



Contractor's Supplemental Questionnaire

Broker: _____
Insured: _____
Insured
Address: _____
Effective
Date: _____

Thank you for your submission! Due to the nature of the Insured's operations, additional information is needed. Please return this fax (with any additional supporting documentation) to my attention as soon as possible.

1. Please provide a **complete** description of operations (Include all entities).

- 1a. How long has the insured been in business? _____
- 1b. How many years experience does the insured have in this field? _____
2. Breakdown of jobs: Commercial _____% Residential _____% Industrial _____%
3. If any Residential Construction or Development, advise the _____% California _____% Colorado
of homes to close escrow in the states shown on right: _____% Florida _____% Nevada
_____% Texas
4. List ALL the States that the Insured operates in, or has operated in, in the past.

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5. Describe the last three largest jobs:

Job	Type of Work	Height	Receipts
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

6. Any High Rise work (Over 3 stories)? _____ If yes, please advise the maximum # of stories and controls:

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7. Any Bridge, Airport, (Aprons, Taxiways, Runways), Dam or Dike work, Blasting, Demolition, Pile Driving, Tunneling, or work in Ships or Tankers? **If yes, please provide details:**
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8. Subcontractor questions:

- a. Are Certificates of Insurance obtained from all Subcontractors? Yes No
- b. What are the Limits required? Occurrence: \$ _____ Aggregate: \$ _____
- c. Is the following wording part of the Insured's Contract with Subcontractors?
- i. Hold Harmless Indemnity provisions? Yes No
- ii. Provision that they must be named as an Additional Named Yes No
- iii Insured on Subcontractor's Primary and Excess Policies? Yes No
- d. What percentage of work is subbed out? _____ %
- e. Average number of Certificates of Insurance you provide each year? _____
- f. Average number of entities you are contractually required to name as additional insured? _____
- g. How many years are records of certificates of insurance and contractual agreements with subcontractors maintained by you? _____
- h. What type of work is subcontracted? _____

9. Product and Installation questions:

- a. Does the Insured install or contract to another entity to install hardboard siding (i.e. manufactured by Masonite, IP, LP, GP, ABTCO, Weyerhaeuser, etc.)? Yes No
- b. Does the Insured install or contract to another entity to install EIFS (i.e. manufactured by Dryvit, Sto, Senergy, Thoro, Parex, USG, Apache, etc.)? Yes No
- c. Has the Insured ever installed Polybutylene Pipe? Yes No
- d. Has the Insured ever been involved in any Construction Defect Lawsuits? Yes No

10. Work Type questions:

- a. Does the Insured do any Structural Steel or Structural Concrete work? Yes No
- b. Any Gas Main work? Yes No
- c. Any Boiler work? Yes No
- d. Any Burglar or Fire Alarm System Installation or Monitoring? Yes No
- e. Any Leasing or Renting of Cranes and / or Scaffolding to or from others? Yes No
- i. If Yes, is it With or Without Operators? W/out With

If yes to any of the above, please provide details:

- 11 Is excavation work done? Yes No
- If yes, how much of the insured's work involves excavation? _____ %
- What is the maximum depth the insured will dig? _____ ft.
- What is the average depth the insured will dig? _____ ft.
- Does the insured utilize a "dig safe" method? Yes No

If yes, provide details below:

12. General Information:

- a. Is there a formal safety program in place? Yes No
- b. Is there a safety director employed? Yes No

- c. Is there an employee training program in place? _____ Yes _____ No
(if yes, what type of training is conducted?) _____

- d. Are MVR's checked prior to hire and monitored on a regular basis? _____ Yes _____ No
- e. Are the Equipment and Vehicles maintained and kept in good condition? _____ Yes _____ No
- f. Does the insured do accident investigations? _____ Yes _____ No
- g. Are the premises in good condition and well maintained? _____ Yes _____ No
- h. Does the insured have a Certified Drug-Free Workplace? _____ Yes _____ No
- I. Does the insured adhere to all OSHA standards & promote a safe workplace? _____ Yes _____ No
- j. Has the insured been cited for safety violations? **If so, describe below.** _____ Yes _____ No
- k. Is the public kept a safe distance from Insured's operations and Work Areas? _____ Yes _____ No
- l. Is there a per project aggregate on the GL? _____ Yes _____ No
- m. is there a per location aggregate on the GL? _____ Yes _____ No
- n. Please advise on the specific number of project for the policy period: _____
- o. Are company vehicles used by family members? _____
- p. Please provide any additional information or add any supporting comments below:

	Projected 07/08	06/07	05/06	04/05	03/04	03/02
RECEIPTS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PAYROLL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Thank you in advance for your cooperation! Please do not hesitate to contact me with any questions or to provide additional information / comments. I look forward to providing you with a quote as soon as possible.

Name of Person Completing Questionnaire

Title

Signature

Date