

Contractors Supplemental Questionnaire

Broker: _____

Insured: _____

Insured Address: _____

Effective Date: _____

Section I Operational Summary

Please provide a narrative of the Insureds operations (Include all entities, and reference entities to be excluded, if any):

Years in business _____ (If under 5 years, please provide resume(s) of Principal(s) and/or Partners)

of Employees: _____ Union or Non-Union: _____ If Union, % of participation: _____

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
RECEIPTS:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PAYROLL:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

List ALL States that the Insured operates in: _____

List ALL States where the Insured maintains a premises: _____

Service Sector (s): Residential _____% Commercial _____% Industrial _____%

Describe any / all Residential operations: _____

High Rise work is limited to a maximum of _____ stories.

High Rise / Scaffolding certifications: _____ Controls: _____

Describe the 5 largest contracts &/or jobs the Insured has had within the last 18 Months:

	Entity contracted with	Description of work	Receipts
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

**Section II
Subcontractors**

% of work subcontracted out: _____

Describe the type of work that is subcontracted out: _____

Are Certificates of Insurance obtained from ALL subcontractors: Yes No If no, please explain: _____

Subcontractors required insurance limits: \$ _____ Occurrence \$ _____ Aggregate

Provisions of Insureds Contract with Subcontractors

Is Insured held harmless by subcontractors: Yes No

Does Insured hold subcontractors harmless: Yes No

Is Insured named as an Additional Named Insured on subcontractors Primary and Excess policies: Yes No

**Section III
Activity Details**

Is excavation work performed? Yes No

If Yes, what percentage of the Insureds operations involves excavation? ____%

Maximum Depth: _____ Feet

Average Depth: _____ Feet

What service does the Insured use to identify the location of underground utilities? _____

Does the Insured use the "Dig Safe" method? Yes No

What protocols are used by the Insured to avoid subsidence? _____

Does the Insured install, or contract to install, EIFS (Exterior Installation Finishing Systems)? Yes No

Does the Insured install, or contract to install, hardboard siding: Yes No

Does the Insured rent &/or lease cranes to or from others: Yes No

If Yes, with or without operators: With Without

Does the Insured rent &/or lease scaffolding to or from others: Yes No

If Yes, with or without operators: With Without

Insured Activities (Circle ALL that apply and Provide Detail)

- | | | | |
|--|-----|----|----------------|
| Structural Steel or Concrete Work: | Yes | No | Details: _____ |
| Pile Driving: | Yes | No | Details: _____ |
| Blasting Work: | Yes | No | Details: _____ |
| Demolition Work: | Yes | No | Details: _____ |
| Other Concrete Work: | Yes | No | Details: _____ |
| Storage Tank Work: | Yes | No | Details: _____ |
| Road or Street Work: | Yes | No | Details: _____ |
| Bridge or Tunnel Work: | Yes | No | Details: _____ |
| Electrical / Fiber-optic Work: | Yes | No | Details: _____ |
| Traffic Signal Work: | Yes | No | Details: _____ |
| Telephone Pole Work: | Yes | No | Details: _____ |
| Airport / Runway Work: | Yes | No | Details: _____ |
| Dam or Dike Work: | Yes | No | Details: _____ |
| Work on Ships or Tankers: | Yes | No | Details: _____ |
| Water Well, Seismic or other Drilling: | Yes | No | Details: _____ |
| Tunneling / Boring Work: | Yes | No | Details: _____ |
| Gas Main Work: | Yes | No | Details: _____ |
| Pipeline Work: | Yes | No | Details: _____ |
| Boiler Work: | Yes | No | Details: _____ |
| HVAC Work: | Yes | No | Details: _____ |
| Burglar &/or Fire Alarm Installation: | Yes | No | Details: _____ |
| Sprinkler System Installation: | Yes | No | Details: _____ |

Section IV
Safety & Loss Control Provisions

Is a formal safety Director employed? Yes No

If Yes, please provide: Name _____

Telephone: _____

Is there a formal safety program?	Yes	No	If No, explain below
Is there an employee training program?	Yes	No	If No, explain below
Are employee MVR's checked prior to hiring and monitored on a regular basis?	Yes	No	If No, explain below
Are pre-employment drug screens performed?	Yes	No	If No, explain below
Is there a formal vehicle maintenance program?	Yes	No	If No, explain below
Does the Insured follow OSHA standards for promoting a safe workplace?	Yes	No	If No, explain below
Does the Insured have a Certified Drug-Free workplace?	Yes	No	If No, explain below
Does the Insured conduct accident investigations:	Yes	No	If No, explain below
Is the public kept at a safe distance from all of the Insureds work areas?	Yes	No	If No, explain below
Is all equipment maintained in good condition?	Yes	No	If No, explain below
Is the premises in good condition and well maintained?	Yes	No	If No, explain below
Explanation: _____			

Is the Insured currently involved in any open litigation?	Yes	No	If Yes, explain below
Is the Insured currently aware of any situation that may result in future litigation?	Yes	No	If Yes, explain below
Has the Insured ever been cited for safety violations?	Yes	No	If Yes, explain below
Has the Insured ever been involved in any construction defect lawsuits?	Yes	No	If Yes, explain below
Explanation: _____			

Name

Title

Signature

Date