

CONTRACTORS QUESTIONNAIRE

1. **Named Insured:** _____
2. **Address:** _____

3. **Separately list all operations of the Named Insured:** _____

4. **Number of years in business:** _____
5. **Percentage of Operation as:**
 General Contractor: _____% Sub-Contractor: _____% Owner/Builder: _____%
6. **Describe the types of projects in which the Insured specializes:**

7. **Describe any other projects which the Insured has performed:**

8. **Current Projects (list 5 largest):**

	Location	\$Value	On-Site Employees/ # of Subcontractors	Start Date	End Date
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
9. **Does the Insured do any work over two stories in height from grade?** Yes _____ No _____
 Only Interior _____ If yes: Maximum Stories: _____ Percentage of Work: _____%

10. Does the Insured do any work below grade? Yes _____ No _____
 If yes: Maximum depth: _____ Percentage of total work: _____

11. Indicate anticipated percentage of construction work over the next twelve months to be performed by the Insured using percentage of payroll under "Direct" and percentage of contract costs under "Subbed" as the basis.

	Direct %	Subbed %		Direct %	Subbed %		Direct %	Subbed %
Asbestos Removal			Grading			Roofing		
Blasting			Insulation			Sewer		
Bridge Building			Lead Paint/Removal			Steel		
Carpentry			Maintenance			Steel (ornamental)		
Concrete			Masonry			Street/Road		
Demolition			Mechanical			Supervisory Only		
Drilling			Painting			Water/Gas Mains		
Electrical			Plastering			Other (describe)		
Excavating			Plumbing			Other (describe)		

12. Estimates Annual: _____
 Direct Payroll: _____
 Need breakdown by classification:

Subcontract Costs: \$ _____ Gross Receipts: \$ _____
 Need policy to be based on sales

13. Prior years: _____
 Direct Payroll: \$ _____ Direct Payroll: \$ _____ Direct Payroll: \$ _____
 Contract Costs: \$ _____ Contract Costs: \$ _____ Contract Costs: \$ _____
 Gross Receipts: \$ _____ Gross Receipts: \$ _____ Gross Receipts: \$ _____

14. Indicate the percentage of construction work performed by the Insured:

New Construction _____%	Commercial _____%	Inside Building _____%
Remodeling _____%	Residential _____%	Outside Building _____%
Other _____%	Other _____%	

15. Is general contract between Insured and Project Owner?
 Yes: _____ No: _____ Explain: _____

16. Are there Subcontracts between Insured and Subcontractor?

Yes: _____ No: _____ Explain: _____

17. Is Insured responsible for completed project?

Yes: _____ No: _____ Explain: _____

Subcontracts

18. Are subcontracts required for all subcontractors?

Yes: _____ No: _____ Explain: _____

19. Do all subcontractors contain the same general provisions? (standard form)

Yes: _____ No: _____ Explain: _____

20. Does subcontractors contain the following provisions?

	Yes	No
a. Insurance Requirements		
• Type, coverage amount equal to yours (CG)	_____	_____
• Certificates prior to job start	_____	_____
• Account as named insured	_____	_____
b. Safety, Property, Liability		
• Worker Safety Requirements	_____	_____
• Fire Protection	_____	_____
• Public Protection	_____	_____
• OSHA, Right to Know, DEP codes Inc.	_____	_____
c. Incentives/Penalty's for safety		
• Unsafe condition reporting	_____	_____
d. Guarantee for work, materials, etc.		
• 1 st year	_____	_____
e. Sub's responsibility for clean-up		
• Waste and Unused materials	_____	_____
f. Indemnification Clause		
• Hold-Harmless	_____	_____

- g. Compliance to all Federal, State and Municipal Laws _____
- h. Performance Bond _____
- 100% of subcontract price _____
- 100% Labor & materials payment bond _____

Note: Attach copy of standard sub contract.
Job Management

21. Does the account have a job site Loss Control Program with the following provisions:

	Yes	No
a. Written L.C. Program		
• Safety rules, requirements	_____	_____
• Subcontractor responsibilities	_____	_____
b. Pre-Planned Meeting		
• Each Subcontractor	_____	_____
c. Safety Meeting		
• Attendance Documents	_____	_____
d. Site Safety Inspection		
• Check list	_____	_____
e. Non-compliance Notice		
• Safety violations	_____	_____
• Public Safety Hazards	_____	_____
f. Accident Reporting System		
• Includes Sub's employees	_____	_____
g. Right to Know		
• MSDS sheets on site	_____	_____
• Training Sessions	_____	_____

Note: Attach copy of program, if available

22. Does the Insured have any operations other than contracting? (If yes, explain):

23. Dollar value of average job completed \$ _____

24. Attach list of major jobs completed within the last five years.

25. Do employees take company vehicles home in the evening? Yes _____ No _____

26. What is the Insured's policy regarding personal and family use of company vehicles?

27. What is the Insured's driver selection criteria:

Do they review Motor Vehicle Records on prospective employees and then annually thereafter?

Yes _____ No _____

Does the Insured have specific criteria to determine acceptable/unacceptable driving records?

Yes _____ No _____ Explain _____

How does Insured handle employees with unacceptable driving records i.e. Remove driving privileges, written warning, probationary period, etc.

28. Claims Information

Year	Paid	Reserved	No. of Claims
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<i>Attached</i>			

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____
Principal Officer