



General Contractors & Large Artisans

CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

(ACORD Application required in addition to supplemental)

1. Name of Applicant: _____

2. Mailing address: _____ Phone: _____ Fax: _____

3. List states Applicant(s) will be operating in: _____

4. List all active owners, partners, officers and their job duties/responsibilities:

<u>Individual</u>	<u>Duties/Responsibilities</u>
_____	_____
_____	_____
_____	_____
_____	_____

Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent or broker? Yes No If yes, explain; _____

5. List all employed supervisors or foreman (who are strictly supervisors) and their actual payroll:

<u>Individual</u>	<u>Payroll</u>	<u>Individual</u>	<u>Payroll</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Applicant(s) or applicant's employees supervised subs or perform the following trades (enter sub contract cost and/or employee payroll whichever is applicable or enter an "X" if not applicable):

<u>Class</u>	<u>Subbed Cost</u>	<u>Employee Payroll</u>
Alarm System	\$ _____	\$ _____
Airway Runway or Warning Apron Construction	_____	_____
Bridge Construction	_____	_____
Building Sprinklers	_____	_____
Caisson or Cofferdam Work	_____	_____
Carpentry – Dwellings	_____	_____
Carpentry - Interior	_____	_____
Concrete Const – Driveways, Sidewalks or Parking Areas	_____	_____
Concrete Const – Other Flat Work	_____	_____
Dam Construction	_____	_____
Drywall/Wallboard Installation	_____	_____
Electrical Work – Within Buildings	_____	_____
Electrical Work – Other	_____	_____
Exterior Insulation Finishing Systems	_____	_____
Fireproofing	_____	_____

Grading of Land	_____	_____
Masonry	_____	_____
Pile Driving	_____	_____
Plumbing – Residential	_____	_____
Plumbing – Commercial	_____	_____
Plumbing – Waterlines (street to building)	_____	_____
Roofing – Residential	_____	_____
Roofing – Commercial	_____	_____
Sewer Main Construction	_____	_____
Street/Road Construction	_____	_____
Street/Road Paving or Repaving	_____	_____
Swimming Pool – Installation	_____	_____
Tank Construction/Installation	_____	_____
Tank Removal	_____	_____
Water Main Construction	_____	_____
Wrecking or Buildings or Structure	_____	_____
Other _____	_____	_____
TOTALS:	_____	_____

7. Provide payrolls, sub contract cost and sales for the past five (5) years and estimate for the next twelve (12) months:

	<u>Payroll</u>	<u>Cost</u>	<u>Sales</u>
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____
20__/20__	\$ _____	\$ _____	\$ _____

8. Is the applicant (or any proposed named insured) a:

- A. Developer Yes No General Contractor Yes No
 Subcontractor Yes No Construction Manager Yes No
 Construction Consultant Yes No Residential remodeling contractor? Yes No
 Commercial tenant Improvement and betterments contractor? Yes No
 Commercial remodeling or rehabilitation contractor? Yes No
 License # _____
 Expiration date: _____

B. If any of the above have been answered yes:

- Seismic repair or rehabilitation? Yes No
 Seismic retrofitting or structural work? Yes No
 Applicant does additions to buildings? Yes No
 Applicant does 100% interior only work? Yes No

If you answered YES to anything in section B above, explain:

9. Does the applicant use any of the following?

- | | | | |
|--------------------------------------|--|--------------------------|--|
| Casual Labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Leased Employees | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cranes (owned or rented from others) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Explosives | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Subcontractors | <input type="checkbox"/> Yes <input type="checkbox"/> No | Uninsured Subcontractors | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. If a subcontractor, have they ever acted or do they ever intend to act as a gen. contractor or developer? Yes No

If yes, explain:

Describe area of specialization: _____

11. Has the Applicant (a) ever done (b) do currently (c) contemplate doing this year (d) intend to do in the future or sub – contracting any of the (including site preparation, grading or excavating) on any of the following:

A. **Residential – NEW -**

- | | |
|---|--|
| Apartments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Townhouses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Condominiums | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NoTracts (single Family 25 units or less) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Condo/Townhouse/Apt Repair only | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tracts (single Family, 26 units or more) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Custom Homes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spec Homes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. **Commercial:**

- | | |
|--|--|
| Airport Hangers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Office Buildings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Industrial Buildings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parking Structures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mercantile Buildings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work above three (3) stories or forty (4) feet in height? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Waxing floor in retail stores? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what % of total work is from waxing retail stores? | _____ % |

12. Has the applicant worked on the building, removal, repair or replacement of roofs? Yes No
 Will the applicant work on such projects in the current year? Yes No

13. Do you obtain certificates of insurance from subs for?
 General Liability Yes No
 What limits? _____
 Workers Compensation Yes No



14. Are certificates obtained from subs prior to letting them on to the job site? Yes No

15. Do you have knowledge of any occurrence which might give rise to a claim? Yes No
If yes, explain:

16. If coverage is provided, it may contain certain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Asbestos.
- b. BI to Applicant's employees (including contractually)
- c. Broad form contractual (limited and Intermediate form is provided)
- d. Explosives
- e. Lead Paint
- f. Pre-existing Injury or Damage
- g. Pollution (total)
- h. Professional (architects, engineers, real estate and surveyors)
- i. Subsidence
- j. EIFS

The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been Suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application for files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____