

## CONTRACTORS QUESTIONNAIRE

Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Mobile #: \_\_\_\_\_

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

### I. Management

Number of years in business under this name: \_\_\_\_\_ Number of years of experience in this trade: \_\_\_\_\_  
Describe the type(s) of work you perform: \_\_\_\_\_

What state(s) do you/have you operated in? \_\_\_\_\_  
Have you or any of your entities, current or past, ever done work of any kind in California, Nevada, New York, or Louisiana or plan to work in any of these states?  Yes  No  
If yes, provide a full description of operations and date(s) performed: \_\_\_\_\_

Do you have any other business interests or activities that have not been identified or scheduled on this policy?  Yes  No  
If yes, please provide details including a description of operations: \_\_\_\_\_

Do you have any discontinued operations or have you previously operated under a different name or entity?  Yes  No  
If yes, please provide a complete description and details: \_\_\_\_\_

Have you ever developed or acted as a general contractor on a new habitational (single family home, condominium, town home, assisted living facility, nursing home, etc..) project?  Yes  No

Do you operate as a:

	General Contractor _____%	Subcontractor _____%	
	Real Estate Developer _____%	Construction Manager _____%	

What percentage of your work is:

1. Habitational _____%	Light Commercial _____%	Industrial _____%
2. New Construction _____%	Remodeling _____%	Repair/Service _____%
3. Urban/Metro _____%	Suburban _____%	Rural _____%

List the number of employees in each of the following categories

Owners, Partners, or Executive Officers	Executive Supervisors	Foremen	Clerical/Sales	Skilled Labor

Have you ever completed work involving new homes or sites within a residential sub-division or tract housing development? (Defined as more than 10 homes at any one site or location)  Yes  No If yes, when was the last time? \_\_\_\_\_

Are you normally asked to provide additional insured status to others under your insurance policy?  Yes  No If yes, please list the names of anyone whom you work for who regularly who requests this; \_\_\_\_\_

Have you ever been involved in any loss or litigation regarding poor workmanship, construction defect, water intrusion, mold, or fungi?  Yes  No If yes, please explain and provide details: \_\_\_\_\_

### II. Operations Oversight

**Operations:**

Have you ever been involved in or do you plan to be involved in any of the following types of construction operations?

- Bridge, dam, reservoirs or tunnel construction or repair.  Yes  No
- Blasting, wrecking or demolition.  Yes  No
- Gas main construction or repair.  Yes  No
- Burglar or fire alarm installation, service or repair.  Yes  No
- Sprinkler or other fire suppression system installation, service or repair.  Yes  No
- Tank installation, repair or removal.  Yes  No
- Retaining walls, sea walls, pile driving or shoring of existing foundations.  Yes  No
- Any work above 3 stories (including steel or iron erection).  Yes  No
- Excavation below ground level of abutting or adjoining structures.  Yes  No
- Petroleum and/or chemical, including service type.  Yes  No
- Railroads or Airports (including terminals) Construction or repair.  Yes  No
- Installation or removal of asbestos.  Yes  No
- Lead abatement.  Yes  No
- Stucco or EIFS work.  Yes  No
- Provide design and/or engineering services (either via employees or subcontractors).  Yes  No
- Build on hillsides, landfills, or other terrain susceptible to subsidence.  Yes  No
- Roofing.  Yes  No
- Rental or lease of equipment to others.  Yes  No
- Operations involving landfills or waste site clean up.  Yes  No
- Construction operations more than 150 miles from your main business location.  Yes  No

Explain any "yes" answers indicated above:

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**Management Oversight:**

- Are supervisors present at the job sites continually for crews of over 5 employees?  Yes  No
  - Are previous employment, experience, etc verified for new employees?  Yes  No
  - Do you have a written safety program in place?  Yes  No
  - Do you provide employee training on safety, quality control, equipment use, etc..?  Yes  No
  - Do you have safety meetings? If so how often? \_\_\_\_\_  Yes  No
  - Are first aid kits or other medical services available at all jobsites?  Yes  No
  - Have you had any OSHA violations in the past five years? If so how many? \_\_\_\_\_  Yes  No
  - Do you have a vehicle maintenance program in place?  Yes  No
  - Are there driver/employee safety incentive programs in place?  Yes  No
  - Are driver MVR's checked? If so how often? \_\_\_\_\_  Yes  No
  - Are employees/family members allowed personal use of any company vehicles?  Yes  No
  - If digging is done, are underground utility markouts requested prior to digging?  Yes  No
  - Have you ever had a liability claim involving the damaging of underground lines/piping?  Yes  No
  - Do you ever hire casual labor, temporary employees, or uninsured independent operators paid on a 1099 basis?  Yes  No
- If yes, please provide details: \_\_\_\_\_
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### III. Contractual Controls

**Subcontractors:**

- Are certificates of insurance (COI) obtained from all subs prior to starting work?  Yes  No
- What liability limits do you require from subcontractors? \_\_\_\_\_  Yes  No
- Do you provide daily on site supervision of your subs?  Yes  No
- If yes, what percentage is done by: Owner \_\_\_\_\_%, Executive Supervisor \_\_\_\_\_%  Yes  No
- Do you always use written contracts with your subcontractors? If yes please provide a copy.  Yes  No
- Does this contract provide the following?
  - An indemnity provision, holding you harmless (where legally available)?  Yes  No
  - Require subs to carry products/completed operations coverage?  Yes  No
  - Require subs to name you as an additional insured on their policy?  Yes  No
  - Require subs to carry workers compensation insurance?  Yes  No
- Do you track the expiration dates on the certificates of insurance you receive from subs?  Yes  No

