? ? YES ? NO

**Comments:**

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Note: The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned being authorized by and acting on behalf of all prospective Insureds, represents that to the best of his/her knowledge, the answers given are true. Your failure to provide truthful answers and all material information can result in the insurance company electing to cancel, reform and/or rescind your policy. The Supplemental Questionnaire to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

**Applicant:**

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

Date: \_\_\_\_\_

Title (Officer, Partner): \_\_\_\_\_

**Producer:**

Signature of Producer: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE PROGRAM MANAGER TO COMPLETE THE INSURANCE.**